

# Theobald Centre

## Inspection report

119- 121 Theobald Street  
Borehamwood  
Hertfordshire  
WD6 4PT

Date of inspection visit: 11 October 2018  
Date of publication: 07/12/2018

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 location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

# Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Theobald Centre on 5 September 2017. The overall rating for the practice was requires improvement. We found that the practice needed to make a number of improvements to the premises and improve the governance arrangements in place at the practice. The full comprehensive report on the September 2017 inspection can be found by selecting the 'all reports' link for Theobald Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced follow up comprehensive inspection carried out on 11 October 2018 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breach in regulation related to good governance that we identified in our previous inspection on 5 September 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.

Our key findings were as follows:

- The premises had been subject to a refurbishment programme and several improvements had been made to the cleanliness and suitability of the environment.
- 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 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 involved patients and treated them with compassion, kindness, dignity and respect.

- Patients were positive about the GPs working at the practice and had confidence in the care and treatment they received.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it. Patient feedback was positive.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- There was effective and efficient use of IT systems within the practice which enabled good quality assurance processes to monitor quality of care and treatment.
- The staff team were happy in their work and felt supported by the provider and their colleagues. There was a positive and supportive culture within the practice.

The areas where the provider **should** make improvements are:

- Review recruitment procedures to ensure that all staff are subject to full recruitment checks as required by law.
- Review storage arrangements for emergency equipment and medicines in order that these are stored appropriately to reduce risk and are easily accessible for staff.
- Establish a mechanism to enable the practice to obtain effective lines of communication between patients and the provider and management at the service.
- Review and work to improve patient uptake in relation to national screening programmes in particular, bowel and cervical screening.
- Continue to monitor and improve national GP patient survey results and patient satisfaction in particular, areas relating to telephone access.

**Professor Steve Field** CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

## Population group ratings

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

## Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser, a practice nurse specialist adviser and a second CQC inspector.

## Background to Theobald Centre

Theobald Centre situated at 119-121 Theobald Street, Borehamwood, Hertfordshire is a GP practice which provides primary medical care for approximately 9,339 patients living in Borehamwood and the surrounding areas. The practice had a registered manager who was also the provider and lead GP at the practice.

Theobald Centre provides primary care services to local communities under a General Medical Services (GMS) contract, which is a nationally agreed contract between general practices and NHS England. The practice population is predominantly white British along with small ethnic populations of Asian and Eastern European origin.

The practice currently has a GP principal and one salaried GP. The practice is supported by eight long term GP locums. A choice of male and female GPs is available for patient consultation. There is a practice nurse. There is an interim practice manager, whilst the practice recruits

permanently to the post, who is supported by a team of administrative and reception staff. The local NHS trust provides health visiting and community nursing services to patients at this practice.

Patient care is provided on the ground floor. There is a car park outside the practice with adequate disabled parking available.

The practice is open Monday to Friday from 8am until 6.30pm. The practice offers extended opening on Monday until 8pm. On one Saturday per month the practice is open from 9am until 12 noon. There are a number of access routes including telephone consultations, on the day appointments and advance pre-bookable appointments.

When the practice is closed services are provided by Herts Urgent Care via the 111.

# Are services safe?

At our previous inspection on 5 September 2017, we rated the practice as requires improvement for providing safe services as the arrangements in respect of cleanliness and infection control were not adequate. Staff immunisation status was not being adequately managed and monitored and staff had not always been subject to the required employment checks. The fire risk assessment carried out had not been followed up to ensure the premises were safe.

These areas of concern had significantly improved when we undertook a comprehensive, follow up inspection on 11 October 2018. The practice is now rated as good for providing safe services.

## Safety systems and processes

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

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Learning from safeguarding incidents was available to staff. There were regular safeguarding meetings at the practice and appropriate records kept to ensure timely referrals.
- Not all staff who acted as chaperones had received a Disclosure and Barring Service (DBS) check since commencing employment at the service although they had brought evidence of previous DBS checks with them to the practice. (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.) We raised this with the provider who immediately applied to have the required DBS checks completed on those staff who had not had them completed since commencing their employment.
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The practice carried out some of the required staff checks at the time of recruitment, however, some of the DBS checks we looked at had been completed at a former place of employment. This was addressed following our inspection and we were provided with evidence that all staff had been DBS checked as required.

