

Midway GP Partnership

Quality Report

Midway Surgery
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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

Contents

Summary of this inspection

Overall summary	2
The six population groups and what we found	4

Detailed findings from this inspection

Our inspection team	5
Background to Midway GP Partnership	5
Detailed findings	6

Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students) – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) – Good

We carried out an announced comprehensive inspection at Midway GP Partnership on 10 January 2018. This

inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, as part of our inspection programme.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice had systems and policies in place to safeguard children and vulnerable adults.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Appropriate pre-employment checks were in place that included checks of professional registration where relevant.
- Staff had lead roles within the practice. For example, one of the GPs was the lead for safeguarding and a member of the nursing team was the lead for infection prevention and control.
- Clinical staff had received additional training to manage the care of patients with diabetes and had developed their own treatment template.
- A programme of clinical audit was in place that demonstrated quality improvement.
- Staff involved and treated patients with compassion, kindness, dignity and respect.

Summary of findings

- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

We saw one area of outstanding practice:

- The practice had achieved the Purple Star award for its care of patients with learning disabilities. This award is from Hertfordshire County Council's Health and Community Services for providers who improve their services for people with learning disabilities. The award was achieved following the successful completion of a programme of training by all of the

practice staff. The training included how to communicate with patients with learning disabilities and their families and how to be flexible with appointment booking. For example, offering appointments during quieter times and offering home visits. Easy read leaflets were available and surveys of patients with learning disabilities were carried out using pictures of happy and sad faces. The practice were the first GP practice in the local area to achieve this award.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The six population groups and what we found

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

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

Midway GP Partnership

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser and a practice nurse specialist adviser.

Background to Midway GP Partnership

Midway GP Partnership provides a range of primary medical services to the residents of St Albans, Park Street and Bricket Wood in Hertfordshire.

The practice provides primary medical services under a general medical services (GMS) contract from its purpose built location of Midway Surgery, 93 Watford Road, St Albans, Hertfordshire, AL2 3JX. Online services can be accessed from the practice website www.midway-surgery.co.uk

The practice has approximately 12,500 patients. The population is predominantly white British with a higher than average number of patients over 65 years of age. National data indicates the area is one of low deprivation.

The practice is led by seven GP partners, four male and three female. The nursing team consists of two nurse practitioners, two practice nurses and two health care assistants, all female. There is a team of administrative and reception staff all led by the practice manager. The practice is a teaching and training practice and currently has two GP registrars, these are qualified doctors training to become GPs, and one postgraduate doctor gaining experience in general practice.

Midway GP Partnership is open from 8.30am to 6.30pm Monday to Friday with telephone access from 8am. They offer extended opening hours from 6.30pm to 7pm on Mondays and Tuesdays, from 7am to 8am on Fridays and from 8am to 10am one Saturday a month.

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

Are services safe?

Our findings

We rated the practice, and all of the population groups, as good for providing safe services.

Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments. Safety policies were available to all staff, on the desktops of their computers. These were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance. One of the GP partners was the identified safeguarding lead.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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). Risk assessments were completed on all staff to determine if a DBS check was required.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. The nursing staff acted as chaperones when required. They were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control (IPC). One of the nurses was the IPC lead and had completed audits to ensure the practice was following correct IPC procedures.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. The practice ensured enough staff were employed to cover planned and unplanned absences. They very rarely used agency or temporary staff.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use. We found the practice had a supply of hand written prescription pads that were not used or monitored. These were awaiting disposal and arrangements were made on the day of the inspection to safely dispose of these.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There

Are services safe?

was evidence of actions taken to support good antimicrobial stewardship. For example a one-cycle audit had been undertaken to look at how appropriate the practice were when prescribing antibiotics for tonsillitis according to national criteria. The audit found that 82% of patients were offered antibiotics correctly in accordance with Centor criteria. This was more than the required 60% target. (The Centor criteria give an indication of the likelihood of a sore throat being due to bacterial infection.)

- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. For example, control of substances hazardous to health and infection control, fire and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, a protocol was introduced to ensure that patients who were seen by a member of the nursing team on three separate occasions with no improvement to their symptoms were referred to a GP for review. This was following an incident where a patients symptoms worsened and hospital admission was required.
- There was a system for receiving and acting on safety alerts. An identified member of staff was responsible for ensuring appropriate actions were taken in response to alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice, and all of the population groups, as good for providing effective services.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We reviewed prescribing data for the practice and found they were comparable with other practices both locally and nationally.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- The practice informed us clinical risk tools were used to pro-actively identify high-risk patients in this age group. Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication and a care plan in place.
- Patients aged over 75 were invited for a health check. If necessary, they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care. They had regular meetings with the lead of the local Multi-Speciality Team and the community matron.

