Abbotswood Medical Centre

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 Abbotswood Medical Centre on 19 October 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff were aware of their responsibilities in helping to safeguard and protect patients.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- The practice team worked well with multidisciplinary teams, including community and social services to plan and implement care for patients.
- The practice held regular staff and clinical meetings where learning was shared from significant events and complaints.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 64 patients as carers (approximately 1.5% of the practice list).
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice offered extended hours appointments, including weekend appointments through the Watford Care Alliance.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

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

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?

Good

The practice is rated as good for providing safe services.

- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- There was an effective system in place for reporting and recording significant events. They were discussed at practice meetings to ensure lessons learnt were shared with staff to improve safety in the practice.
- When things went wrong patients received support, an explanation and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- There were appropriate systems in place to protect patients from the risks associated with medicines management; the clinicians had access to a medicines software tool to check contraindications of medication.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. All staff had received appropriate training for their role and were aware of how to recognise signs of abuse. Any concerns were shared with community service staff and discussed at multidisciplinary team meetings.
- Risks to patients were assessed and well managed. The practice undertook risk assessments and completed identified actions where needed.
- Appropriate staffing levels were maintained and a rota system was in place.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and key contractors. Copies were kept off site by lead staff.

Are services effective?

Good

The practice is rated as good for providing effective services.

Summary of findings

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the local and national averages.
- The percentage of patients with diabetes, on the register, in whom the last IFCCHbA1c was 64 mmol/mol or less in the preceding 12 months was 82%, where the CCG average was 77% and national average was 78%.
- The percentage of patients with chronic obstructive pulmonary disease (COPD) who had a review undertaken including an assessment of breathlessness in the preceding 12 months was 93% which was comparable to the CCG average of 91% and national average of 90%.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff. We saw evidence that staff were encouraged to upskill and had the opportunity to take on additional responsibilities.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Clinical staff were aware of the process to obtain patient consent and were knowledgeable on the requirements of the Mental Capacity Act (2005).
- The practice was proactive in encouraging patients to attend national screening programmes for cervical, breast and bowel cancer; following up patients who failed to attend appointments.
- Vulnerable patients, patients who may be at risk and those on the palliative care register were prioritised through a flag on the clinical system. Staff were aware that these patients should be prioritised and given longer appointments.

Are services caring?

The practice is rated as good for providing caring services.

Good

- We saw evidence of a strong patient centric culture and staff informed us that they were committed to providing high quality, personalised care for patients.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

- Data from the national GP patient survey published in July 2016 showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared to CCG average of 86% and the national average of 85%.
- 99% of patients said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and the national average of 97%.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice's computer system alerted GPs if a patient was also a carer.
- The practice had identified 64 patients as carers (approximately 1.5% of the practice list).
- A member of staff had been identified as the 'carers champion' who helped and supported carers and encourage more patients to register.
- Information about services and how to complain was available and easy to understand.
- Improvements were made to the quality of care as a result of complaints and concerns.
- Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with NHS England and Hertfordshire Valley Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice offered a range of enhanced services such as avoiding unplanned admissions to hospital and dementia reviews.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was in line or above the local and national averages.
- 85% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 92% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- The practice offered a range of extended hours appointments.

Are services well-led?

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

Good

- The practice had a statement of purpose which reflected the practice's aim to deliver the highest standard of health care and advice to their patients with the resources available to them.
- They had a team approach to patient care and endeavored to monitor the service provided to patients, to ensure that it met required standards.
- They were dedicated to ensuring that all practice staff were trained to the highest level and provided a rewarding environment in which to work.
- The practice had a strategy and supporting business plan which reflected the vision and values and these were regularly monitored.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The virtual patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- All patients in this group had a named GP.
- Clinicians liaised closely with Elderly Care Consultants and community teams and arranged home visits for complex, housebound and acutely unwell elderly patients. If appropriate a referral would be made to the Rapid response service that provided same day assessment to avoid unnecessary hospital admissions.
- The practice provided an admissions avoidance enhanced service which identified the top 2% of patients most as risk of admission.