- There was an effective system to manage infection prevention and control. There was a designated lead for infection prevention and control to review the policy annually and conduct annual audits. Flooring had been replaced to ensure cleanliness since our last inspection.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

## Risks to patients

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

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics. However, on the day of our inspection the practice nurse was not working at the practice. There was no cover arrangements in place for this staff member which had left a shortfall with nursing provision. The lead GP explained that they were themselves picking up this workload in the nurse's absence. We spoke with the practice nurse following our inspection visit who confirmed that they had a manageable workload and that they were able to see patients when they needed to be seen.
- There was an effective induction system for temporary staff tailored to their role. There was a locum pack for GPs which included important information and was reviewed regularly.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- 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 including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

## Information to deliver safe care and treatment

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.

# Are services safe?

- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. Good use of IT systems ensured effective sharing of up-to-date guidance and safety alerts.
- Clinicians made timely referrals in line with protocols.
- Patient records were kept securely and there were privacy and confidentiality policies in place.

## Safe and appropriate use of medicines

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

- The evidence table highlights that the practice's antibiotic prescribing was broadly in line with the national average.
- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised some of the risks. However, the emergency medicines and equipment could be organised better to enable staff to access these quickly.
- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.
- The system for storing medicines which required refrigeration was effective. We saw evidence of the temperatures being recorded daily and action taken when any readings were over the recommended temperature of eight degrees.

- The practice had a recall system in place for patients who required extra monitoring or reviews more frequently of their medicines in line with national guidance. We saw evidence of these alerts in place for high risk medicines highlighting to staff when they were due a blood test.
- We saw evidence that the storage of prescriptions was safe and monitored when receiving blank prescription papers into the building.

## Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed safety using information from a range of sources.

## Lessons learned and improvements made

- Staff understood their duty to raise concerns and report incidents and near misses. Staff we spoke with said they were encouraged to report any concerns or errors and felt that leaders and managers supported them when they did so. Staff were involved in the investigation process when they reported incidents.
- There were systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and acted to improve safety in the practice. These incidents were discussed at executive levels and disseminated down to all staff in team meetings.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts. We saw evidence that safety alerts were well managed and actioned at the time of the alert and on an ongoing basis. Safety alerts had prompted clinical audits where needed.

# Are services effective?

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' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Clinicians were invited to weekly clinical meetings where any new or updated national and local guidance was discussed.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- Up-to-date guidance was readily available to clinicians through the IT system used within the practice. This system was easily accessible with guidance and protocols for staff. We saw evidence of clinical audits completed as a result of safety alerts received by the practice.
- The practice held management meetings twice a week with the community matron to look at avoidable hospital admissions.
- All hospital discharge summaries were reviewed by the GPs and action taken as needed.

## Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- The practice monitored unplanned hospital admissions and was working with multi-disciplinary teams to improve outcomes for those patients identified as frail to bring down the rates of unplanned admissions.
- The practice conducted health checks for patients over 75 years and who didn't visit the practice with a long-term condition. There were home visits and care home visits carried out by a GP and the practice nurse.

- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs. There were regular liaison and multi-disciplinary team meetings with community-based health professionals.
- The practice nurse carried out home visits to older, frail patients who were unable to easily travel to the practice.

## People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- Specialist clinics were held by the trained practice nurse to carry out reviews of patients with long-term conditions such as diabetes. A diabetic clinic was held by the practice nurse in liaison with one of the GPs.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- There were twice weekly complex case management meetings and weekly practice meetings to discuss this population group.
- The practice's performance on quality indicators for long-term conditions was mostly above local and national averages.

## Families, children and young people:

- Primary up to age one childhood immunisation uptake rates and those for Pneumococcal were above the target percentage of 90% or above. However, the MRR vaccinations rates were below the national averages.



## Are services effective?

The lead GP and practice nurse were looking at this and working to encourage families to bring their children in for these vaccinations on an on-going basis. This was being done by communication with parents.

- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- The practice held a weekly immunisation clinic with flexibility for appointments outside this time.
- The practice nurse and lead GP had regular meetings and liaison with health visitors.