- Staff who were responsible for reviews of patients with long-term conditions had received specific training. The clinical staff were taking part in the Effective Diabetes Education Now (EDEN) pathway training. This provided clinicians with the skills to deliver high levels of diabetes care.
- The practice had developed their own bespoke template to manage the care of patients with diabetes that ensured patients received timely diagnosis and treatment.
- Performance for diabetes related indicators was above the CCG and national averages. For example, the practice achieved 95% compared to the CCG average of 88% and the national average of 91%.
- The practice worked with a local cardiac support group, formed by one of their patients, to identify patients at risk of developing cardiovascular disease and invited them to attend educational sessions to help prevent the condition.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above. The practice achieved an average of 94% which was higher than the national average of 91%.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

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

- The practice's uptake for cervical screening was 83%, which was in line with the 80% coverage target for the national screening programme. The achievement was above the CCG average of 71% and the national average of 72%.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.

Are services effective?

(for example, treatment is effective)

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- Annual health checks were offered to patients with a learning disability. Staff had received training as part of the Purple Star award to help them communicate with patients with learning disabilities and their families.
- The practice had a Patient Liaison Officer for patients who had difficulty accessing and navigating services. They had a dedicated telephone number and were available for vulnerable patients and their carers.
- The practice had identified 305 patients as carers (approximately 2.5% of the practice list). All of these patients were offered an annual health check and an annual flu vaccination.

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

- 80% of patients diagnosed with dementia had their care reviewed in a face-to-face meeting in the previous 12 months. This was comparable to the CCG average of 87% and the national average of 84%.
- 91% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was comparable to the CCG average of 93% and the national average of 90%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption was 95%, which was comparable to the CCG average of 92% and the national average of 91%. The percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation was 97%; compared to the CCG average of 95% and the national average of 95%.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example, the practice had undertaken 14 clinical audits in the past 12 months, five of these were completed audits that demonstrated quality improvement. Following an audit on dementia diagnosis, the practice had improved

the detection and diagnosis of these patients by 83% in one year. Audits had been undertaken to ensure the correct prescribing and blood monitoring of patients on high-risk medications had taken place.

The most recent published Quality Outcome Framework (QOF) results were 99% of the total number of points available compared with the clinical commissioning group (CCG) average of 95% and national average of 96%. The overall exception reporting rate was 7% compared with a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

The practice informed us that the GPs all had a speciality lead area that they were responsible for to maintain the QOF achievement. There was an identified member of the administration team who ensured patients were appropriately called to the practice for review.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation.
- The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision-making, including non-medical prescribing. There was an identified GP who led the nursing team. Protected time was available each day for the nursing staff to discuss patients and debrief with a GP.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

Are services effective?

(for example, treatment is effective)

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred to, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- 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.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.

- Staff encouraged and supported patients to be involved in monitoring and managing their health. There was a private space in the patient waiting area where they could record their own weight and blood pressure.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision-making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- 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.
- All of the 113 patient Care Quality Commission comment cards we received were positive about the service experienced. Four had additional slightly negative comments about some aspects of the practice for example, appointment booking but all were positive about the care they received. This was in line with the results of the NHS Friends and Family Test, the most recent published results showed that 97% of 212 responses would recommend the practice.
- The practice kept a comments book which contained numerous positive comments about the practice staff.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. There were 228 surveys sent out and 104 were returned. This represented approximately 1% of the practice population. The practice was comparable with others for its satisfaction scores on consultations with GPs and nurses. For example:

- 89% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 86% of patients who responded said the GP gave them enough time; CCG - 88%; national average - 86%.
- 98% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 97%; national average - 96%.
- 89% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 88%; national average - 86%.

- 93% of patients who responded said the nurse was good at listening to them; (CCG) - 92%; national average - 91%.
- 97% of patients who responded said the nurse gave them enough time; CCG - 93%; national average - 91%.
- 98% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 97%; national average - 97%.
- 91% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 92%; national average - 91%.
- 91% of patients who responded said they found the receptionists at the practice helpful; CCG - 89%; national average - 87%.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services.

The practice proactively identified patients who were carers. This was done when patients registered at the practice and opportunistically when they attended for appointments or at the practice flu clinics. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 305 patients as carers (approximately 2.5% of the practice list).

- The practice had two members of staff who acted as carers' champions to help ensure that the various services supporting carers were coordinated and effective. There was a carers' noticeboard in the waiting area that contained information for carers and leaflets with support information that they could take away. Carers were directed to Carers in Herts for additional

Are services caring?

support. The practice hosted a community navigator, who was employed by the local clinical commissioning group (CCG) and visited the practice approximately every two months. The carers champions referred patients to the community navigator for help with claiming financial support and external advice. On the day of the inspection, we spoke with one patient who was also a carer. They informed us that the practice offered them an annual health review and was flexible with appointment booking.

- The practice told us that if families had experienced bereavement, their usual GP contacted them. This call was followed by a patient consultation at a flexible time and location to meet the family's needs if required and by giving them advice on how to find a support service. Leaflets with bereavement support information were available in the patient waiting area.

