

Orford Lodge 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?	Requires improvement	
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 Orford Lodge Surgery on 13 December 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, with the exception of those relating to periodic reviews of high risk medicines. We found that systems in place for managing the routine monitoring of medication did not ensure reviews were completed as intended.
- 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 worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs.
- Feedback from patients about their care was consistently positive. For example, 100% of patients said they had confidence and trust in the last nurse they saw or spoke to.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. For example, 97% of patients said the last GP they saw was good at listening to them.
- 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.
- 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.

Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The 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.

The area where the provider must make improvement are:

- Formalise the system for checking the monitoring of high risk medicines ensuring all patients receiving high risk medicines are monitored appropriately and within recommended timescales.

The practice had the following outstanding features:

- The practice provided dedicated GP services to residents at a homeless hostel, they had provided specialist awareness training for staff, offered flexible appointments and worked in collaboration with other services.
- The practice conducted weekly meetings to review patients who did not attend (DNA) for their appointments. These reviews were linked to safeguarding registers and multiagency information sharing protocols.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- Staff understood their responsibilities to raise concerns and to report incidents or 'near misses'. GPs and managers actively encouraged staff involvement.
- When things went wrong patients received support, information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Risks to patients were generally rigorously assessed and well managed. However, systems in place to manage the monitoring of medication review dates were not sufficient to ensure patients medicines were being reviewed in a timely fashion.
- The practice had defined systems, processes and practices in place to keep patients safe and safeguarded from abuse. Weekly meetings to review patients who did not attend for their appointment (DNA) were linked to safeguarding registers and multiagency information sharing protocols.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed the practice had performed well, obtaining 94% of the total points available to them, for providing recommended care and treatment to their patients. This showed patient outcomes were comparable with local and national averages.
- Staff referred to guidance from the National Institute for Health and Care and Excellence (NICE) and used it to assess and deliver care in line with current evidence based guidance.
- The practice was engaged in an ongoing programme of clinical audits, which demonstrated a commitment to quality improvement, professional development and patient care.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. Personal and professional development was actively encouraged and supported across all staff roles.

Good



Summary of findings

- There was clear evidence of appraisals and personal development plans for staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. The practice staff participated in regular multidisciplinary meetings to meet the needs of patients and deliver appropriate care and support.

Are services caring?

The practice is rated as good for providing caring services.

- The identification of the needs for individual patients was at the centre of planning and delivery of services at the practice. Practice staff reviewed the needs of its local population and engaged with NHS England and East and North Herts Clinical Commissioning Group to secure improvements to services where these were identified.
- All of the data from the national GP patient survey showed that outcomes were higher than local and national averages for all aspects of care. For example, 100% of patients at the practice said the last nurse they saw was good at treating them with care and concern; this was higher than the CCG average of 90% and national average of 91%.
- Patients reported they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. For example, staff facilitated and supported patient groups with coffee mornings which encouraged information sharing and reduced social isolation. Staff were engaged with innovative service development ideas and shared learning was supported across the practice.
- 95% of patients described their overall experience of the practice as good; this was higher than both the local CCG average of 82% and the national average of 85%.
- Feedback received from patients from the completed CQC comment cards was consistently positive. Patients told us they were impressed by the professional attitude and caring approach of the staff.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care

Good



Summary of findings

and treatment. For example, 94% of patients stated the GP they saw was good at involving them in decisions about their care. This was higher than both the local CCG average of 78% and the national average of 82%.

- We observed a strong patient-centred culture, where staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- 100% of patients said they had confidence and trust in the last nurse they saw or spoke to, compared to the local CCG and the national average of 97%
- The practice had identified 181 patients registered as carers, which represented approximately 2% of the practice list. A carers 'champion' was to continue the work to identify and support patients who were carers.
- Information for patients about the services available was easy to understand and accessible. The practice had an informative practice leaflet and a comprehensive website. Posters were on display and leaflets were available in the waiting area.

Are services responsive to people's needs?

The practice is rated as good for being responsive to people's needs;

- The identification of the needs for individual patients was at the centre of planning and delivery of services at the practice. Practice staff reviewed the needs of its local population and engaged with NHS England and East and North Herts Clinical Commissioning Group to secure improvements to services where these were identified.
- 88% of patients said the receptionists at the practice were helpful, compared to the CCG average of 83% and a national average of 87%.
- 78% of patients described their experience of making an appointment as good, compared to the CCG average of 66% and the national average of 73%.
- Urgent appointments were available the same day, with pre-bookable appointments with the health care assistant, nurses and GPs available up to eight weeks in advance.
- The practice had good facilities and was well equipped to treat patients and meet their needs. A phlebotomy service was provided at the practice so that patients did not have to attend the local hospital.
- Information about how to complain was available and easy to understand. Evidence demonstrated the practice responded

Good



Summary of findings

quickly to issues raised. Learning from complaints was shared with staff and other stakeholders as appropriate. The practice also encouraged positive feedback and celebrated success appropriately.