Good

People with long term conditions

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

- The percentage of patients with diabetes, on the register, in whom the last IFCCHbA1c was 64 mmol/mol or less in the preceding 12 months was 82%, where the CCG average was 77% and national average was 78%.
- The percentage of patients with chronic obstructive pulmonary disease (COPD) who had a review undertaken including an assessment of breathlessness in the preceding 12 months was 93% which was comparable to the CCG average of 91% and national average of 90%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice had an in-house phlebotomy and spirometry testing service (testing for chronic obstructive pulmonary disease).

- The practice operated a predominantly GP led service for patients in this group with recall systems for chronic disease and mixed morbidity nurse clinics (COPD, asthma, diabetes, CHD).
- Monitoring for long term health conditions was offered during extended hours, including diabetic and blood pressure checks.
- Clinicians had close links with the Community Diabetes Team to support diabetic patients.
- The practice was part of the local CCG Long Term Conditions incentive scheme which aimed to improve the management of asthma/COPD, diabetes and cardiovascular disease.
- New evidence on long term conditions were discussed at meetings and disseminated through the practices clinical newsletters.

Families, children and young people

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

Good

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- There was a flexible appointment system for patients in this group, including after school hours, and same day appointments when needed.
- The practice's uptake for the cervical screening programme was 80% which was comparable to the CCG average of 82% and the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.
- We saw positive examples of joint working with midwives and health visitors.
- The practice was pro-active in the identification of children requiring weight management support and offered referrals to the local service, specifically for children, called Beezee bodies.
- The practice offered referrals to Signpost, a specialist counselling service for young people.
- Contraception and in-house and family planning services were offered or patients could be signposted where necessary.
- The practice hosted the 'Welcome to the world' course, an eight week course to help first time parents prepare.

Summary of findings

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 the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice 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 had enrolled in the Electronic Prescribing Service (EPS). This service enabled GPs to send prescriptions electronically to a pharmacy of the patient's choice.
- The practice offered in house smoking cessation advice.
- The practice offered telephone consultation appointments for those unable to attend the practice during normal hours.
- The practice offered the Men ACWY vaccine to young teenagers and 'fresher' students going to university for the first time to protect them against meningitis (an inflammation of the lining of the brain) and septicaemia (blood poisoning).
- The practice offered NHS health checks for patients aged 40-74 years.

Good

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, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients, including the community navigators to provide social support.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice's computer system alerted GPs if a patient was also a carer.

Good

- The practice had identified 64 patients as carers (approximately 1.5% of the practice list). A member of staff had been identified as the 'carers champion' who helped and supported carers and encourage more patients to register.
- Care plans were in place for the top 2% most vulnerable patients who were at risk of an unplanned hospital admission.
- There were alerts on clinical system to identify vulnerable patients.

People experiencing poor mental health (including people with dementia)

Good

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

- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice was working towards becoming a 'Dementia friendly practice' with other local practices, and formulating a local Watford & Three Rivers Dementia Action Alliance in 2016/17.
- The percentage of patients with diagnosed psychoses who had a comprehensive agreed care plan was 91% where the Hertfordshire Valley Clinical Commissioning Group (CCG) average was 92% and the national average was 88%.
- Patients with acute mental health problems were prioritised and seen on the day.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended A&E where they may have been experiencing poor mental health.
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 90% where the CCG average was 85% and the national average was 84%.
- The practice carried out advance care planning for patients with dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016 The results showed the practice was performing in line with local and national averages. 329 survey forms were distributed and 98 were returned. This represented a response rate of 30% (2.3% of the practice's patient list).

- 92% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 85% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 83% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 74% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 39 comment cards which were all positive about the standard of care received. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We spoke with two patients during the inspection. Both patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

The practice also sought patient feedback by utilising the NHS Friends and Family test (FFT) which is an opportunity for patients to provide feedback on the services that provide their care and treatment. Results from January to October 2016 showed that 100% (11 of the 11 responses received) of patients who had responded were either 'extremely likely' or 'likely' to recommend the practice. The practice recognised that the number of responses received were low and was actively encouraging patients to complete more forms via the website and information in the practice.

