

Abbey Road Surgery

Quality Report

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

Ratings

Overall rating for this service	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 Abbey Road Surgery on 27 September 2016. Overall the rating for the practice was inadequate; specifically it was rated inadequate for providing safe and well-led services, requires improvement for providing caring and responsive services and good for providing an effective service. As a result, the practice was placed into special measures for a period of six months.

We carried out an announced comprehensive inspection at Abbey Road Surgery on 25 May 2017. Overall the rating for the practice was requires improvement; specifically it was rated as inadequate for safe services, requires improvement for responsive and well-led services and good for providing an effective and caring service. The practice remained in special measures for a period of six months.

The full comprehensive reports on the September 2016 and May 2017 inspections can be found by selecting the 'all reports' link for Abbey Road Surgery on our website at www.cqc.org.uk.

This inspection was an announced comprehensive inspection carried out on 11 January 2018 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breach in regulation that

we identified in our previous inspection on 25 May 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as Good.

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

Summary of findings

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

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 to safeguard children and vulnerable adults from the risk of abuse. Staff demonstrated that they understood their responsibilities.
- 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.
- Staff worked with other health and social care professionals to deliver effective care and treatment.
- Staff treated patients with compassion, kindness, dignity and respect.

- 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.
- Governance structures, systems and processes were effective and enabled the provider to identify, assess and mitigate risks to patients, staff and others.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

The areas where the provider should make improvements are:

- Continue to review the national GP patient survey results and ensure steps are taken to make improvements where required.
- Continue to encourage patient attendance at cancer screening programmes.






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

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?	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

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 

Abbey Road Surgery

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 an expert by experience.

Background to Abbey Road Surgery

Abbey Road Surgery provides primary medical services, including minor surgery, to approximately 8,685 patients in Waltham Cross, Hertfordshire. Services are provided on a General Medical Services (GMS) contract (a nationally agreed contract). The practice has one registered manager in place. (A registered manager is an individual registered with CQC to manage the regulated activities provided). Abbey Road Surgery was purpose built in 1992. All patient consultations are held on the ground floor.

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

The practice team consists of four GP Partners; three of which are male and one is female. The practice has one practice nurse and currently uses one regular locum nurse.

The non-clinical team consists of a practice manager, assistant practice manager, one reception supervisor, eight members of the receptionist team and four members of the administration team.

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

Home visits are available to those patients who are unable to attend the surgery. The Out of Hours service is provided by Hertfordshire Urgent Care and can be accessed via the NHS 111 service. Information about this is available in the practice, on the practice website and on the practice telephone line.

Why we carried out this inspection

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

We undertook a further announced comprehensive inspection of Abbey Road Surgery on 25 May 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement overall; specifically it was rated as inadequate for providing safe services, requires

Detailed findings

improvement for providing responsive and well-led services and good for providing an effective and caring service. As a result, the service remained in special measures for a period of six months.

We undertook a further announced comprehensive inspection of Abbey Road Surgery on 11 January 2018. This

inspection was carried out following the period of special measures to ensure that the practice had carried out their plan to meet the legal requirements in relation to the breach in regulation that we identified in our previous inspection on 25 May 2017.

Are services safe?

Our findings

At our previous inspection on 25 May 2017, we rated the practice as inadequate for providing safe services as the arrangements in respect managing uncollected prescriptions and ensuring patients received the required checks before being prescribed certain medicines which required monitoring were not adequate.

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 11 January 2018.

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. It had a number of safety policies which 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 contact for further guidance.
- 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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as

chaperones were trained for the role and had received a DBS check. A risk assessment was in place for all staff including circumstances in which staff acted as a chaperone without having a DBS check.

- There was an effective system to manage infection prevention and control including a programme of annual infection prevention and control audits.
- 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.
- There was an effective induction system for newly appointed staff tailored to their role.
- 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, there was a sepsis toolkit on the clinical system. (Sepsis a rare but serious complication of an infection. Without quick treatment, sepsis can lead to multiple organ failure and death).
- 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.

Are services safe?

- Following our previous inspection in May 2017 the practice had implemented improved systems and processes to manage patients receiving medicines which required monitoring. The practice carried out regular audits to ensure these systems were safe and we saw evidence to confirm this.
- All uncollected prescriptions were reviewed by a GP in a timely way.
- 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.
- 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 was evidence of actions taken to support good antimicrobial stewardship and ongoing monitoring.
- 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 and there was a comprehensive patient recall system in place.

Track record on safety

The practice had a good safety record.

- There were suitable risk assessments in relation to safety issues.