Are services well-led?

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

- The practice had a clear vision, with the delivery of safe and high quality care as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- High standards were promoted and owned by all practice staff and teams worked together across all roles. Staff were clear about the vision and their responsibilities in relation to it.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- 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 practice had systems in place to review, update and amend policies and procedures to ensure best practice guidelines were incorporated and followed by staff.
- Localised performance indicators were in place to monitor delivery of services. Information was used to benchmark delivery of services, patient satisfaction levels and to identify areas of good practice and areas for development.
- The practice regularly and proactively sought feedback from staff and patients, which it acted on. The practice had an engaged and active patient participation group.
- 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.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

- 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. GPs were able to offer home visits to those patients who were unable to travel into the surgery. On-the-day or emergency appointments were available to those patients with complex or urgent needs.
- The practice had clear objectives to avoid hospital admissions where possible.
- GPs made home visits to elderly patients and ensured that patients' medicines were reviewed regularly and where possible other routine tests were undertaken without the need for patient admission to hospital.
- Patients in this group had access to a dedicated telephone number at the practice, for use in an emergency.
- The practice had taken part in a local Vanguard project, working with pharmacists in residential nursing homes, aimed at creating more integrated services between health and social care.

Good



People with long term conditions

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

- All these patients had a named GP and a structured annual review to check their needs were being met. For those patients with the most complex needs, the named GP worked closely with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice had clear protocols in place to support the treatment of patients with long term conditions. The practice held records of the number of patients with long term conditions. These patients were seen at the surgery on a regular basis and invited to attend specialist nurse-led clinics as appropriate.
- The practice offered longer appointments to these patients and home visits were available when needed.
- Effective arrangements were in place to ensure patients with diabetes were invited for a review of their condition, with dedicated clinics provided by trained staff. For example, 98% of

Good



Summary of findings

the patients on the diabetes register had an influenza immunization in the preceding 01 August 2015 to 31 March 2016, compared to local CCG average of 96% and national average of 94%.

- Nurse led clinics ensured annual reviews and regular checks for patients with asthma and chronic obstructive pulmonary disorder (COPD) were in place. The practice had clear objectives to reduce hospital admissions for respiratory conditions.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice had 52 patients on its palliative care register and 22 of these patients had received a health check in 2015/16. The practice held regular Gold Standard Framework (GSF) meetings

Families, children and young people

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

- 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.
- 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.
- The practice provided appointments outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- Immunisation rates for standard childhood immunisations were higher than local CCG and national averages. The practice provided flexible immunisation appointments.
- The practice supported a number of initiatives for families with children and young people, for example 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. Positive links with the community midwife team and liaison with health visitors formed a positive and collaborative approach.
- 80% of women aged between 25 - 64 years of age whose notes record that a cervical screening test has been performed in the preceding five years, was in line with the local CCG average of 83% and the national average of 81%.

Good



Summary of findings

Working age people (including those recently retired and students)

Good



The practice is rated as good for the care of working-age people (including those recently retired and students).

- The practice had adjusted the services it offered to ensure that appointments were accessible, flexible and offered continuity of care, with extended opening hours on Wednesday evenings and Friday and Saturday mornings.
- The practice provided a health check to all new patients and carried out routine NHS health checks for patients aged 40 - 74 years.
- A full range of health promotion and screening that reflected the needs of this age group, for example smoking cessation and weight management.
- Data showed 54% of patients aged 60 to 69 years had been screened for bowel cancer in the last 30 months compared to 59% locally and 58% nationally.
- Data showed 71% 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.

People whose circumstances may make them vulnerable

Good



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

- The practice held a register of patients living in vulnerable circumstances. For example, a number of patients registered at the practice were homeless people and the practice was able to recognise how services should be adapted to support the patient's lifestyle. The practice provided dedicated GP services to residents at a homeless hostel. The practice offered longer appointments for patients with a learning disability. The practice had 53 patients registered with learning difficulties and 25 of these patients (47%) had received a health check in 2015/2016. The practice had made regular and repeated attempts to contact the remainder of the patients and had offered additional support to enable them to attend.
- The practice had recorded 181 carers on their register, which was approximately 2% of the total patient list, and had generated positive links with carers and community groups. A member of staff had recently taken on the role of carers champion and further development work was planned.
- The practice regularly worked collaboratively with other health care professionals in the case management of vulnerable patients.