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

- The practice offered extended hours for one evening per week and a Saturday morning every month to allow some flexibility for working age people.
- The practice's uptake for cervical screening was 65%, which was below the 80% coverage target for the national screening programme. The practice nurse was taking action to improve upon this by following up with patients who had failed to attend for screening.
- The practice's uptake for breast and bowel cancer screening was below the national average. The practice nurse and lead GP were actively working to improve this by contacting patients.
- 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. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. Patients with a learning disability had regular health reviews which were overseen by the lead GP.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

- There was an effective system in place to monitor adults and children who may be at risk.
- The practice had been part of the Syrian Refugee Programme and had used interpreters to support patients when this had been needed.

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long-term medicines.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.
- The practice's performance on quality indicators for mental health was in line with local and national averages.
- The practice offered an in-house counselling service to people who were experiencing poor mental health.

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. Where appropriate, clinicians took part in local and national improvement initiatives.

- The practice was one point short of the maximum achievable Quality Outcome Framework (QoF) points. Exception rates were mostly lower than national averages, except in the instance of Atrial Fibrillation. The provider explained that this was an area they were working to improve on.
- The practice used information about care and treatment to make improvements.
- The practice regularly completed cervical smear samples and minor surgery audits.

# Are services effective?

- Death audits were completed to identify any possible concerns or areas of improvement which may be required in relation to these patients and care provided by clinicians prior to their end of life.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives. One example of this was an initiative in relation to patient frailty in order to reduce hospital admissions.

## Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long-term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.
- Staff we spoke with felt well supported and adequately trained in their roles.
- The practice nurse had recently revalidated and received regular clinical supervision.

## 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 and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for

people with long-term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.

- 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. We saw examples of good end of life care planning and delivery.
- The practice nurse had good links with the health visitors and was able to provide examples of co-ordinated approaches to patient care and appropriate referrals.

## 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 own health, for example through social prescribing schemes. We saw examples of social prescribing schemes and evidence that patients had been referred through to organisations to encourage weight loss and improve their fitness.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

## Consent to care and treatment

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



## Are services effective?

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Written consent for procedures was obtained and recorded in patients' records.
- 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?

At our previous inspection on 5 September 2017, we rated the practice as requires improvement for providing caring services due to the National GP Patient Survey results which were below average across a number of areas.

We found improvement with the National GP Patient Survey results during this follow up inspection and feedback from patients was very positive about the care they received at the practice. The practice is now rated as good for providing caring services.

## Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treated people. All of the feedback we looked at described people being treated with respect. People told us they felt listened to and we observed staff maintained people's dignity during our inspection.
- Staff understood patients' personal, cultural, social and religious needs. We found that the service had access to, and made use, of interpreters when needed. Staff spoke a variety of languages which assisted in communicating with patients.
- The practice gave patients timely support and information.
- The practice's National GP Patient Survey results were broadly in line with local and national averages for questions relating to kindness, respect and compassion. 99% of patients said they had trust and confidence in the healthcare professional they saw at the practice and 80% said the healthcare professional was good or very good at treating them with care and concern.
- The practice had made a number of improvements in this area since our last inspection, such as the implementation of customer care training for reception staff and further direction and training for locum clinicians working at the practice. Patients we observed and comments cards we reviewed were all positive about how patients were treated at the practice.

## Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given). Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers through consultations, registration or long-term condition reviews, and provided them with a support pack. There was a dedicated carers champion who supported them.
- The practice's National GP Patient Survey results were in line with local and national averages for questions relating to involvement in decisions about care and treatment.

## Privacy and dignity

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues or appeared distressed reception staff offered them a private room to discuss their needs.
- There was an area of the reception specifically for people who wanted to speak to a receptionist in private.
- Telephone calls were taken away from the main reception area in order to respect people's privacy.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

# Are services responsive to people's needs?

At our previous inspection on 5 September 2017, we rated the practice as requires improvement for providing responsive services due to National GP Patient Survey results and patient feedback in relation to access to appointments.

At this inspection we found that although the National GP Patient Survey reflected some issues in getting through to the practice by telephone, the feedback we received about the appointment system and getting to see a GP from patients was positive. The practice offered extended hours and an out of hours system for patients.

**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.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- On-line access to appointments was available for patients.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. There were disabled parking spaces in the car park and all consultation rooms were on the ground floor with easy access for patients.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- Staff were responsive to patients who presented with urgent needs. Staff knew what to do in case of a medical emergency and arrangements were in place to ensure this was safe and effective for patients.