Abbotswood Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Abbotswood Medical Centre

Abbotswood Medical Centre provides a range of primary medical services from its location at 12, Katherine Place, College Road, Abbots Langley, Hertfordshire.

The practice serves a population of approximately 4,300 patients with a slightly higher than average population in the 35 to 49 years age range and slightly lower than average population of patients aged 60 to 64 years and considerably lower than average numbers of patients aged 70 to 85 years and over. The practice population is largely White British with a small mixed ethnic population and a recent increase in patients from Eastern Europe. National data indicates the area is one of low deprivation and low unemployment in comparison to England as a whole.

The clinical team consists of two GP partners (one male and one female), two practice nurses and a health care assistant. The team is supported by a practice manager and a team of administrative staff.

The practice holds a General Medical Services (GMS) contract for providing services, which is a nationally agreed contract between general practices and NHS England for delivering general medical services to local communities.

The practice operates from two storey purpose built accommodation and patient consultations and treatments take place on the ground level. There is a car park outside the surgery, with disabled parking available.

Abbotswood Medical Centre is open between 8am and 6.30pm Mondays to Fridays and appointments are available during these times daily. Extended hours appointments are offered between 6.30pm and 7.30pm on Tuesday and Thursday evenings.

The practice is part of the Watford Care Alliance (WCA). The Watford Care Alliance was formed in 2014 with funding from the Prime Ministers Challenge Fund, Initially a group of 11 GP practices came together to offer patients improved access to primary care, other local practices have joined including Abbotswood Medical Centre. WCA offers extended access appointments in the evenings and at weekends and also provides an integrated health and social care team doctor and a phlebotomy service that operates at weekends.

The out of hours service is provided by Hertfordshire Urgent Care and accessed via the practice telephone number. Information about this is available in the practice and on the practice website and telephone line.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

Before inspecting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 19 October 2016. During our inspection we:

- Spoke with a range of staff GP partners, nurses, the practice manager and members of the administrative team.
- Spoke with patients who used the service and a representative of the patient participation group (PPG).
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised 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.

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

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

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident 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). We saw evidence that when an incident occurred regarding a prescribing error an investigation was undertaken and recorded by the practice following the incident and the analysis of the event being carried out, changes were made to protocols and reconciliation templates to prevent the incident happening again. The practice also carried out an audit to monitor the new process.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received support, a written apology and were told about any actions to improve processes to prevent the same thing happening again. We saw evidence that the practice undertook thorough investigations which were documented and lessons shared with staff.
- The practice carried out a thorough analysis of the significant events. Both these and 'near miss' events were a regular agenda item for practice meetings, were discussed and actions documented.

We reviewed safety records, incident reports, MHRA (Medicines and Healthcare products Regulatory Agency) alerts, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that appropriate action was taken to improve safety in the practice. For example, on receipt of an alert regarding Nicorandil, a medicine used to treat angina. (Angina is a pain that comes from the heart, caused by the narrowing of one or more of the arteries that supply blood to the heart, reducing the blood supply to parts of the heart muscle, which causes angina pain.) The practice carried out a search to identify patients who had been prescribed this medicine. Patients were contacted by telephone and made aware of the symptoms to look out for and to contact the practice if they developed them. In addition, an alert was placed relevant to this in the patients record. The alert was shared with staff and a copy kept on file for future reference.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements 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 with a buddy system in place if they were not available. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The practice manager was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken, the most recent in March 2016. We saw evidence that action was taken to address improvements identified as a result.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe. This includied obtaining, prescribing, recording, handling, storing, security and disposal.

Good

Are services safe?

Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. The health care assistant (HCA) was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the staff area which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- The practice had up to date fire risk assessments and carried out regular fire drills, the last being carried out in October 2016. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health 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 skill mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- 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.
- 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 comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included detail of emergency accommodation to be used in the event of an incident at the practice and emergency contact numbers for staff and key contractors. Copies were kept off site by lead staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. The practice used an electronic system to access clinical guidelines pathways and safety alerts. New guidance and changes in practice were discussed during clinical meetings.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. For example the practice regularly reviewed the records of patients with diabetes, dementia, mental illness, high blood pressure (hypertension) and those needing palliative care to ensure adherence to good practice guidelines.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98% of the total number of points available, above the Hertfordshire Valley Clinical Commissioning Group (CCG) average of 96% and the national average of 95%.