Summary of findings

- The practice had a system in place to identify patients with a known disability, with staff able to create a 'flag' on the patient's record. This ensured appropriate consideration was given to decisions about the patients circumstances.
- The practice informed vulnerable patients about how to access support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children and the protocol to follow for reporting concerns.
- 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. For example, the practice held weekly meetings to discuss patients who had not attended their appointment to follow up on any concerns as a result.

People experiencing poor mental health (including people with dementia)

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

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. The practice carried out advance care planning for patients with dementia.
- The practice provided dedicated GP services to two specialist mental health units in the county.
- Staff had a good understanding of how to support patients with mental health needs and dementia and had received training in dementia awareness.
- 78% of patients diagnosed with dementia had their care reviewed in a face-to-face meeting in the last 12 months, compared to the local CCG average of 86% and the national average of 84%.
- For patients on the dementia register, the practice had a lead member of staff with responsibility for developing and improving delivery of services for patients with mental health and health promotion. Staff had received dementia awareness training.
- The patient participation group was leading plans for a local initiative to raise awareness of 'dementia friendly' options, within the practice and externally with community leaders.
- The practice had supported patients experiencing poor mental health about how to access support groups and voluntary organisations, with links to support services, such as counselling and referrals to the Improving Access to Psychological Therapies service (IAPT).

Good



Summary of findings

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01 April 2015 to 31 March 2016) was 85%, compared against the local CCG average of 92% and the national average of 89%.
- 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.

Summary of findings

What people who use the service say

The latest national GP patient survey results were published in July 2016. The results showed the practice was consistently performing higher than both local and national averages.

A total of 237 survey forms were distributed and 122 were returned. This was a 52% response rate and represented just over 1% of the practice's patient list.

- 85% of patients found it easy to get through to this practice by phone compared to the local CCG average of 62% and the national average of 73%.
- 77% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local CCG average of 71% and the national average of 76%.
- 95% of patients described the overall experience of this GP practice as good compared to local CCG average of 82% and the national average of 85%.
- 85% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local CCG average of 75% and 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 seven completed comment cards. All of the

comment cards were positive about the standard of care received. Patients said services were provided in a professional and courteous manner. Staff were described as very caring, attentive and knowledgeable.

A number of the comment cards identified named members of staff who had provided exceptional care and attention. Some of the comments were from patients who had recently registered with the practice, whilst others had been registered since the practice opened.

We spoke with three patients and members of the Patient Participation Group (PPG), who told us about reviews and improvements to services the practice had undertaken in response to their feedback. For example, the PPG had identified feedback from the local practice survey that information about clinics and additional patient services could be highlighted. The practice introduced a Macmillan coffee morning to raise awareness of services and support offered. The introduction and placement of an electronic booking-in screen was advertised and its use encouraged. The practice was also exploring a new dementia awareness programme, which members of the PPG were seeking to roll-out across the town.

Results from recent Family and Friends Test (FFT) showed that 30 responses had been received from patients; 29 responses (97%) said patients would recommend the practice.

Areas for improvement

Action the service MUST take to improve

- Formalise the system for checking the monitoring of high risk medicines ensuring all patients receiving high risk medicines are monitored appropriately and within recommended timescales.

Summary of findings

Outstanding practice

- The practice provided dedicated GP services to residents at a homeless hostel, they had provided specialist awareness training for staff, offered flexible appointments and worked in collaboration with other services.
- The practice conducted weekly meetings to review patients who did not attend (DNA) for their appointments. These reviews were linked to safeguarding registers and multiagency information sharing protocols.

Orford Lodge Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist adviser.

Background to Orford Lodge Surgery

Orford Lodge Surgery provides primary medical services to approximately 10,100 patients in Hitchin town and surrounding villages. Services are provided on a General Medical Services (GMS) contract (a GMS contract is a locally agreed contract with NHS England). The practice is part of the East and North Herts Clinical Commissioning Group (CCG).

Services are delivered to patients from one registered location, 100 Bancroft, Hitchin, SG5 1ND.

The practice occupies the site of a Georgian town house, which has served as a doctor's practice for over 150 years.

