

# Attenborough Surgery

## Quality Report

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

### Ratings

<b>Overall rating for this service</b>	<b>Good</b>	
Are services safe?	<b>Good</b>	
Are services effective?	<b>Good</b>	
Are services caring?	<b>Good</b>	
Are services responsive to people's needs?	<b>Good</b>	
Are services well-led?	<b>Good</b>	

# 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 Attenborough Surgery on 18 January 2017. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- 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 managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The patients we spoke with or who left comments for us were positive about the standard of care they received and about staff behaviours. They said staff

were courteous, efficient, supportive and professional. They told us that their privacy and dignity was respected and they were involved in their care and decisions about their treatment.

- Information about services was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Most patients were positive about access to the practice and appointments. Some patients said getting an appointment in advance could be difficult and there could be a considerable wait to see a GP of their choice when making a pre-bookable appointment. However, those patients said access to urgent and same day appointments was good.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice 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.

We saw an area of outstanding practice:

- The practice demonstrated an overarching approach to continuous quality improvement. For example,

# Summary of findings

members of staff at the practice had received a NHS innovation award for their work on responsible antibiotic prescribing in primary care (specifically in the management of acute lower respiratory tract infection). During the study/trial period we saw that the prescribing of antibiotics on patients' initial presentation reduced from 31% in the winter of 2014/2015 to 8% in the same three month period during the winter of 2015/2016. Unscheduled follow ups within 28 days for patients who were not prescribed antibiotics reduced by more than 50%. Due to its success, funding was available for the work to spread across the locality and nationally and this was ongoing at the time of our inspection.

The areas where the provider should make improvements are:

- Ensure that hand wash facilities at Prestwick Road Surgery meet the required specifications.
- Take steps to ensure that hot water temperatures at the practice are kept within the required levels and a comprehensive water temperature checking process is in place.
- Ensure that all staff employed are supported by receiving appropriate supervision and appraisal and are completing the essential training relevant to their roles, including safeguarding adults, infection prevention and control and basic life support training.
- Continue to take steps to ensure that in future National GP Patient Surveys the practice's areas of below local and national average performance are monitored and improved, including access to appointments.
- Ensure that at Prestwick Road and Carpenders Park surgeries patients have access to a range of information about the services available, health promotion and access to advice and support groups.
- Continue to identify and support carers in its patient population.
- Ensure that all staff are engaged with the development and direction of the practice.

**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 learnt were shared to make sure action was taken to improve safety in the practice.
- When there were unexpected safety incidents, patients received reasonable support and truthful information. 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. However, at Prestwick Road Surgery we saw that some hand wash facilities didn't meet the required specifications. We saw that the practice's own infection control audits had highlighted this issue and a plan of action was in place to respond to this.
- Risks to patients were assessed and managed. However, some hot water temperatures were below required levels and the temperature checking process used was limited in scope.
- Arrangements were in place to deal with emergencies and major incidents.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were above local and national averages. For example, performance for mental health related indicators was above the CCG and national averages. The practice achieved 100% of the points available with 13% exception reporting compared to the CCG average of 95% with 9% exception reporting and the national average of 93% with 11% exception reporting.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for staff. At the time of our inspection the system of appraisals for senior non-clinical staff was behind schedule.

Good



# Summary of findings

However, we saw evidence to show that all staff were scheduled to have an appraisal completed. Whilst some staff were overdue completing essential training, the practice had a schedule in place to ensure this was completed. Despite this, all the staff we spoke with demonstrated they understood the relevant processes and their responsibilities.

- Staff worked with multi-disciplinary teams to understand and meet the range and complexity of patients' needs.
- End of life care was well coordinated with other services involved.
- Staff sought patients' consent to care and treatment in line with legislation and guidance.

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey published in July 2016 showed that patients rated the practice similar to or below local and national averages for all aspects of care. Senior staff at the practice were aware of the areas of below average satisfaction scores and could demonstrate they were responding to it.
- 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. However, the information available at Prestwick Road and Carpenders Park surgeries was limited.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified 185 patients on the practice list as carers. This was slightly less than 1% of the practice's patient list. Of those, 120 had been invited for and 38 (21%) had accepted and received a health review in the past 12 months. Senior staff at the practice were aware of the low rate of identifying carers in its patient population and could demonstrate they were responding to it.

Good



## 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 NHS England and Herts Valleys Clinical Commissioning Group to secure improvements to services where these were identified.