Data from 2015/2016 showed QOF targets were above local and national averages:

- The percentage of patients with diabetes, on the register, in whom the last IFCCHbA1c was 64 mmol/mol or less in the preceding 12 months was 82%, where the CCG average was 77% and national average was 78%. Exception reporting for this indicator was 12% compared to a CCG and national averages were 12%. (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).
- The percentage of patients with chronic obstructive pulmonary disease (COPD) who had a review undertaken including an assessment of breathlessness in the preceding 12 months was 93% which was comparable to the CCG average of 91% and national average of 90%. Exception reporting for this indicator was 5% compared to the CCG average of 11% and national averages of 12%.

Performance for mental health related indicators was largely in line or above the local CCG and national averages. For example:

- The percentage of patients with diagnosed psychoses who had a comprehensive agreed care plan was 91% where the Hertfordshire Valley Clinical Commissioning Group (CCG) average was 92% and the national average was 88%. Exception reporting for this indicator was 2% compared to a CCG average of 10% and national average of 13%.
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 90% where the CCG average was 85% and the national average was 84%. Exception reporting for this indicator was 5% where the CCG average was 6% and national average was 7%.

There was evidence of quality improvement including clinical audit. There had been nine clinical audits completed in the last two years, we looked at completed audits where the improvements made were implemented and monitored. Findings were used by the practice to improve services.

For example, an audit was completed looking at the prescribing of an oral diabetic medicine, for type 2 diabetic patients. The first cycle was carried out to review the use and effectiveness of this medicine. The re audit confirmed appropriate prescribing for these patients.

A second audit was carried undertaken to ensure that the practice had compliant antibiotic prescribing. In the first audit cycle the practice achieved 36% compliance. An action plan was put in place which included a clinical meeting to discuss the audit results and local guidelines, a paper copy of the guidelines was also included in locum packs and the practice improved documentation for

Good

Are services effective?

(for example, treatment is effective)

requests for antibiotics. A second audit was carried out and the practice achieved 100% compliance. The practice continued to monitor this area of prescribing to ensure ongoing compliance.

The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Effective staffing

- Staff had the skills, knowledge and experience to deliver effective care and treatment. 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 such as diabetes, COPD (chronic obstructive pulmonary disease) and cardiac disease attended study days, conferences and external events. The Clinical Commissioning Group (CCG) provided training for clinicians covering cancer, cardiology and dementia.
- The GPs and practice manager attended locality management group meetings arranged by the Clinical Commissioning Group (CCG). These meetings gave updates on pathways, new guidelines and services.
- 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. There was also a comprehensive information pack available for locums which included details of how to access the clinical system, contact details for external service and referral routes that the practice used.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- 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. 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 an online training package to support mandatory training, e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice’s patient record system and their intranet system. This included care and risk assessments, care plans, medical records and investigation and test results. The practice shared relevant information with other services in a timely way, for example when referring patients to other services and with the out of hours service. We were told that communicating information was particularly pertinent to palliative care patients.

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, or after they were discharged from hospital. 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. For example, the practice had a ‘Virtual Ward’ (an enhanced package of healthcare, provided within a patient's own home) multidisciplinary team meeting with community staff including the palliative care team, community matrons and district nurses. Patients at risk of isolation or deterioration were identified and discussed. End of life care planning was reviewed and palliative care plans shared with the out of hours service where appropriate.

Vulnerable patients, patients at risk and those on the palliative care register were prioritised through a flag on the clinical system. These patients were discussed at weekly clinical practice meetings as required.

We saw evidence of close liaison with the local Elderly Care consultants and community teams and home visits could be arranged for complex, housebound and acutely unwell, elderly patients.

Consent to care and treatment

Good

Are services effective?