The practice at Orford Lodge Surgery serves a population group with a broadly similar profile to the England average, although there were a slightly higher number of the very young and elderly patients than average. For example, the practice had 7.2% of children aged 0 - 4 years, compared to the CCG average 6.1% and the England average of 5.9%. For patients aged 75 years and over, the practice had 9.4%, compared to CCG average of 7.9% and the England average of 7.8%.

The area is recorded as being in the 'second least deprived decile' and therefore falls in an area of the lower than average deprivation. According to national data, life expectancy for male patients at the practice is 80 years,

compared to the CCG average of 80 years and the national England average of 79 years. For female patients life expectancy is 84 years, compared to the local CCG and the England average of 83 years.

The on-site practice team consists of five GP Partners (three male GPs and two female GPs), one salaried GP (female), two practice nurses and one health care assistant (all female). The practice manager is supported by a deputy practice manager and a team of staff who provide reception and administrative functions.

The practice is open between 8am and 6.30pm Mondays, Tuesdays and Thursdays. On Wednesdays the practice is open from 8am until 7.30pm and it is open from 7am until 6.30pm Friday. Extended hours are also available one Saturday each month from 8.30am until 11.30am.

Appointments with a GP, nurse or health care assistant are available during those times. Appointments are bookable up to eight weeks in advance. Emergency appointments are available daily.

When the practice is closed, 'out-of-hours' services are provided by Herts Urgent Care service. Information about the out-of-hours services is available in the practice waiting area, on the practice website and on the practice telephone answering service.

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

Detailed findings

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.

How we carried out this inspection

Before visiting, 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 visit on 13 December 2016. During our visit we:

- Spoke with a range of staff including GPs, nurses, practice manager, deputy practice manager and reception and administrative staff and spoke with patients who used the service.
- 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.

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 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 things went wrong with care and treatment, patients were informed of the incident, received support, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- Senior staff understood their roles in discussing, analysing and learning from incidents and events. We were told that the event would be discussed at practice clinical meetings which took place regularly and we saw minutes from the meetings to confirm this.
- Information and learning was circulated to staff and the practice carried out a thorough analysis of the significant events.

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. Information was received into the practice by the practice manager and cascaded to clinicians. The practice undertook regular and comprehensive clinical meetings, with detailed records and learning shared appropriately. Lessons learnt were shared to ensure action was taken to improve safety in the practice. For example, we saw that when an alert was issued relating to instructions for the administering of a particular medicine and in response the practice carried out a thorough search on their system to see if any patients were likely to be affected and then took the appropriate action to review and amend any medication as required by their GP.

When there were unintended or unexpected safety incidents, patients received support, a verbal and written apology and were told about any actions to improve

processes to prevent the same thing happening again. The practice had a thorough and comprehensive incident review process, in which it undertook an investigation to establish the reasons behind any problem or situation. Staff engagement was positively encouraged and the practice and Provider worked hard to establish an open and inclusive environment with all reviews.

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. 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 and practice nurses were trained to the appropriate level to manage child protection or child safeguarding, GPs were trained to level 3 and nursing staff to level 2. The practice undertook weekly meetings to review patients who did not attend for their appointment. These meetings were linked to safeguarding registers and multiagency information sharing protocols to ensure that relevant and up-to-date information about patients' circumstances was available to appropriate agencies.
- 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 clean and tidy. One of the practice nurses was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best

Are services safe?

practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

- All single use clinical instruments were stored appropriately and were within their expiry dates. Where appropriate equipment was cleaned daily and spillage kits were available. Clinical waste was stored appropriately and was collected from the practice by an external contractor on a weekly basis.
- During our inspection we checked the emergency medicines in the practice and found all the stock to be within manufacturers' expiry dates. The practice had systems in place to check the security and storage arrangements for medicines usage.
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. However, we found that not all medicine reviews for patients prescribed high risk medicines had been undertaken in line with required time limits. For example, 67 patients on ACE inhibitors had not had recent blood test results reviewed within the appropriate timescales. We also found that 21 patients prescribed methotrexate were showing as having a blood test overdue. Similarly, of 13 patients prescribed Lithium, four were recorded as having no review for four months. Immediately following the inspection the practice advised us that that had made arrangements to review all the patients identified with overdue reviews and sent us a report within days of the inspection to confirm this action had taken place.
- The practice carried out regular medicines audits, with the support of the local CCG medicines management teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were comprehensive 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.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identity,

references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service were in place as necessary.