- The practice monitored and reviewed activity. This enabled staff members 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. For example, we reviewed a significant event following an error during the electronic scanning of clinical documentation. The practice had undertaken an investigation and had taken steps to reduce the risk of this reoccurring.
- 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.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts. For example, the practice had received a medical device alert and had taken the necessary action as a result.

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.
- From our findings on the day 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.
- The practice used healthcare informatics software to monitor and improve patient care. Senior staff engaged with the local East and North Hertfordshire Clinical Commissioning Group (CCG) and accessed CCG guidelines. The practice demonstrated how this information was used to plan care in order to meet identified needs.
- The practice was comparable to the local Clinical Commissioning Group (CCG) and national averages for antibiotic prescribing. The number of antibacterial prescription items prescribed per Specific Therapeutic group was 1.29 units compared to the CCG average of 1.04 and the England average of 0.98. (It is important that antibiotics are used sparingly to avoid medicine resistant bacteria developing). The practice told us that they regularly monitored their antibiotic prescribing and completed clinical audits to identify where improvements could be made.
- The number of antibiotic items (In particular Cephalosporins or Quinolones) prescribed was 3.79% compared with the local CCG average of 4.43% and national average of 4.71%.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and

social needs. The practice held a dedicated frailty check clinic on a weekly basis and those identified as being frail received a clinical review including a review of their medication.

- 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. Over a 12 month period the practice had undertaken 181 health checks and had completed 535 patient health checks since April 2015.
- 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:

- The practice had an effective patient recall system in place and 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.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- 73% of patients diagnosed with asthma, on the register, had received an asthma review in the last 12 months which was comparable to the local average of 75% and national average of 76%. Exception reporting was in line with local and national averages. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).
- Performance for diabetes related indicators showed the practice had achieved 96% which was comparable to the local CCG average of 90% and national average of 91%.

Families, children and young people:

- Childhood immunisation rates for the vaccinations given were higher than the national averages. The practice had met the 90% target in all four key indicators and had achieved an overall score of 9.6 out of 10 compared to the national average score of 9.1.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

Are services effective?

(for example, treatment is effective)

- The practice offered a range of family planning services. Baby vaccination clinics and ante-natal clinics were held at the practice on a regular basis.

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

- The practice's uptake for cervical screening was 80%, which was in line with the 81% coverage target for the national screening programme. The practice contacted patients who had not responded to the initial invitation and also sent appointment reminders via a text messaging service to increase uptake.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74 years. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- A health and wellbeing specialist from the local public health team held a weekly session at the practice and provided information and advice about diet management, they also provided motivational and behavioural support. The practice told us that they had the highest uptake to this service within their locality.

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.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- There were 34 patients on the Learning Disabilities register and 19 of these patients had received an annual health check. The practice had a programme in place to complete the remaining 15 health checks.

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

- 82% 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 local average of 83% and national average of 84%.

- 94% 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 local average of 92% and 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, 92% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This was comparable to the local average of 91% and national average of 90%.

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 completed an audit on contraceptive medicines to review the appropriateness of prescribing and had formed an action plan. This audit was repeated and the results had demonstrated improvements.
- Clinicians took part in local and national improvement initiatives. For example, the practice participated in a locality wide initiative to assess demand and capacity. This work involved completing a two cycle audit to monitor and assess patient flow and access to primary and secondary care services. Through participation in this initiative, the practice had taken steps to improve patient care pathways.

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 96% and national average of 96%. The overall exception reporting rate was 15% compared with the local CCG average of 9% and the 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 told us that they regularly monitored their QOF performance and we saw evidence to confirm this. From the sample of documents we reviewed, we found the practice had a comprehensive patient recall system in place and a systematic approach towards managing

Are services effective?

(for example, treatment is effective)

exception reporting. During our inspection we accessed unverified QOF data for 2017/2018 which showed that the current exception reporting rate, for several key indicators, were in line with local and national averages. The practice had implemented clear processes took proactive steps to manage patient outcomes and improve performance.

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. The practice demonstrated how they supported staff in their development and staff told us they were encouraged and given opportunities to develop. The practice nurse was scheduled to commence a Diploma in diabetes in March 2018.
- 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.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

- 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, 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.

- The practice held six-weekly meetings with health visitors to support and manage vulnerable children and families.
- The practice worked closely with a multi-disciplinary rapid response service in place to support older people and others with long term or complex conditions to remain at home rather than going into hospital or residential care.
- Multi-disciplinary team meetings took place on a monthly basis for vulnerable patients and for patients requiring palliative care. We saw evidence to confirm this.
- Named GPs carried out a weekly visit to a local care home for continuity of care. We spoke to the home manager who described the service provided as accessible and responsive to needs of their residents.

