

Dr Robert Bailey, Minster Medical Practice

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Requires improvement 

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 Dr Robert Bailey on 18 November 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- 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.
- Feedback from patients about their care was positive. Patients said they were treated with compassion, dignity and respect and they were involved in their

care and decisions about their treatment. Data from the National GP Patient Survey published in July 2016 showed that patients rated the practice in line with others for most aspects of care.

- 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.
- 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 well 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 areas where the provider should make an improvement is:

- Ensure that the business continuity plan contains information relevant for its purpose and a copy is kept off site.
- Ensure that outcomes within indicators of the Quality Outcomes Framework are improved upon the 2015/16

Summary of findings

achievements. The practice had achieved below local and national average performance during 2013/14 (76%) and 2014/15 (77 %). A new strategy including arrangements for GPs to improve read coding and the appointment of a lead QOF nurse had been implemented and were proving successful according

to data for 2015/16 to the date of inspection, but the reporting year was not yet complete (until March 2017) and could therefore not yet be verified, nor was publicly available.

- Ensure that verbal complaints are recorded consistently.

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 good 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.
- When things went wrong patients received reasonable support and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

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

- The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programs 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 that the practice had achieved 78% of the total number of points available, with 6% exception reporting. The practice had achieved below average local and national performance during 2013/14 (76%) and 2014/15 (77 %). A new strategy including arrangements for GPs to improve read coding and the appointment of a lead QOF nurse had been implemented and were proving successful according to data for 2015/16 to the date of inspection, but the reporting year was not yet complete (until March 2017) and could therefore not yet be verified, nor was publicly available.
- Staff assessed needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff except for the practice manager.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Requires improvement



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the National GP Patient Survey published in July 2016 showed patients rated the practice in line with others for most aspects of care.
- Feedback from patients about their care was positive. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Data from the National GP Patient Survey published in July 2016 showed that 97% of patients surveyed were able to get an appointment at a convenient time, compared to the local average of 94% and the national average of 92%.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. This was displayed throughout the practice. Staff were clear about the vision and their responsibilities in relation to it.
- Staff at the practice were engaged with local healthcare services and worked within the wider health community. For example, the lead GP was the CCG lead for end of life care.
- There was a clear leadership structure and staff felt supported by management. There was an overarching governance framework which supported the delivery of the strategy and

Good



Summary of findings

good quality care. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were arrangements to monitor and improve quality and identify risk.

- The provider was aware of and complied with the requirements of the duty of candour. The lead GP encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active.

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.

Good



- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice contacted patients after their discharge from hospital to address any concerns and assess if the patient needed GP involvement at that time.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people, including rheumatoid arthritis and heart failure, were generally below local and national averages during 2015/16 but the practice had implemented a new strategy and lead person, to address this and considerable improvements had been made during 2016 to date. The practice informed us they were on target to achieve outcomes in line with national and local averages.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice used the information collected for the Quality and Outcomes Framework (QOF) to monitor outcomes for patients (QOF is a system intended to improve the quality of general practice and reward good practice). Data from 2015/2016 showed that performance for diabetes related indicators was 71%, which was below the local average of 90.5% and national average of 90%. Exception reporting for diabetes related indicators was considerably lower than the local and national averages (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).
- Longer appointments and home visits were available when needed.

Summary of findings

- Patients with complex needs had a named GP and a structured annual review to check their health and medicines needs were being met. There was a recall system in place to ensure that patients were invited and attended annual reviews.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were in line with local and national averages for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding five years was 74%, which was in line with the local average of 72% and the national average of 74%. Exception reporting for this indicator was 6% which was in line with the local average of 8% and the national average of 6%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- All staff were trained to child safeguarding level three.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

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

Good



- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Practice staff carried out NHS health checks for patients between the ages of 40 and 74 years.

Summary of findings

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice had 11 registered patients with a learning disability of which eight had received a review in the last 12 months and three were due one. The practice informed us that invites were sent and that they liaised with the local learning disabilities services if they had any specific concerns.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- Patients who were carers were proactively identified and signposted to local carers' groups. The practice had 51 patients registered as carers (approximately 1.2% of patient list).
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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).