Good



# Summary of findings

- Data from the National GP Patient Survey published in July 2016 showed that patients rated the practice similar to or below local and national averages for access to the practice. Senior staff at the practice were aware of the areas of below average satisfaction scores and could demonstrate they were responding to it.
- Most patients were positive about access to the practice and appointments. Two of the patients who left comments for us and three of the patients we spoke with said getting an appointment in advance could be difficult and there could be a considerable wait to see a GP of their choice when making a pre-bookable appointment. However, those patients said access to urgent and same day appointments was good.
- 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.

## 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. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. Where we identified any concerns during our inspection, the practice took action to respond or we saw that plans of action were already in place and progressing to ensure any issues were resolved.
- The provider was aware of and complied with the requirements of the duty of candour.
- The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

Good



# Summary of findings

- The practice sought feedback from staff and patients, which it acted on. The practice engaged with the Patient Participation Group and was promoting an increased membership across the four surgeries.
- From our conversations with staff we found that some of them felt less engaged with the development and direction of the practice than others.
- There was a focus on continuous learning and improvement at all levels and the practice team was forward thinking.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people and offered home visits and urgent appointments for those with enhanced needs.
- The practice offered health reviews at home to all patients aged 75 years and over and had completed 151 such reviews in the past year.
- Older people had access to targeted immunisations such as the flu vaccination. The practice had 3,328 patients aged over 65 years. Of those 2,301 (69%) had received the flu vaccination at the practice in the 2016/2017 year.
- There were 11 care or residential homes in the practice's local area. The GPs visited as and when required to ensure continuity of care for those patients. There were nominated GPs for two of the homes and for one of the homes for residents with increased needs there was a scheduled visit by one of the GP partners once each week.
- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 75% of patients on the asthma register had their care reviewed in the last 12 months. This was similar to the CCG average of 75% and the national average of 76%.
- Performance for diabetes related indicators was above the CCG and national average. The practice achieved 100% of the points available compared to the CCG and national average of 90%.
- All newly diagnosed patients with diabetes were managed in line with an agreed pathway.
- Longer appointments and home visits were available when needed.

Good



# Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GPs worked with relevant health and care professionals to deliver a multi-disciplinary package of care.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who may be at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard child immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 80% which was similar to the CCG and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- There were six week post-natal checks for children.
- A range of contraceptive and family planning services were available.
- The practice (specifically the Prestwick Road Surgery branch) was participating in the development stages of a local pilot project working with schools in the South Oxhey area to study the instances of children with high levels of sickness who were not seeing a GP. This could be an indicator of children with carer responsibilities or who were vulnerable in other ways.

Good



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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.

Good



# Summary of findings

- The practice offered online services such as appointment booking and repeat prescriptions as well as a full range of health promotion and screening that reflects the needs for this age group.
- There was additional out of working hours access to appointments to meet the needs of working age patients. There was extended opening at Bushey Health Centre from 7.30am (doors only) on Tuesdays and Thursdays and from 7am (doors and phones) on Wednesdays. Through a combination of their own opening, participation in the Watford Care Alliance and arrangement with a neighbouring surgery, the practice also opened most Saturdays from 9am to 1pm and 3pm to 7pm (doors only) and Sundays from 9am to 1pm (doors only) for pre-bookable appointments.
- From its Carpenders Park (since November 2015) and Holywell (since October 2016) surgeries the practice provided consulting room facilities for Active Herts. (Active Herts is a project which aims to increase the number of adults taking part in regular physical activity). The practice had referred 143 patients to Active Herts since engaging with the project in November 2015. The practice also engaged with Watford Football Club whose exercise adviser was available to the practice to provide its patients with support and advice on exercise and healthy lifestyles.
- The practice had 8,727 patients eligible to receive a NHS health check for people aged 40 to 74 years. Of those 4,712 (54%) had received the health check with 447 of those completed in the past 12 months.
- 55% of the practice's patients aged 60 to 69 years had been screened for bowel cancer in the past 30 months compared to the CCG average of 57% and the national average of 58%.
- 73% of female patients aged 50 to 70 years had been screened for breast cancer in the past three years compared to the CCG and national average of 72%.

## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. There were 116 patients on the practice's learning disability register at the time of our inspection. All of those aged 14 years and over had been invited for and 68 (79% of the eligible total) had accepted and received a health review in the past 12 months.