Monitoring risks to patients

The practice had procedures in place for monitoring and managing risks to patient and staff safety. The building occupied by the practice had recently undergone a comprehensive refurbishment and all systems had been checked prior to reoccupation, for example;

- The practice had completed a legionella risk assessment and an inspection had been undertaken on their behalf by an external, accredited company. Regular testing of hot water temperatures had subsequently been carried out. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings.)
- The practice had comprehensive guidance and information in place to assist and support staff in managing risks and safety. For example, the practice had up-to-date fire risk assessments, which included a log of the fire alarm tests and routine staff fire training. Members of staff had been identified as fire wardens or marshals to assist in any evacuation or test situation.
- There was a health and safety policy available along with a poster in the staff communal areas which included the names of the health and safety lead at the practice.
- Appropriate health and safety risk assessments had been completed, along with electrical equipment testing to ensure the equipment was safe to use. Clinical equipment was checked and calibrated routinely to ensure it was working properly.
- The practice had effective systems in place for planning and monitoring the number of staff and skill mix of staff needed to meet patients' needs, including, for example arrangements to ensure the appropriate management of planned staff holidays. Staff members were flexible and covered additional duties as and when required.
- We saw that the practice had a system for identifying and assessing risks. This allowed the partners to identify and assess risk across the range of functions and activities. Updates were provided to the partners business meetings.

Are services safe?

Arrangements to deal with emergencies and major incidents

The practice had appropriate 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.
- Clinical staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had access to a defibrillator, a risk assessment had been undertaken to establish that access was freely available for all staff and all equipment was appropriate to emergency needs. Emergency oxygen was available with adult and children's masks. A first aid kit and accident book were also available.

- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location, should they be required. 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 emergency contact numbers for staff. The plan was accessible by partners and managers off site and out of normal working hours, should it be required. In the event of an emergency situation occurring, the practice manager had created an emergency 'grab box', which contained all necessary documents, information and spare set of building keys.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met people's needs.
- The practice monitored that these guidelines were followed through risk assessments and random sample checks of patient records.
- The practice worked with the local CCG pharmacist, who attended clinical meetings at the practice, to improve the efficiency of medicines management and prescribing.

The practice also met with the local Clinical Commissioning Group (CCG) on a regular basis and accessed CCG guidelines for referrals and also analysed information in relation to their practice population. For example, the practice received information from the CCG on accident and emergency attendance, emergency admissions to hospital, outpatient attendance and public health data. They explained how this information was used to plan care in order to meet identified needs and how patients were reviewed at required intervals to ensure their treatment remained effective.

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 showed the practice achieved 94% of the total number of points available, which was comparable to the local CCG average of 96% and national average of 95%.

The practice achieved this result with an overall level of 4% exception reporting which was lower than local and national averages of 5% and 6% respectively. (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). We were satisfied that exceptions recorded had been appropriately managed.

Data from 2015/2016 showed:

Performance for diabetes related indicators was comparable to both local and national averages.

For example,

- The number of patients with diabetes on the register whose last measured total cholesterol (measured within the preceding 12 months) is 5mmol/l or less was 81%, with an exception reporting rate of 11%, compared to the local CCG average of 78%, with 10% exception reporting, and the national average of 80%, with 13% exception reporting.
- The number of patients with asthma, on the register, who have had an asthma review in the preceding 12 months, was 75%, with an exception reporting rate of 2%, compared to the local CCG average of 75%, with 6% exception reporting, and the national average of 76%, with 8% exception reporting.
- The number of patients with COPD who had a review undertaken in the preceding 12 months was 87%, with an exception reporting rate of 16%, compared to the local CCG average of 91%, with 12% exception reporting, and the national average of 90%, with 12% exception reporting.

The practice had provided dedicated clinics for patients with diabetes. These had worked to address patient needs and ensured regular review and monitoring was in place to identify and implement improvement wherever possible.

When comparing performance for mental health related indicators the practice again achieved positive results in the range of outcomes within the individual measures.

- For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01 April 2015 to 31 March 2016) was 85%, with an exception reporting rate of 8%. Compared against the local CCG average of 92%, with an exception reporting rate of 13%, and the national average of 89%, with an exception reporting rate of 13%.

Are services effective?

(for example, treatment is effective)

For patients on the dementia register the practice had a lead GP with responsibility for developing and improving delivery of services for patients with mental health and health promotion. Advice was freely available and easily accessible within the practice and on the website. The practice provided longer appointments for patients with mental health concerns.

The practice provided services to four local nursing and residential care homes, with each home receiving a weekly 'ward round'.