(for example, treatment is effective)

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.
- 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, were signposted to the relevant service. Smoking cessation advice was available at the practice.
- The practice were pro-active in the identification of obese children and offered referrals to the local weight management service, specifically for children, Beezee bodies.
- Flexible appointments were available for child immunisations.
- Contraception and in-house and family planning services were offered or patients could be signposted to local services where necessary.
- The practice hosted the 'Welcome to the world' course; an eight week course to help first time parents prepare for the changes ahead before the arrival of a new baby. Topics covered included empathy and loving attentiveness, infant brain development, healthy choices, managing stress and promoting self-esteem and confidence, and effective communication.

The practice's uptake for the cervical screening programme was 80% which was comparable to the CCG average of 82% and the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages. There were failsafe systems in place 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. Data published in March 2015 showed that:

- 48% of patients aged 60-69 years had been screened for bowel cancer in the preceding 30 months, where the CCG average was 57% and the national average was 58%.
- 70% of female patients aged 50 to 70 years had been screened for breast cancer in the preceding 3 years, where the CCG and national averages were 72%.

The practice recognised that the results for bowel screening were low and were encouraging patients to attend by putting posters and information in the waiting area and information was available on the practice website and newsletter.

Childhood immunisation rates for the vaccinations given were above the CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92% to 96%, (national average 90%) and five year olds was 92% to 96% (CCG averages, 92% to 96%, national averages 88% to 94%).

Immunisation for influenza and pneumococcal vaccinations were available at the practice. Patients were able to book Saturday appointments for vaccinations if needed and those that required vaccines to be undertaken at home or in local nursing homes were also facilitated.

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. The practice had invited 88 patients since January 2016 for NHS health checks and completed a number of opportunistic checks which resulted in 91 checks being carried out by December 2016. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors for patients developing long term conditions were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 39 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Two cards commented on difficulties getting appointments with a specific GP, however patients we spoke to on the day told us that they were able to see the GP of their choice.

We spoke with a member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 80% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 87%.
- 81% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and the national average of 97%.
- 79% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 85%.
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of the national average of 91%.
- 85% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

- 78% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% 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 83% and the national average of 82%.
- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared to CCG average of 86% and the national average of 85%.

The practice recognised that some of these results were lower than the CCG and national averages. To address this specific training in consultation skills had been undertaken to improve interaction with patients.

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

Good

Are services caring?

- Staff told us that translation 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.
- Information leaflets were available in easy read format especially those for patients with learning disabilities.

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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 64 patients as carers (approximately 1.5% of the practice list). The practice had two members of staff who were the 'carers champions', who helped and supported carers' and encourage more patients to register. There was an online form on the practice website for carers to complete with information to help patients identify if they were a carer. There was a noticeboard in the waiting area containing useful information and in the practice newsletter or example, highlighting the availability of flu vaccinations for carers. Written information was available to direct carers to the various avenues of support available to them. The practice had achieved the Herts Valley CCG Silver award for carers and was working towards achieving the gold award in 2016/17.

The practice offered appropriate referrals to Herts Help, a telephone service that provided independent free information and advice on local community services. In addition access was available to Community Navigators. This was a locality scheme set up in order to aid medical and social care professionals to support individuals that may need extra help and put them in contact with community organisations who could provide them with assistance to address their social needs.

Staff told us that if families had suffered bereavement, their usual GP contacted them, visit or sent them a sympathy card. Patients were also offered a consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