Good



# Summary of findings

- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. 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.
- Additional information was available for patients who were identified as carers and there was a nominated staff lead for these patients.
- The practice had identified 185 patients on the practice list as carers. This was slightly less than 1% of the practice's patient list. Of those, 120 had been invited for and 38 (21%) had accepted and received a health review in the past 12 months. Senior staff at the practice were aware of the low rate of identifying carers in its patient population and could demonstrate they were responding to it.

## 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).

- 78% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months. This was similar to the CCG average of 85% and national average of 84%.
- Performance for mental health related indicators was above the CCG and national averages. The practice achieved 100% of the points available with 13% exception reporting compared to the CCG average of 95% with 9% exception reporting and the national average of 93% with 11% exception reporting.
- The practice regularly worked with multi-disciplinary teams in the case management of people 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 support groups and voluntary organisations.
- The staff we spoke with had a good understanding of how to support patients with mental health needs and dementia.

Good



# Summary of findings

- Mental health trust well-being workers were based at Bushey Health Centre and Carpenders Park Surgery on an ad-hoc basis as and when required. Patients could self-refer to these.
- There was a GP lead for mental health.

# Summary of findings

## What people who use the service say

The National GP Patient Survey results published in July 2016 showed the practice was generally performing in line with or below local and national averages. There were 240 survey forms distributed and 108 were returned. This was a response rate of 45% and represented less than 1% of the practice's patient list.

- 71% found it easy to get through to this surgery by phone compared to a CCG average of 78% and a national average of 73%.
- 87% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 88% and a national average of 85%.
- 83% described the overall experience of their GP surgery as fairly good or very good compared to a CCG average of 89% and a national average of 85%.
- 80% said they would definitely or probably recommend their GP surgery to someone who had just moved to the local area compared to a CCG average of 84% and a national average of 78%.

We asked for CQC comment cards to be completed by patients prior to our inspection. We received 26 comment cards. We also spoke with 12 patients during the inspection. From this feedback we found that patients

were positive about the standard of care received. Patients said they felt staff were courteous, efficient, supportive and professional and treated them with dignity and respect. They told us they felt listened to by the GPs and involved in their own care and treatment.

Most of the patients we spoke with or who left comments for us were positive about access to the practice and appointments. However, of the 26 patients who left comments for us, two said getting an appointment in advance could be difficult and there could be a considerable wait to see a GP of their choice when making a pre-bookable appointment. Three of the 12 patients we spoke with reflected this view. However, those patients said access to urgent and same day appointments was good.

The practice made use of the NHS Friends and Family Test (FFT). The FFT provides an opportunity for patients to feedback on the services that provide their care and treatment. The results from August 2016 to November 2016 showed that of the six respondents, three (50%) were likely or extremely likely to recommend the practice to friends and family if they needed similar care or treatment.

# Attenborough Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP, a nurse and a practice manager acting as specialist advisers.

## Background to Attenborough Surgery

Attenborough Surgery provides a range of primary medical services from its premises at Bushey Health Centre, London Road, Bushey, Hertfordshire, WD23 2NN and Holywell Surgery, 83B Tolpits Lane, Watford, Hertfordshire, WD18 6NT and Carpenders Park Surgery, Harrow Way, Watford, Hertfordshire, WD19 5EU and Prestwick Road Surgery, 305 Prestwick Road, Watford, Hertfordshire, WD19 6UT.

The practice serves a population of approximately 21,758 and is a training and teaching practice. The area served is less deprived compared to England as a whole. However, some areas the practice covers are more deprived than others. The practice population is mostly white British with a considerable South Asian community and some Central and Eastern European communities at Holywell Surgery. The practice serves a slightly above average population of those aged from 40 to 59 years and 70 years and over. There is a lower than average population of those aged from 20 to 29 years.

The clinical team includes three male and three female GP partners, six female and two male salaried GPs, two trainee GPs, one advanced nurse practitioner, five practice nurses (including one minor illness nurse), one assistant practitioner and two healthcare assistants. The team is supported by a practice manager, two deputy practice

managers, an office manager and 29 other secretarial, administration and reception staff. The practice provides services under a General Medical Services (GMS) contract (a nationally agreed contract with NHS England).

Bushey Health Centre is fully open (phones and doors) from 8am to 6.30pm Monday to Friday. There is no lunchtime closure. There is extended opening from 7.30am (doors only) on Tuesdays and Thursdays and from 7am (doors and phones) on Wednesdays. Through a combination of their own opening, participation in the Watford Care Alliance and arrangement with a neighbouring surgery, the practice also opens most Saturdays from 9am to 1pm and 3pm to 7pm (doors only) and Sundays from 9am to 1pm (doors only) for pre-bookable appointments.