Older people:

- The practice had a dedicated duty doctor service for urgent appointments. Older patients were prioritised through the triage system.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs. The GPs 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.
- Weekly diabetes clinics were held for patients who were at risk due to the management of their condition.
- Complex cases were discussed at regular practice meetings.

Families, children and young people:

- We were given examples of the lead GP and the practice nurse working with other health professionals and relevant agencies when children or adults may have been at risk.
- 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.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and Saturday appointments.

People whose circumstances make them vulnerable:

# Are services responsive to people's needs?

- The practice had been working with the Syrian Refugee scheme and had seen patients involved with the scheme who were now registered at the practice.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. These people were identified at the practice as being vulnerable and were followed up as needed.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- There was a carers register with the offer of annual health checks, flu vaccination and referral in place.

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

- The practice had an in-house counselling service in place.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice routinely screened patients over 65, patients with learning disabilities and patients with long-term conditions for dementia.

## Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs. Same day and pre-bookable GP appointments were available and urgent cases were triaged and seen as appropriate. There was access to the practice nurse for patients which could be booked in advance or they could see patients on the day.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately. If clinics or the wait for acute on the day appointments were delayed, reception staff would inform waiting patients.

- Patient comment cards were mostly very positive about booking an appointment and getting to see a GP as needed.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients we spoke with reported that the appointment system was easy to use. They told us they rarely had to wait long to see the GPs and were positive about the care and treatment they received.
- The practice's National GP Patient Survey results were broadly in line local and national averages for access to appointments. The 2018 GP survey also showed the telephone access was lower than local and national average. However, patient feedback during our inspection was positive about access to appointments. This was an area the practice needed to improve on.

## Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. 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.
- Staff tried to resolve any concerns about the practice before they became formal complaints. Staff told us that as they knew the patient population fairly well, they were usually able to deal with any issues before they became what would be classed as a complaint. Those complaints we did review had been dealt with appropriately and in line with the policy in place at the practice.

**Please refer to the evidence tables for further information.**

# Are services well-led?

At our previous inspection on 5 September 2017, we rated the practice as requires improvement for providing well-led services as we concluded that the governance systems in place needed strengthening. There were areas of the practice which required improvement and these had not been identified by the provider at that time. These were in relation to the premises, infection control, fire safety and patients' experience of care and treatment at the practice.

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook this inspection. The practice is now rated as good for being well-led.

## Leadership capacity and capability

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

- The provider/lead GP was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Although the practice was currently without a practice manager, an interim manager was in post who had good oversight of the practice. The practice was actively recruiting a new practice manager at the time of our inspection.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

## Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

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

## Culture

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

- Staff stated they felt respected, supported and valued. Staff we spoke with were proud to work in the practice and reported it was a family type team.
- The practice focused on the needs of patients.
- The provider, interim manager and leads addressed staff behaviour and performance which was inconsistent with the vision and values in place at the practice.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. We saw that apologies had been forthcoming to complainants where appropriate.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They told us they would be involved in the process of rectifying the issue and had confidence that concerns 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.
- There was a strong emphasis on the safety and well-being of all staff. We saw evidence of the provider supporting staff through difficult times and adjusting their hours and duties.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

## Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. However, recruitment processes needed to be strengthened to ensure staff were recruited safely.
- The provider promoted co-ordinated person-centred care. They had clear oversight of clinical care at the practice and monitored quality on an on-going basis.

# Are services well-led?

- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control. There were lead roles within the practice which ensured oversight in key areas of care delivery.
- The provider had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. IT systems enabled staff to have access to key policies and procedures. The policies we reviewed were current and regularly reviewed.

## 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. Practice leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments.

## 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.
- The practice submitted data or notifications to external organisations as required.
- There were clear 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.
- There was no active patient participation group (PPG) within the practice. We have recommended that this is something the practice look to establish to strengthen the systems in place to allow for feedback from patients.
- The arrangements for involving staff with discussions and changes was effective.

## Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- 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. All incidents and complaints were dealt with in a structured system. Learning was shared with the wider team and used to make improvements.
- The provider encouraged staff to take time out to review individual and team objectives, processes and performance.

**Please refer to the evidence tables for further information.**