Results from the national GP patient survey, published in July 2017, 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,

- 88% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 89% and the national average of 86%.
- 86% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 85%; national average - 82%.
- 95% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 91%; national average - 90%.
- 91% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 92%; national average - 91%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as good for providing responsive services.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example extended opening hours, online services such as repeat prescription requests, advanced booking of appointments, advice services for common ailments.
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered. The practice had installed automatic entrance doors to make access easier for patients who used mobility aids. The practice was on one level and access enabled toilets were available.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The nursing staff carried out annual health checks as a home visit for housebound patients.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- Patients were able to check their blood pressure and weight in a designated space within the patient waiting area.
- Information leaflets regarding long-term conditions were available for patients to take away.

Families, children and young people:

- 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. Records we looked at confirmed this.
- A health visitor attended the practice weekly to discuss concerns regarding vulnerable children and families.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

- The needs of this population group 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 until 7pm on Mondays and Tuesdays, and from 7am on Fridays. Saturday morning appointments were available once a month from 8am to 10am.
- Telephone GP consultations were available, which supported patients who were unable to attend the practice during normal working hours. This included lunchtime appointment availability.
- Online appointment booking and prescription requests were available.

People whose circumstances make them vulnerable:

- The practice had achieved the Purple Star award for its care of patients with learning disabilities. This award is from Hertfordshire County Council's Health and Community Services for providers who improve their services for people with learning disabilities. The award was achieved following the successful completion of a programme of training by all of the practice staff. The training included how to communicate with patients with learning disabilities and their families and how to be flexible with appointment booking. For example, offering appointments during quieter times and offering home visits. Easy read leaflets were available and surveys of patients with learning disabilities were carried out using pictures of happy and sad faces. The practice were the first GP practice in the local area to achieve this award.

Are services responsive to people's needs?

(for example, to feedback?)

- The practice registered patients from the local travelling community and provided flexible appointment booking. For example, same day appointments were made available to reduce the risk of non-attendance.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- Specialists in mental health have attended the practice educational meetings to help staff develop their skills.
- The practice hosted weekly visits by a cognitive behavioural therapist and a counselor.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was significantly better than local and national averages in most areas. This was supported by observations on the day of inspection and completed comment cards. There were 228 surveys sent out and 104 were returned. This represented about 1% of the practice population.

- 81% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 79% and the national average of 76%.
- 92% of patients who responded said they could get through easily to the practice by phone; CCG – 76%; national average - 71%.

- 83% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 81%; national average - 76%.
- 95% of patients who responded said their last appointment was convenient; CCG - 85%; national average - 81%.
- 88% of patients who responded described their experience of making an appointment as good; CCG - 79%; national average - 73%.
- 71% of patients who responded said they don't normally have to wait too long to be seen; CCG - 59%; national average - 58%.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Eight complaints were received in the last year. We reviewed three complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, additional identity checks in the consultation room were implemented to ensure the clinician had the correct patient and corresponding clinical patient record.
- Training to achieve the Purple Star Award was put in place following a complaint from a family member of a patient with learning disabilities.

Are services well-led?

Good 

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

Our findings

We rated the practice as good for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. For example, the practice worked as part of a federation with 11 other local GP practices to improve services in the area. The practice informed us they were part of the steering group to offer GP services in the locality from 8am to 8pm daily.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. One of the GPs was the lead for the nursing staff and held meetings twice a month with the nursing team, the practice manager and the partners to develop the team and the service offered.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice. One of the GP partners had attended medical leadership and management training.

Vision and strategy

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

- There was a clear vision and set of values. These were displayed on staff noticeboards around the practice and on the practice website. The practice had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.

- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice. The nursing team spoke positively of the support they received from the GP partners.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. From the sample of 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 provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations in addition to informal discussions throughout the year. All staff received regular annual appraisals in the last year. GPs and nursing staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

Are services well-led?

Good 

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

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control. There were identified lead members of staff for different areas and these were displayed on noticeboards throughout the practice.
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses. The practice had improved their performance in relation to diabetes care. They had developed a treatment template that ensured patients received timely diagnosis and treatment.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. For example, the practice carried out surveys of patients with caring responsibilities and those with learning disabilities to ensure the services provided met their specific needs.
- There was a virtual patient participation group who the practice contacted to gather views representative of their patients.
- The practice asked patients to provide feedback via the NHS Friends and Family Test. (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). All patients were sent a text message following their appointment asking them if they would recommend the service to their friends and family. The most recent published data showed that 97% of 212 patients who responded would recommend the practice.

Are services well-led?

Good 

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

- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice. They held weekly education meeting and regular nurse education meetings.
- The practice worked with the local Herts Valleys clinical commissioning group and were part of a GP federation.
- The practice was a teaching and training practice and currently had two GP registrars, these are qualified doctors training to become GPs, and one post graduate doctor gaining experience in general practice.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.