Holywell Surgery is fully open (phones and doors) from 8am to 6.30pm on Mondays and from 8am to 6pm Tuesday to Friday. Carpenders Park Surgery is fully open (phones and doors) from 8am to 12.30pm and 3pm to 6pm daily except Thursdays when the surgery is closed from 12.30pm. Prestwick Road Surgery is fully open (phones and doors) from 9am to 1pm and 2pm to 6pm daily except Wednesdays and Fridays when the surgery is closed from 1pm. When any of these surgeries are closed during the core hours of 8am to 6.30pm a recorded message directs patients to call Bushey Health Centre.

In general (excluding the relevant part day closures) across the four surgeries, appointments are available from 8am to 11.30am (from 8.30am at Holywell Surgery and from 9am at Prestwick Road Surgery) and 3pm to 6pm Monday to Friday, with slight variations depending on the surgery, the doctor and the nature of the appointment.

An out of hours service for when the practice is closed is provided by Herts Urgent Care.

# Detailed findings

## 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 our inspection, we reviewed a range of information we held about the practice and asked other organisations to share what they knew about the practice. We carried out an announced inspection on 18 January 2017 and visited all four surgeries. During our inspection we spoke with a range of staff including two GP partners, three salaried GPs, the advanced nurse practitioner, two practice nurses, the assistant practitioner, the practice manager, one deputy practice manager and members of the reception and

administration team. We spoke with 12 patients. We observed how staff interacted with patients. We reviewed 26 CQC comment cards left for us by patients to share their views and experiences of the practice with us.

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.

- The staff we spoke with were clear on the reporting process used at the practice and there was a recording form available on the practice's computer system. The incident form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment patients were informed of the incident, received reasonable support, truthful information and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out an analysis of significant events. These were managed consistently over time.

We reviewed safety records and incident reports and minutes of meetings where these were discussed. Lessons learnt were shared to make sure action was taken to improve safety in the practice. For example, following an incident when a patient's home visit was missed, the practice reviewed and reinforced its protocol to prevent recurrence of the incident.

We also looked at how the practice responded to Medicines and Healthcare products Regulatory Agency (MHRA) and patient safety alerts. We saw that a process was in place to ensure all applicable staff received the alerts and appropriate action was taken to respond to the alerts which kept patients safe.

### 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:

- There were adequate arrangements in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for

safeguarding who was trained to the appropriate level. All staff had completed child safeguarding training and GPs were trained to an appropriate level to manage child safeguarding concerns (level three). Whilst some staff were overdue completing adult safeguarding training, the practice had a schedule in place to ensure this was completed. Despite this, all the staff we spoke with demonstrated they understood the relevant processes and their responsibilities.

- Notices around the four surgeries 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 saw the practice was visibly clean and tidy. There were appropriate processes in place for the management of sharps (needles) and clinical waste. Hand wash facilities, including hand sanitiser were available throughout the practice. However, at Prestwick Road Surgery we saw that some hand wash facilities didn't meet the required specifications. We saw that the practice's own infection control audits had highlighted this issue and a plan of action was in place to respond to this.
- The advanced nurse practitioner was the infection control lead. There was an infection control protocol in place and infection control audits were completed between November 2016 and January 2017 across the four surgeries. We saw evidence that action was taken to address any improvements identified as a result. Whilst some non-clinical staff were overdue completing infection control training, the practice had a schedule in place to ensure this was completed. Despite this, all of the staff we spoke with were knowledgeable about infection control processes relevant to their roles.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) medicines management

## Are services safe?

team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. The advanced nurse practitioner had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- The practice's assistant practitioner administered vaccinations including child immunisations. We saw that the assistant practitioner was appropriately qualified, monitored, supervised and assessed as competent in this role. Vaccines were administered against a patient specific prescription or direction from a prescriber. Appropriate indemnity was in place to cover the assistant practitioner administering child immunisations.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, satisfactory evidence of conduct in previous employment, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with posters displayed in staff areas which identified local health and safety representatives. Whether completed by the practice or the property management service (for Bushey Health Centre's fire and Legionella assessments), up to date health and safety and fire risk assessments were available for all four surgeries. For Holywell Surgery the fire risk assessment was basic. However, for three of the surgeries including Holywell Surgery a contracted service was booked to complete the fire risk assessments again in March 2017. Fire drills or walkthroughs were regularly completed (there was no fire alarm system installed at Prestwick Road Surgery,

but an alternative fire alert system was used). Where risks were identified the practice or property management service responded by completing all the necessary actions and implementing the appropriate control measures. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had Legionella risk assessments in place for all four surgeries (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice completed its own water temperature checks; however we found that the checking process used was limited in scope (often including hot water temperatures only) and some hot water temperatures were below the required level.