Good



- The practice had 49 registered patients with dementia, of which 45 required an annual review, of these, 43 had received an annual review in the last 12 months.
- The practice had 46 registered patients experiencing poor mental health, of which 36 required an annual review, of these, 32 had received an annual review in the last 12 months.
- 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 had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Summary of findings

- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The National GP Patient Survey results were published in July 2016. The results showed the practice performed in line with local and national averages in most areas. 258 survey forms were distributed and 121 were returned. This represented a 47% completion rate.

- 68% found it easy to get through to this surgery by phone compared to a local average of 75% and a national average of 73%.
- 97% said that the last appointment they got was convenient (local average 94%, national average 92%).
- 81% were able to get an appointment to see or speak to someone the last time they tried (local average 87%, national average 85%).
- 83% described the overall experience of their GP surgery as fairly good or very good (local average 86%, national average 85%).
- 74% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (local average 80%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 28 comment cards, all of which were positive about the standard of care received. Patients felt that the practice provided a friendly, professional and kind service, praising both individual members of staff and the practice as a whole. One comment card noted comments around recent improvement for treatment that was received. Three comment cards, despite being positive, contained comments on the occasional difficulty in obtaining an appointment with a clinician of choice and two comment cards, also positive, contained comments reflecting disappointment with the removal of toys from the waiting room, which the practice had to do for infection control reasons.

We spoke with eleven patients during the inspection. All patients said the care they received was good and that staff were kind, friendly, caring and approachable. Three patients told us that waiting times occasionally extended somewhat but that they received an in-depth level of care for which they didn't mind waiting.

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure that the business continuity plan contains information relevant for its purpose and a copy is kept off site.
- Ensure that outcomes within indicators of the Quality Outcomes Framework are improved upon the 2015/16 achievements. The practice had achieved below local and national average performance during 2013/14 (76%) and 2014/15 (77 %). A new strategy including

arrangements for GPs to improve read coding and the appointment of a lead QOF nurse had been implemented and were proving successful according to data for 2015/16 to the date of inspection, but the reporting year was not yet complete (until March 2017) and could therefore not yet be verified, nor was publicly available.

- Ensure that verbal complaints are recorded consistently.

Dr Robert Bailey, Minster Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC lead inspector and included a GP specialist adviser.

Background to Dr Robert Bailey, Minster Medical Practice

Dr Robert Bailey's practice, Minster Medical Practice, is a practice situated within the Thomas Walker Medical Centre in Peterborough, Cambridgeshire. It is contracted to provide general medical services to approximately 4,200 registered patients.

According to information taken from Public Health England, the practice population has a smaller percentage of patients aged 30 to 44 and below 14 in comparison to the national average for practices in England. The practice is in an urban area and compared to national averages has a higher level of deprivation for patients aged over 65. Income deprivation levels affecting older people and children are higher than the national average.

The practice clinical team consists of one lead GP, one regular longstanding locum GP, one nurse practitioner, two practice nurses and two healthcare assistants. They are supported by a practice manager, a secretary and five receptionists / administrators (two of whom also work as health care assistants).

The practice was open from 8.15am to 6.30pm and offered appointments from 8.30am to 5.45pm excluding lunch hours, Monday to Friday. Out-of-hours care was provided by Herts Urgent Care via the NHS 111 service and by a collaboration of local practices offering GP care between 8am and 8pm during weekends. Appointments with GPs could be booked four weeks in advance but this was being extended to eight weeks from January 2017 onwards. Appointments with nurses could be booked six to eight weeks in advance.

Why we carried out this inspection

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

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 18 November 2016. During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.

Detailed findings

- 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 recording 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 reasonable support, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out annual analysis of the significant events to identify trends and make changes when necessary.
- Significant events were discussed at regular weekly meetings.

We reviewed safety records, incident reports, patient safety alerts, including those from the Medicines and Healthcare Products Regulatory Authority (MHRA) and Central Alerting System (CAS) and minutes of meetings where these were discussed. There was a lead member of staff responsible for cascading patient safety alerts, such as those from the MHRA.

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 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. All staff were trained to child safeguarding level three.