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.
- 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, healthy living, stop smoking campaigns and tackling obesity. A smoking cessation clinic was held at the practice twice weekly to meet high demand.

The practice encouraged its relevant patients to attend national screening programmes. However, bowel cancer screening rates were below local and national averages. Data from 2016/2017 showed that;

- 46% of patients aged 60 to 69 years had been screened for bowel cancer in the last 30 months compared to 57% locally and 56% nationally.
- 67% of female patients aged 50 to 70 years had been screened for breast cancer in the last three years compared to 72% locally and nationally.

The practice had made improvements to their clinical system in order to identify relevant patients and encourage

Are services effective?

(for example, treatment is effective)

uptake to national screening programmes. Clinical staff opportunistically encouraged patients to attend. The practice also contacted patients and alerts were in place which acted as prompts to encourage uptake.

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 providing caring services.

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.
- The practice had an electronic check-in kiosk available in different languages which promoted patient confidentiality.
- Patients told us they felt the practice offered a good service and said staff were caring, helpful and treated them with dignity and respect.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 312 surveys were sent out and 109 were returned. This represented approximately 1% of the practice population. The practice was comparable with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 85% of patients who responded said the GP was good at listening to them compared with the Clinical Commissioning Group (CCG) average of 87% and the national average of 89%.
- 77% of patients who responded said the GP gave them enough time compared with the CCG average of 83% and the national average of 86%.
- 90% of patients who responded said they had confidence and trust in the last GP they saw compared with the CCG average of 95% and the national average of 95%.
- 77% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared with the CCG average of 83% and the national average of 86%.

- 86% of patients who responded said the nurse was good at listening to them compared with the CCG average of 92% and the national average of 91%.
- 89% of patients who responded said the nurse gave them enough time compared with the CCG average and national average of 92%.
- 96% of patients who responded said they had confidence and trust in the last nurse they saw time compared with the CCG average and national average of 97%.
- 79% of patients who responded said they found the receptionists at the practice helpful compared with the CCG average of 84% and the national average of 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. Patients were also told about multi-lingual staff that could offer support to them.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available on the practice website.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers. The practice's computer system alerted GPs if a patient was also a carer.

- The practice held a register of carers with 184 carers identified which was approximately 2% of the practice list. A member of the administration team was the nominated carers lead (a Carers' champion) to help ensure that the various services supporting carers were coordinated and effective. The practice referred patients to a local carer's support organisation and also displayed information on a carers' notice board.
- Staff told us that if families had experienced bereavement, their usual GP contacted them or sent

Are services caring?

them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

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 below and in line with local and national averages:

- 74% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 86%.
- 77% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 79% and the national average of 82%.
- 85% of patients who responded said the last nurse they saw was good at explaining tests and treatments compared with the CCG and national average of 90%.

- 72% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 86% and the national average of 85%.

The practice continuously monitored and reviewed patient feedback and undertook an annual internal patient survey. The practice had received 197 completed patient surveys in December 2017 and the results showed an improvement in patient feedback scores. For example, the practice's survey results showed 96% of patients said the last nurse they saw was good at involving them in decisions about their care.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect and notices in treatment rooms and patient waiting areas promoted this.
- The practice complied with the Data Protection Act 1998.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 25 May 2017, we rated the practice as requires improvement for providing responsive services as the national GP patient survey results published in July 2016 showed the practice was performing below local and national averages in most areas.

Results from the latest national GP patient survey published in July 2017 showed an improvement in performance.

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, the practice participated in the local area winter resilience scheme and offered more appointments. This service had given patients the opportunity to attend the practice, including during the out of hours period, for an urgent appointment rather than travel to the local A&E department. The practice had offered 400 additional appointments between November and December 2017 and had seen 283 patients within additional appointments during this time period.

- The practice was proactive in offering online services such as appointment booking, an appointment reminder text messaging service and repeat prescriptions, as well as a full range of health promotion and screening that reflects the needs of this age group.
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, the practice had made changes to their system for managing patients arriving at the practice in the morning to book an appointment.
- 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 GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.

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.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- Patients were able to check their blood pressure in a designated waiting area.

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.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- A community midwife held a clinic at the practice on a weekly basis.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. The practice was a registered yellow fever vaccination centre.

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.

Are services responsive to people's needs?

(for example, to feedback?)

- Telephone and web GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The practice provided an electronic prescribing service (EPS) which enabled GPs to send prescriptions electronically to a pharmacy of patients' choice.