- Arrangements were in place for planning and monitoring the number of staff and skill mix of staff needed to meet patients' needs. There was a system in place across all the different staffing groups to ensure that 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.

- Across the four surgeries there was an instant messaging system and emergency buttons on the computers in all the consultation and treatment rooms that alerted staff to any emergency.
- Most staff had received basic life support training and a programme was in place to ensure the remaining staff completed the training.
- The practice had defibrillators and emergency oxygen with adult and child masks available at all four surgeries. These were checked and tested.
- Emergency medicines were easily accessible to staff in secure areas of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff to use.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met people's needs. They explained how care was planned to meet identified needs and how patients were reviewed at required intervals to ensure their treatment remained effective.
- By using such things as risk assessments and audits the practice monitored that these guidelines were followed.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice achieved 100% of the total number of points available. Data from 2015/2016 showed;

- Performance for diabetes related indicators was above the CCG and national averages. The practice achieved 100% of the points available with 19% exception reporting compared to the CCG average of 90% with 11% exception reporting and the national average of 90% with 12% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).
- The percentage of patients with hypertension having regular blood pressure tests was similar to the CCG and national averages. The practice achieved 87% of the points available, with 8% exception reporting, compared to the CCG and national average of 83%, with 4% exception reporting.
- Performance for mental health related indicators was above the CCG and national averages. The practice

achieved 100% of the points available with 13% exception reporting compared to the CCG average of 95% with 9% exception reporting and the national average of 93% with 11% exception reporting.

We discussed any areas of above CCG and national average exception reporting for the 2015/2016 year with senior clinical staff during our inspection. For example, the practice's exception reporting for osteoporosis was 44%, compared to the CCG and national average of 15%. We found that in the cases we looked at the exception reporting was clinically appropriate and often only involved a small number of patients.

Clinical audits demonstrated quality improvement.

- We looked at the details of five clinical audits undertaken in the past two years. These were full cycle (repeated) audits or part of a full cycle programme (scheduled to be repeated) where the data was analysed and clinically discussed and the practice approach was reviewed and modified as a result when necessary.
- Findings were used by the practice to improve services. For example, the practice completed an audit on the appropriate use of coil insertion and contraceptive implant clinic appointments. By analysing the results and modifying its approach to the management of these patients, the practice increased the amount of appointments resulting in a coil insertion from 74% to 93% of cases. The amount of patients who received counselling prior to coil insertion also increased.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, health and safety, fire safety and infection control.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of

# Are services effective?

## (for example, treatment is effective)

competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources.

- 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 during clinical sessions, appraisals, mentoring, clinical supervision and facilitation and support for revalidating GPs. A programme was in place to ensure all staff received an appraisal on an annual basis. At the time of our inspection the system of appraisals for senior non-clinical staff was behind schedule. However, we saw evidence to show that all staff were scheduled to have an appraisal completed.
- Most staff had received training that included: safeguarding, fire safety, infection control and basic life support. Most of the training was provided by the use of an e-learning facility or in-house on a face-to-face basis. Whilst some staff were overdue completing some essential training, the practice had a schedule in place to ensure this was completed. Despite this, all the staff we spoke with demonstrated they understood the relevant processes and their responsibilities.

### 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 shared information systems.

- 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 services 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, when they were referred, or after they were discharged from hospital. We saw evidence that

multi-disciplinary team meetings to discuss the needs of complex patients, including those with end of life care needs, took place on a monthly basis. These patients' care plans were routinely reviewed and updated.

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.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision making requirements of legislation and guidance, including the Mental Capacity Act (2005).
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- We saw the process for seeking consent was well adhered to and examples of documented patient consent for recent procedures completed at the practice were available.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their smoking cessation and weight management. Patients were signposted to the relevant services when necessary.
- Smoking cessation advice was available at the practice from one of the practice nurses, the assistant practitioner and the healthcare assistants.