- The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice offered a range of enhanced services such as avoiding unplanned admissions to hospital and dementia diagnosis. Care plans were completed for patients on the admission avoidance scheme that identified the top 2% of the practice list who were most at risk of an unplanned hospital admission. All patients considered to be at risk had a care plan in place.
- The practice worked closely with the Community Diabetes Team and attended an annual meeting where patients needs were discussed in detail face to face.
- There were alerts on the clinical system to identify vulnerable families.
- The practice worked closely with the learning disabilities liaison nurse, staff had undergone specific training to raise awareness of this group of patients and there were a wide variety of easy read leaflets available including mental capacity and best interests decisions.
- The practice had a number of support services available for patients with poor mental health including access for patients to Signpost, a specialist counselling service for young people and adult counselling services were provided on site. These patients were given priority appointments and were offered annual reviews.
- The female GP worked with community service staff to support for women with postnatal depression. She was also the maternity lead for the Herts Valleys CCG.
- All patients over the age of over 75 years had a named GP.
- The practice had an in-house phlebotomy and spirometry testing service (testing for chronic obstructive pulmonary disease).
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Patients were able to receive travel vaccinations available on the NHS, patients were referred to other clinics for vaccines available privately.
- The practice offered the Men ACWY vaccine to young teenagers and 'fresher' students going to university for the first time to protect them against meningitis (an inflammation of the lining of the brain) and septicaemia (blood poisoning).
- There were disabled facilities, a hearing loop and translation services available.
- The GPs were improving dementia diagnosis rates by undertaking ad-hoc dementia screening and referring patients to the memory clinic if appropriate. Also the practice was working towards becoming a 'Dementia friendly practice' with other local practices, and formulating a local Watford & Three Rivers Dementia Action Alliance in 2016/17. We saw dementia friendly signs in the surgery.

Access to the service

Abbotswood Medical Centre was open between 8am and 6.30pm Mondays to Fridays and appointments were available during these times. Extended hours appointments were offered between 6.30pm and 7.30pm on Tuesday and Thursday evenings.

The practice was also part of the Watford Care Alliance (WCA) and offered appointments on Saturdays and Sundays every weeks to patients on the practice list and those registered at other practices in the scheme. Through WCA an integrated health and social care team and a phlebotomy service were available.

The out of hours service was provided by Hertfordshire Urgent Care and accessed via the practice telephone number. Information about this was available in the practice and on the practice website and telephone line.

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

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was above the local and national averages.

- 85% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 92% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

Good

Are services responsive to people's needs?

(for example, to feedback?)

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

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. For example, if a patient contacted the surgery requesting a home visit the receptionist would initially establish if an ambulance was required for example in the case of chest pain. They would then ask for preliminary information and then notify the GP via the clinical system. The GP would then assess the need for a home visit by contacting the patient. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

The practice had access to the local rapid response service which would be used if appropriate.

Listening and learning from concerns and complaints

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

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

The practice received one complaint in the 12 months preceding our inspection. We found that it was dealt with in a timely way, with openess and transparency. Lessons were learnt from individual concerns and the complaint and action was taken to as a result to improve the quality of care. For example, we saw that when the practice received a complaint, the practice contacted the affected person and a full investigation was carried out discussions were held in the practice with members of staff involved and a response sent to the patient.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a clear vision to deliver the highest standard of health care and advice to their patients with the resources available to them. The practice had a mission statement which was displayed throughout the practice and staff knew and understood the values. They had a team approach to patient care and endeavored to monitor the service provided to patients, to ensure that it met required standards.They told us they were dedicated to ensuring that all practice staff were trained to the highest level and provided a rewarding environment in which to work. The practice had a strategy and supporting business plan; referred to as the practice personal development plan, which reflected the vision and values and these were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

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

Leadership and culture

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

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

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

· The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG was a virtual group and information was shared electronically. The group had fed back to the practice, and submitted proposals for improvements to the practice management team. For example, figures for DNAs (did not attend) displayed in the waiting area, and promoting online bookings. The practice displayed a 'you said, we did' poster and produced a quarterly newsletter which included information on how the practice was performing, healthy lifestyles information and how to join the PPG. There was also information on the practice website.

Are services well-led?

Good

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

· The practice had 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

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

- The practice participated in the CCG Long Term Conditions incentive scheme to be delivered over the next two years, which aimed to improve management of asthma/COPD, diabetes and cardiovascular disease. One of the partners had undertaken additional training in cardiology for primary care as part of this.
- We saw good use of digital technology and the practice used social media for two way communication between the practice and patients. One of the GPs had also set up a user group for clinical systems which was available to users nationally to connect with colleagues using the same system, share expertise and support each other. She had also set up a support group for female GPs returning to work following maternity leave.
- The clinical team worked closely with secondary care specialists through the West Hertfordshire Medical Society, and attended joint learning events with other practices. New evidence was discussed at practice meetings and disseminated through clinical newsletters.