There was evidence of quality improvement including clinical audit, for example;

- The practice had a regular cycle of clinical audits. The practice had undertaken five audits within the previous two years. Of these three had been 'full cycle' audits, where repeated audits had been completed, action implemented and outcomes reviewed and improvements or changes reported. We saw outcomes for audits in prescribing of antibiotics which had led to a reduction in their use. An audit detailing cervical smear outcomes had demonstrated an improvement in the number of inadequate smears and increased learning for staff.
- Areas in which audits had been undertaken included prescribing of antibiotics and treatment of diabetes.
- The findings of the audits had identified changes to systems and improvements in the consideration of prescribing habits and patient recall system for reviews.
- The practice participated appropriately in local audits, national benchmarking, and peer review and research. Findings from audits were used by the practice to evaluate, review and, where appropriate, to improve services.

Effective staffing

Staff at the practice had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, information governance, basic life support, infection control, health and safety and fire safety.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, staff administering vaccinations and taking

samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example, by access to on-line resources and attendance to update training sessions.

- Additionally, the practice had qualified nurses dealing with the treatment and review of patients with asthma and chronic obstructive pulmonary disorder (COPD).
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of personal 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, annual appraisal, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. We saw evidence that all staff had received an appraisal in the last 12 months.
- Staff had access to regular clinical educational training sessions which were delivered using a variety of methods, including on-line e-learning, off-site presentations and at the practice. Relevant practice staff had also attended CCG led training days which were held throughout the year. Protected learning time for staff was assured.
- Staff members were aware of the need to recognise equality and diversity and acted accordingly. Appropriate training had been provided for staff to support understanding and awareness.
- Staff had access to appropriate accredited external training opportunities Staff received training that included safeguarding, infection control, chaperoning, basic life support, information governance, customer service training, and dementia awareness.

Coordinating patient care and information sharing

- The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets was also readily available.

Are services effective?

(for example, treatment is effective)

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services, or with children's services and community nurses for example.
- The practice had systems in place to provide staff with the information they needed. Staff worked together with other health and social care services to understand and meet the range and complexity of patient needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred to, or after they were discharged from hospital.

Consent to care and treatment

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

- Staff understood the relevant consent and decision making requirements of legislation and guidance, including the Mental Capacity Act 2005 and could explain processes to us.
- 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 had appropriate systems in place to help staff identify patients who may be in need of extra support.

- The practice held a register of patients living in vulnerable circumstances, including those who were homeless or with a learning disability.
- These included patients considered to be in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, drug, alcohol and smoking cessation and patients experiencing poor mental health.
- The practice had 52 patients on its palliative care register and 22 of these patients had received a health check in 2015/16. The practice held regular Gold

Standard Framework (GSF) meetings. (GSF is a programme designed to improve the quality, coordination and organisation of care for all people nearing the end of life.)

- The practice had 203 patients on their cancer register. Routine health checks and additional, appropriate support was offered to these patients, with flexible appointment times made available.
- The practice had 53 patients registered with learning difficulties and 25 of these patients had received a health check in 2015/2016.
- Patients were signposted to the relevant services, including for example Macmillan cancer care.
- Access to an NHS dietician and other healthy lifestyle advice was available, including well- person medicals and blood pressure checks.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 83% and the national average of 81%. The practice encouraged uptake of the screening programme by ensuring a female clinician was available and by sending reminder letters to patients who had not responded to the initial invitation.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Bowel and breast cancer screening rates were, again, comparable to both local CCG and national averages. For example:

- Data published in March 2016 showed 54% of patients aged 60 to 69 years had been screened for bowel cancer in the last 30 months compared to 59% locally and 58% nationally.
- Data showed 71% 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.

Childhood immunisation rates for the vaccinations given were comparable to national averages. For example, the practice achieved a 97% target for childhood immunisation rates for the vaccinations given to under two year olds compared to the national average score of 91%.

For five year olds and MMR vaccinations, the practice achieved an average of 97% compared to the local average rates ranging between 94% and 96%, whilst national averages ranged between 87% and 94%.

Are services effective? (for example, treatment is effective)

Patients had access to appropriate health assessments and checks. The practice offered NHS health checks for people aged 40–74 years. Health checks were also offered to patients aged 75 and over and new patients were offered a health check upon registering at the practice.

Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the seven 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. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with three members of the patient participation group (PPG). They also told us they were very happy with the care provided by the practice and said their dignity and privacy was respected.