The practice's uptake for the cervical screening programme in the 2015/2016 year was 80%, which was similar to the CCG and national average of 82%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. There were 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 consequence of abnormal results.

# Are services effective?

(for example, treatment is effective)

Bowel and breast cancer screening rates were similar to local and national averages. Data published in March 2015 showed that:

- 55% of the practice's patients aged 60 to 69 years had been screened for bowel cancer in the past 30 months compared to the CCG average of 57% and the national average of 58%.
- 73% of female patients aged 50 to 70 years had been screened for breast cancer in the past three years compared to the CCG and national average of 72%.

These were nationally run and managed screening programmes and there was evidence to suggest the practice encouraged its relevant patients to engage with them and attend for screening.

The practice achieved above the required 90% standard for childhood immunisation rates between April 2015 and March 2016. For example, 95% of children aged 1 year received their full course of recommended vaccinations and 95% of children aged 2 years received their Measles, Mumps and Rubella vaccination.

The practice participated in targeted vaccination programmes. This included the flu vaccination for children, people with long-term conditions and those aged over 65 years. The practice had 3,328 patients aged over 65 years. Of those 2,301 (69%) had received the flu vaccination at the practice in the 2016/2017 year.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40 to 74 years. The practice had 8,727 patients eligible to receive a NHS health check. Of those 4,712 (54%) had received the health check with 447 of those completed in the past 12 months. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

- 78% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months. This was similar to the CCG average of 85% and national average of 84%.
- 75% of patients on the asthma register had their care reviewed in the last 12 months. This was similar to the CCG average of 75% and the national average of 76%.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

During our inspection of the Prestwick Road Surgery branch we saw that patient records were stored behind the reception desk and it was possible to see some patient names and numbers from the reception area. Also, an unlocked filing cabinet containing old patient discharge letters and reports among other things was located in a corridor accessed by patients. The practice took action to respond to the concerns we raised and following our inspection told us they had removed the filing cabinet and installed blinds to cover the patient records from view.

The 26 patient Care Quality Commission comment cards we received were positive about the service experienced and staff behaviours. The patients we spoke with said they felt the practice offered a good service and staff were courteous, efficient, supportive and professional and treated them with dignity and respect.

Patient comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the National GP Patient Survey published in July 2016 showed most patients felt they were treated with compassion, dignity and respect. The practice was in line with or slightly below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 85% said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 89% said the GP gave them enough time compared to the CCG average of 88% and national average 87%.

- 94% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%.
- 82% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.
- 91% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%.
- 90% said they found the receptionists at the practice helpful compared to the CCG average of 88% and national average of 87%.

We discussed the slightly below CCG and national average satisfaction scores with senior staff during our inspection. They told us that whilst they felt the results were satisfactory, a plan of action was in place to identify the specific areas where they could make improvements. This included completing their own patient survey proposed for June 2017 to gain more targeted feedback from patients.

### Care planning and involvement in decisions about care and treatment

The patients we spoke with or who left comments for us told us they felt involved in decision making about the care and treatment they received. They said their questions were answered by clinical staff and any concerns they had were discussed. 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.

Results from the National GP Patient Survey published in July 2016 showed that most patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were mostly in line with local and national averages. For example:

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

## Are services caring?

We discussed the slightly below CCG and national average satisfaction score with senior staff during our inspection and they could demonstrate they were responding to it.

### **Patient and carer support to cope emotionally with care and treatment**

Notices and leaflets in the patient waiting areas informed patients how to access a number of support groups and organisations. Links to such information were also available on the practice website. However, the information available at Prestwick Road and Carpenders Park surgeries was limited.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 185 patients on the practice list as carers. This was slightly less than 1% of the practice's patient list. Of those, 120 had been invited for and 38 (21%) had accepted and received a health review in the past 12 months.

We spoke with senior staff about the low rate of identifying carers at the practice. They told us that a carers survey was completed in January 2016 and a plan of action was developed from the responses. We saw the plan highlighted a number of areas of focus including more engagement with a local carers' service and improving the identification of young carers. We found the practice was making progress in these areas. For example, the practice (specifically the Prestwick Road Surgery branch) was participating in the development stages of a local pilot

project working with schools in the South Oxhey area to study the instances of children with high levels of sickness who were not seeing a GP. This could be an indicator of children with carer responsibilities. The senior staff we spoke with told us they hoped the project would help them to identify and support more young carers in its patient population.