- 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. A practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Bi-monthly infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result of audit. For example, a change in chairs in the waiting room so that they were easily cleanable.
- We reviewed a number of personnel files and found appropriate recruitment checks had been undertaken prior to staff's employment. For example, proof of their identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.
- The arrangements for managing medicines, including emergency drugs and vaccinations, kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy team to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there was a system in place to monitor and track their use. Patient group directions had been adopted by the practice to allow nurses to administer medicines in line with legislation, as well as required authorisations for health care assistants.

Monitoring risks to patients

Risks to patients were assessed and well managed.

Are services safe?

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster which identified local health and safety representatives. The waiting room was directly overseen by reception.
- The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked annually to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The most recent checks had been undertaken in April 2016. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control. Legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings) certificates were in the practices' possession but were overseen by the landlord. We saw that appropriate actions were in place to address findings from the most recent certificate.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and emergency medicines were easily accessible to staff in a secure area of the practice. All the medicines we checked were in date.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage but the plan was being developed by the practice manager to improve its content. The plan included emergency contact numbers for staff but not for suppliers. There was also no copy kept off site. The practice manager explained this would be addressed immediately.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

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 programs 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 that the practice had achieved 78% of the total number of points available, with 6% exception reporting. Data from 2015/2016 showed:

- Performance for atrial fibrillation, cancer, chronic kidney disease, chronic obstructive pulmonary disease (COPD), dementia, epilepsy, learning disability and palliative care indicators were better or the same in comparison to the CCG and national averages.
- Performance for asthma related indicators was lower compared to the CCG and national average. With the practice achieving 83%, this was 14% below the CCG and national average.
- Performance for depression related indicators was lower compared to the CCG and national average. With the practice achieving 17%, this was 76% below the CCG average and 75% below the national average. Data for 2016/2017 indicated that the practice had achieved 57% of the indicator to date at the time of the inspection, which related to 65 patients overall, with the end of reporting being end of March 2017. The practice expected to perform in line with, or above averages
- Performance for diabetes related indicators was lower compared to the CCG and national average. With the practice achieving 71%, this was 19% below the CCG

average and 18 % below the national average. Data for 2016/2017 indicated that the practice had achieved 74% of the indicator to date at the time of the inspection, with the end of reporting being end of March 2017. The practice expected to perform in line with, or above averages

- Performance for heart failure related indicators was lower compared to the CCG and national average. With the practice achieving 62%, this was 35% below the CCG average and 36% below the national average. Data for 2016/2017 indicated that the practice had achieved 59% of the indicator to date at the time of the inspection, with the end of reporting being end of March 2017. The practice expected to perform in line with, or above averages.
- Performance for hypertension related indicators was lower compared to the CCG and national average. With the practice achieving 79%, this was 19% below the CCG average and 18% below the national average.
- Performance for mental health related indicators was lower compared to the CCG and national average. With the practice achieving 75%, this was 19% below the CCG average and 18% below the national average. Data for 2016/2017 indicated that the practice had achieved 79% of the indicator to date at the time of the inspection, with the end of reporting being end of March 2017. The practice expected to perform in line with, or above averages.
- Performance for peripheral arterial disease related indicators was lower compared to the CCG and national average. With the practice achieving 56%, this was 40% below the CCG average and 4% below the national average. Data for 2016/2017 indicated that the practice had achieved 67% of the indicator to date at the time of the inspection, with the end of reporting being end of March 2017. The practice expected to perform in line with, or above averages.
- Performance for rheumatoid arthritis related indicators was lower compared to the CCG and national average. With the practice achieving 88%, this was 9% below the CCG average and 7.5% below the national average.
- Performance for secondary prevention of coronary heart disease related indicators was lower compared to the CCG and national average. With the practice achieving 65%, this was 29% below the CCG average and 30% below the national average. Data for 2016/2017

Are services effective?

(for example, treatment is effective)

indicated that the practice had achieved 64% of the indicator to date at the time of the inspection, with the end of reporting being end of March 2017. The practice expected to perform in line with, or above averages.

- Performance for stroke and transient ischaemic attack related indicators was lower compared to the CCG and national average. With the practice achieving 74%, this was 23% below the CCG average and national average. Data for 2016/2017 indicated that the practice had achieved 57% of the indicator to date at the time of the inspection, with the end of reporting being end of March 2017. The practice expected to perform in line with, or above averages.