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

- 97% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 93% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 91% and the national average of 92%.
- 96% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.

- 100% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.
- 100% of patients said they had confidence and trust in the last nurse they saw compared to the CCG average of 97% and the national average of 97%.
- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and the national average of 87%.

The significantly higher than average outcomes from the patient feedback reflected the level of care and attention all the staff at the practice invested in the services delivered to patients.

The senior partner at the practice told us that all staff worked hard to ensure patients received the best possible service. We found that staff enjoyed their work and took great pride in ensuring patients were happy and well cared for.

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, again, consistently higher than both local and national averages. For example:

- 95% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 94% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and national average of 82%.
- 90% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 85%.

Are services caring?

The practice was aware of the level of positive feedback from patients and we saw that the PPG was also instrumental in maintaining positive lines of communication with a widespread number of patients. For example, the PPG had participated in the organisation of coffee mornings raising awareness about Macmillan Cancer nurse support. Additionally, a local patient survey had been completed with results shared across the practice and outcomes informing developments across the practice, including the siting of an electronic appointments screen in the reception area for patients to use on arrival.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

- Notices in the patient waiting area told patients how to access a wide range of support groups and organisations, including Pregnancy Sickness Support, Diabetes UK, Cancer Research and Alzheimer's Society.
- The practice provided information about different local or national charitable initiatives.
- The practice's computer system alerted GPs if a patient was also a carer. The practice held a register of carers with 181 carers identified which was approximately 2% of the practice list.
- The practice had recently identified a member of staff who was able to act as carers 'champion' with the objectives to develop services and raise awareness of carers in the practice and across the community. Initiatives identified included liaison with the carers association, coffee mornings and information open evenings attended by patients, staff and invited speakers from relevant local organisations.
- The practice maintained a bereavement register. Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation to meet the family's needs and/or by giving them advice on how to find a support service. The practice would also send a card to the bereaved family.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and East and North Herts Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- Clinical staff had access to advice and support from a wide range of specialist staff including a dietician, the local respiratory team and staff also worked closely with the diabetes team.
- There were longer appointments available for patients with a learning disability. Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- The practice was proactive in developing services. They offered on-line appointment booking, a text messaging service to remind patients of their appointments and repeat prescriptions.
- A full range of health promotion and screening clinics and advice was available to meet the recognised needs of the patient group.
- The practice provided an electronic prescribing service (EPS) which enabled GPs to send prescriptions electronically to a pharmacy of the patient's choice.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. Information leaflets for travellers, giving advice relating to vaccination and health precautions, were available in the patient waiting area.
- 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, links with the community midwife team and health visitors formed part of the support available.
- The practice referred patients to the Improving Access to Psychological Therapies service (IAPT) where necessary and encouraged patients to self-refer where appropriate. Information about the psychological well-being service was available within the waiting area.

We saw that the practice and the PPG had identified links with local charities and support groups to raise awareness of issues and to improve awareness, with, for example, the Dementia Alliance, Macmillan Cancer Care and carers groups such as Carers' cafés.

The practice provided dedicated GP services to residents at a homeless hostel, they had provided specialist awareness training for staff, offered flexible appointments and worked in collaboration with other services. Staff working with these patients had developed skills and awareness of working with this patient group. The practice had recognized the difficulties patients may have with rigid systems and offered flexibility in the delivery of health checks, clinics and general appointments. This meant that patients had been enabled to access services they otherwise would have not accessed.

The practice provided dedicated care to patients who lived in two specialist dementia care units across the county. The practice provided daily visits to each unit and included the initial health assessment of each resident. Annual health checks and routines immunisations are also included in the services provided. Delivery of these services in a specialist environment had required specialist training and awareness for staff, including a clear understanding of the deprivation of liberty requirements. As a result of the specialist knowledge accrued from delivery of these services, the practice had been involved in developing services in four other residential and nursing homes.

Access to the service

The practice was open between 8.00am and 6.30pm Mondays, Tuesdays and Wednesdays. On Thursdays the practice was open from 8am until 7.30pm and on Friday it is open from 7am until 6.30pm.

Extended hours are also available one Saturday each month from 8.30am until 11.30am. In addition pre-bookable appointments could be booked up to eight weeks in advance. Urgent appointments were also available for people that needed them.

Results from the national GP patient survey published July 2016 showed that patient's satisfaction with how they could access care and treatment was higher than local and national averages.

Are services responsive to people's needs?

(for example, to feedback?)