People whose circumstances make them vulnerable:

- The practice offered longer appointments for patients with a learning disability.
- A coding and alert system was in place to ensure staff members were able to identify and support vulnerable patients.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

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.
- The practice held a register of patients experiencing poor mental health and offered regular reviews and same day contact.
- The practice referred patients to the Improving Access to Psychological Therapies (IAPT) team and encouraged patients to self-refer.

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 managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages in most areas. This was supported by observations on the day of inspection and feedback from patients.

- 76% of patients who responded were satisfied with the practice's opening hours compared with the Clinical Commissioning Group (CCG) average of 72% and the national average of 76%.
- 39% of patients who responded said they could get through easily to the practice by phone compared with the CCG average of 62% and the national average of 71%.
- 87% 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 compared with the CCG average of 83% and the national average of 84%.
- 84% of patients who responded said their last appointment was convenient compared with the CCG average of 78% and the national average of 81%.
- 61% of patients who responded described their experience of making an appointment as good compared with the CCG average of 66% and the national average of 73%.
- 39% of patients who responded said they don't normally have to wait too long to be seen compared with the CCG average of 63% and the national average of 64%.

The practice regularly monitored patient flow and had changed the working hours of reception staff members and increased the number of reception staff working during busy periods. Results from an internal survey from 197 patients undertaken in December 2017 showed an improvement in patient scores relating to access to the service. For example, 64% of patients who responded said they could get through easily to the practice by phone. Data showed 55% of patients who responded said they don't normally have to wait too long to be seen.

During our inspection we spoke with 12 patients and received feedback from four members of the Patient Participation Group (PPG). The majority of patients (13) we spoke with told us that they could get through to the practice on the telephone. Nine patients told us that they are normally seen within 15 minutes and seven patients told us that they normally wait between 15 and 30 minutes to be seen.

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.

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

- 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. Four complaints were received in the last year. We reviewed these four 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, the practice had reviewed their procedures for handling electrocardiogram (ECG) results in order to improve continuity of care following a patient complaint. (An ECG is a simple test that can be used to check the heart's rhythm and electrical activity).

Are services well-led?

Good 

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

Our findings

At our previous inspection on 25 May 2017, we rated the practice as requires improvement for providing well-led services as not all governance structures, systems and processes were effective and enabled the provider to identify, assess and mitigate risks to patients, staff and others.

These arrangements had significantly improved when we undertook a follow up inspection on 11 January 2018.

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

Leadership capacity and capability

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

- They were knowledgeable about issues and priorities relating to the quality and future of services and addressing risks. They understood the challenges and were addressing them. For example, the GPs had changed the structure and number of sessions provided on a weekly basis in order to meet the number of requests for appointments.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice. The practice had a plan in place to recruit additional GPs and staff members had opportunities to develop.

Vision and strategy

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

- Supporting business plans were regularly reviewed to achieve priorities.
- The practice displayed its vision and values in both staff and patient areas and on the practice website.
- 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 was an active member with the locality and worked closely with local practices and the East and North Hertfordshire Clinical Commissioning Group (CCG).

- The practice monitored progress against delivery of the strategy through regular meetings. All staff members were invited to an annual away day to review and develop the practice strategy and supporting plans.

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 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. The GP partners liaised with the practice manager and submitted detailed responses to patients. 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. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. The practice supported the development of apprentices and we found several examples of staff that had developed their skills and changed their role within the practice.
- 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.

Are services well-led?

Good 

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

Governance arrangements

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

- Following our previous inspection in May 2017 the practice had improved their management of clinical systems to ensure the safe monitoring and management of repeat prescribing and uncollected prescriptions.
- 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 clinical governance, mental health, safeguarding and infection prevention and control.
- Practice leaders had established clear policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- Meetings were held across all staff groups and minutes were produced after meetings and made available to all staff.

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. For example, audits had improved patient access and care pathways.
- The practice had plans in place to manage risks 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 used information technology systems to monitor and improve the quality of care. GPs had access to the Deciding Right App on their computers which supported shared decision making in line with the Mental Capacity Act, cardiopulmonary resuscitation (CPR) and advance care planning. (Deciding right is an integrated approach to making care decisions in advance with children, young people and adults).
- 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

Are services well-led?

Good 

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

example, the practice had worked with an external organisation to review their leadership, governance and culture which had resulted in a positive impact on performance.

- There was an active patient participation group.
- 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. The practice was active and worked collaboratively with the

CCG and the local GP Federation. (A Federation is the term given to a group of GP practices coming together in collaboration to share costs and resources or as a vehicle to bid for enhanced services contracts).

- Staff knew about improvement methods and had the skills to use them.
- 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. There was a clear focus on staff development and all staff received protected time for individual learning and development.