The practice had achieved below average scores during 2013/14 (76%) and 2014/15 (77%). A new strategy including arrangements for GPs to improve read coding and the appointment of a lead QOF nurse had been implemented as a result and were proving successful according to data for 2015/16 to the date of inspection. But the reporting year was not yet complete (until March 2017) and could therefore not yet be verified, nor was publicly available. The practice also explained to us that there had been historical inconsistencies in appropriate coding of QOF related indicators. This meant that the required patient care was undertaken, but not always appropriately recorded on the practice's system. The practice informed us they continued to monitor and ensure improvement.

The practice participated in local audits, national benchmarking, accreditation, peer review and research. Clinical audits demonstrated quality improvement. A variety of clinical audits had been completed. For example, an audit on prophylactic antibiotic prescribing. Following the audit it was determined that of the 41 patients reviewed, antibiotics were stopped in eight patients. In a further 11 cases the patients were invited in for review. In the remaining cases it was considered either appropriate to continue for the time being or lifelong prophylaxis was indicated.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered topics including safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those providing travel vaccinations we saw that training was up to date; we also saw that all staff, including non-clinical staff, in the practice had undergone child protection safeguarding training level three.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of their competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programs, for example by access to online resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal in the past 12 months except for the practice manager who explained theirs would be done in the near future.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

Are services effective?

(for example, treatment is effective)

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits. Out of 155 minor surgery cases since September 2014 there had been only one case with a documented post-operative infection.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example, patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, alcohol consumption, and smoking cessation. Patients were signposted to the relevant service. For those patients in vulnerable situations, for example receiving palliative care, the GP provided their personal contact details in case they required support during evenings or weekends. This was highly valued by patients we spoke with.

The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding five years was 74%, which was in line with

the local average of 72% and the national average of 74%. Exception reporting for this indicator was 6% which was in line with the local average of 8% and the national average of 6%.

There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programs for breast and bowel cancer screening. 2014-15 data indicated that the breast cancer screening rate for the past 36 months was 76% of the target population, which was above the CCG average of 74% and the national average of 72%. Furthermore, the bowel cancer screening rate for the past 30 months was 56% of the target population, which was slightly below the CCG average of 59% and national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds in 2015/2016 ranged from 93% to 96% compared with the local averages of 92 to 95%; and five year olds from 86% to 96% compared with the local averages of 88 to 95%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40-74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. The practice achieved 98% of their target during 2015-16.

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.
- When patients wanted to discuss sensitive issues or appeared distressed reception staff could offer them a private room to discuss their needs.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 28 comment cards, all of which were positive about the standard of care received. Patients felt that the practice provided a friendly, professional and kind service, praising both individual members of staff and the practice as a whole. One comment card noted comments around recent improvement for treatment that was received. Three comment cards, despite being positive, contained comments on the occasional difficulty in obtaining an appointment with a clinician of choice and two comment cards, also positive, contained comments reflecting disappointment with the removal of toys from the waiting room, which the practice had to do for infection control reasons.

We spoke with eleven patients, who told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They spoke highly of the services offered by the practice and the supportive attitudes of staff in the practice.

PPG members we spoke with explained to us that they were uniformly appreciative of the dedicated, personal service provided by the lead GP and explained they felt such continuity of care was a rarity nowadays.

Results from the National GP Patient Survey published in July 2016 were comparable to local and national averages for patient satisfaction scores on consultations with GPs and nurses. For example:

- 91% of patients said the GP was good at listening to them compared to the CCG average of 89% and the national average of 89%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 86% 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 95% and the national average of 95%.
- 92% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 85%.
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.
- 80% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. We received two letters from different patients informing us how much involvement they had in their ongoing treatment and that clinical staff often went 'above and beyond' to ensure patients received good care. One example mentioned supportive contact with the GP during night time hours.

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 published in July 2016 showed patients responses to questions about their involvement in planning and making decisions about their care and treatment were above or comparable to local and national averages. For example:

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.

Are services caring?

- 90% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 82%.
- 83% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 85%.