- 76% of patients were satisfied with the practice's opening hours compared to the local CCG average of 69% and the national average of 76%.
- 85% of patients said they could get through easily to the practice by phone compared to the local CCG average of 62% and the national average of 73%.

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

The practice had systems in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

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 taken part in a local Vanguard project, working with pharmacists in residential nursing homes. The Vanguard pilot scheme was designed to integrated services between health and social care and to make it easier for hospitals, community services, GPs and care homes to work together to provide care.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. The practice manager was the identified lead person who handled complaints in the practice. The practice carried out an analysis of complaints and produced an annual complaints report. Information on how to complain was readily available to patients.

- The practice leaflet contained information about how to complain, notices were displayed in the waiting area and information was available on the practice website. Information about the role of the Parliamentary and Health Service Ombudsman (the PHSO make final decisions on complaints that have not been resolved by the NHS in England) was routinely available.
- We looked at three complaints received in the last 12 months and found each of these had been dealt with in a timely and thorough way.
- The practice submitted complaints data to the partners meeting. Lessons learnt from concerns and complaints were shared across the practice as appropriate and action was taken as a result to improve the quality of care. For example, an incident occurred where a prescription was issued to the wrong patient. After investigation information was updated on the website and arrangements for reviews were put in place. Since the incident there had been no concerns subsequently.

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 vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice held regular partner's business meetings and we saw evidence to confirm that they monitored, planned and managed services which reflected the vision and values of the practice.

The practice had identified existing objectives and possible future developments. The partners routinely reviewed and evaluated progress against objectives.

Governance arrangements

In most areas the practice had clear governance structure which supported the delivery of the strategy and good quality care.

The reporting structures, agreed lines of delegated authority and procedures put in place at the practice ensured that:

- There was a clear staffing framework and that staff were aware of their own roles and responsibilities. The practice manager had introduced flexible working and additional training to ensure administration staff were competent and able to deliver the range of administration and patient support services required.
- The policies in place at the practice were reviewed and updated as required. Copies of relevant policies and associated guidance and protocols were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained by the practice management team through regular meetings and progress review sessions.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were comprehensive arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, we did find that systems to monitor patients on high risk medicines was not effective and needed review.

Leadership and culture

There was a strong and clear focus on positive engagement with staff across the clinical and administrative bases. Staff told us the management team 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). The provider's management team proactively encouraged and supported 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 support and a verbal and written apology.
- The practice kept written records of written correspondence.

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

- The practice held team meetings on a monthly basis and staff were encouraged to participate.
- 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 as individuals, that their contribution was welcomed and valued and that they were fully supported by management and clinicians in the practice.
- There were staff social events arranged throughout the year, which were well attended and staff told us they appreciated.
- Staff were involved in discussions about how to run and develop the practice, and the management team 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.

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 patients through NHS Choices, the Friends and Family Test, the Patient Participation Group (PPG) and through local patient surveys and comments and complaints received.
- The PPG comprised of six members who regularly attended meetings and a virtual group with a membership of 90 patients, who contributed via online or email.
- The practice told us that the recently completed major refurbishment of the premises had required significant project management input. We saw that improvements and developments had been influenced as a result of staff and patient feedback. The PPG had been consulted and involved in the redevelopment of the practice, during the two-year refurbishment project.
- The practice had regularly gathered feedback from staff through staff meetings and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.
- We saw positive examples of where staff had personal interests in topics and they had been encouraged and supported by partners to develop their knowledge and to share learning across the practice. This had resulted in improved awareness in both clinical and non-clinical staff of issues, for example with information relating to pregnancy sickness support being presented at a staff meeting.

Continuous improvement

There was a clear and strong focus on continuous learning and improvement at all levels within the practice. Staff told us that if they had a personal interest in developing services the partners would actively encourage and support their learning.

At the time of our inspection, the practice was involved in a range of patient services to meet the individual and collective needs of the practice population.

For example,

- The practice had completed a comprehensive refurbishment of the building, to improve the environment for patients and staff.
- The practice had a service development plan focused on improving outcomes for patients and exploring opportunities to increase the patient list size.
- With the aim of increasing the number of participants and the diversity of representation of patients offering feedback, the practice told us that they were exploring the possibility of further developing the 'virtual' patient participation group.
- The practice took part in research studies and also supported medical students in their training.
- The management team at the practice had established a 'private' social media group to facilitate ease of communication for urgent, non-patient related matters.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Nursing care Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment How the regulation was not being met: We found that the registered person had not protected people from the risks associated with the timely review of prescribed medication. This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.