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 and the sign in screen was available in a variety of ten languages.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 51 patients as carers (1.2% of the practice list). The practice explained that they tried to encourage carers to register as such with the practice, for example at the point of registration. Information for carers was available in the practice. Written information was available in the waiting room to direct carers to the various avenues of support available to them.

Staff told us that families who had suffered bereavement were contacted by their usual GP. This call was followed by a patient consultation at a flexible time and location to meet the family's needs.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- There were longer appointments available for patients who required one.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available.
- A wide range of patient information leaflets were available in the waiting area including NHS health checks, services for carers and promotion of mental health awareness. There were also displays providing information on cancer.

Access to the service

Results from the National GP Patient Survey published in July 2016 showed that patients' satisfaction with how they could access care and treatment was in line with local and national averages.

- 74% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and the national average of 76%.
- 68% of patients said they could get through easily to the practice by phone compared to the CCG average of 75% and the national average of 73%.

- 61% of patients said that they got to see or speak to their preferred GP, compared to the local and national average of 59%.

The practice was open from 8.15am to 6.30pm and offered appointments from 8.30am to 5.45pm excluding lunch hours, Monday to Friday. Out-of-hours care was provided by Herts Urgent Care via the NHS 111 service and by a collaboration of local practices offering GP care between 8am and 8pm during weekends. Appointments with GPs could be booked four weeks in advance but this was being extended to eight weeks from January 2017 onwards with the aim to improve access for patients and improve planning opportunities for the practice. Appointments with nurses could be booked six to eight weeks in advance.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns. Its complaints' policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system on the practice's website and in their information leaflet. Reception staff showed a good understanding of the complaints' procedure.

We looked at documentation relating to a number of complaints received in the previous year and found that they had been fully investigated, or were ongoing, and responded to in a timely and empathetic manner. Complaints were shared with staff to encourage learning and development.

Verbal complaints that were dealt with immediately were not always recorded. The practice explained that they would ensure this happened going forward.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a mission statement which aimed to “provide the safest possible care at the highest level of quality the practice could afford using the best evidence of what provides the greatest benefit to patients”. The practice’s primary guiding principle was “putting patients first”.

Practice staff knew and understood the values and the mission statement was displayed throughout the practice. The practice had a robust strategy and supporting business plan, which reflected the vision and values and included values such as: “patient first”, “care and respect” and “quality focussed”.

There was a proactive approach to succession planning in the practice. The practice had clearly identified potential and actual changes to practice, and made in depth consideration to how they would be managed. Staff at the practice were engaged with local healthcare services and worked within the wider health community to plan for the practice’s future with consideration for the imminent retirement of the lead GP.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. The practice had a list of policies and procedures in place to govern its activity, which were readily available to all members of staff. We looked at a number of policies and procedures and found that they were up to date and had been reviewed regularly.

There was a clear leadership structure with named members of both clinical and administration staff in lead roles. Staff we spoke with were all clear about their own roles and responsibilities. Staff were multi-skilled and were able to cover each other’s roles within their teams during leave or sickness. The practice manager had worked at the practice for 15 years and progressed into their current role. Many of the staff had been at the practice for long periods of time.

Communication across the practice was structured around regular clinical, administration and practice meetings. Multidisciplinary team meetings were also held regularly.

We found that the quality of record keeping within the practice was good, with minutes and records required by regulation for the safety of patients being detailed, maintained, up to date and accurate.

There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the lead GP in the practice, and the practice manager, demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the lead GP and practice manager were approachable, friendly and supportive.

There was a clear leadership structure in place and staff felt supported by management. 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 were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

The lead GP was the local CCG lead for end of life care.

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.

There was an active PPG which met formally on a bi-monthly basis. Meetings were attended by the lead GP and other staff. We spoke with eight representatives of the PPG which had 20 active members at the time of our inspection. They commented that suggestions from the PPG were welcomed by the practice, for example, signs with information on non-attended appointments was displayed in the waiting room and information on the main screen was adjusted as per PPG advice. The PPG commented that they knew how to raise a complaint and

Are services well-led?

Good 

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

that the staff were very friendly and helpful. The PPG had also been actively involved in flu clinic days and to ensure practice information about future changes was shared amongst the patients.

The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us that they felt empowered by management to make suggestions or recommendations for practice.

Continuous improvement

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