Dedicated carers' notice boards in three of the waiting areas provided information and advice including signposting carers to support services. Information was also available online (through the practice website) to direct carers to the support available to them. One of the GP partners was the practice's carers' lead (or champion) responsible for providing useful and relevant information to those patients. In October 2015 the practice hosted a carers' coffee afternoon event where those who attended were offered a health review and a representative of a local carers' advice and wellbeing service attended to provide information and support. The practice also provided the local carers' advice and wellbeing service with a room at Bushey Health Centre for their quarterly network meetings. These were attended by the practice's carers' lead.

We saw that the practice notified staff of all recent patient deaths. From speaking with staff, we found there was a practice wide process for approaching recently bereaved patients. The GPs phoned bereaved families offering an invitation to approach the practice for support and signposting them to local bereavement services.

# 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 NHS England and Herts Valleys Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- All newly diagnosed patients with type two diabetes were referred for diabetic eye screening and to the DESMOND programme in adherence with National Institute for Health and Care Excellence (NICE) guidelines. (DESMOND is a NHS training course that helps patients to identify their own health risks and set their own goals in the management of their condition).
- The practice provided an enhanced service in an effort to reduce the unplanned hospital admissions for vulnerable and at risk patients including those aged 75 years and older. (Enhanced services are those that require a level of care provision above what a GP practice would normally provide). As part of this, each relevant patient received a care plan based on their specific needs, a named GP and an annual review. At the time of our inspection, 339 patients (2% of the practice's patient population over 18) were receiving such care.
- There were longer appointments available for patients with a learning disability.
- There were 116 patients on the practice's learning disability register at the time of our inspection. All of those aged 14 years and over had been invited for and 68 (79% of the eligible total) had accepted and received a health review in the past 12 months. There were 30 patients on the register under the age of 14 years and these patients were not invited for a health review in adherence with the practice's protocol.
- Home visits were available for older patients and patients who would benefit from these. The practice offered health reviews at home to all patients aged 75 years and over and had completed 151 such reviews in the past year.
- There were 11 care or residential homes in the practice's local area. The GPs visited as and when required to ensure continuity of care for those patients. There were nominated GPs for two of the homes and for one of the homes for residents with increased needs there was a scheduled visit by one of the GP partners once each week.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- Translation services including British Sign Language (BSL) were available and hearing loops were provided at all four surgeries.
- Accessible toilets and baby changing facilities were provided at all four surgeries. However, at the time of our inspection there was no call alarm in the accessible toilet at Prestwick Road Surgery. The practice took action to respond and following our inspection told us they had fitted a call bell in the toilet.
- There was step free access to the main entrances of all four premises. All clinical services were provided on the ground floors at three of the surgeries. At Bushey Health Centre clinical services were provided on the first floor of a shared premises and a working lift was available. The waiting areas were accessible enough to accommodate patients with wheelchairs and prams and allowed for manageable access to the treatment and consultation rooms. At Holywell Surgery the space was limited but adequate.
- There were six week post-natal checks for children.
- There were male and female GPs in the practice and patients could choose to see a male or female doctor.
- A range of contraceptive and family planning services were available. This included coil insertion and contraceptive implants.
- Counselling services were available for patients with mental health issues and there was a GP lead for these patients. Mental health trust well-being workers were based at Bushey Health Centre and Carpenders Park Surgery on an ad-hoc basis as and when required. Patients could self-refer to these.
- From its Carpenders Park (since November 2015) and Holywell (since October 2016) surgeries the practice provided consulting room facilities for Active Herts. (Active Herts is a project which aims to increase the number of adults taking part in regular physical activity). The practice had referred 143 patients to Active Herts since engaging with the project in November 2015. The practice also engaged with Watford Football Club whose exercise adviser was available to the practice to provide its patients with support and advice on exercise and healthy lifestyles.

### Access to the service

# Are services responsive to people's needs?

(for example, to feedback?)

Bushey Health Centre was fully open (phones and doors) from 8am to 6.30pm Monday to Friday. There was no lunchtime closure. There was extended opening from 7.30am (doors only) on Tuesdays and Thursdays and from 7am (doors and phones) on Wednesdays. Through a combination of their own opening, participation in the Watford Care Alliance and arrangement with a neighbouring surgery, the practice also opened most Saturdays from 9am to 1pm and 3pm to 7pm (doors only) and Sundays from 9am to 1pm (doors only) for pre-bookable appointments.

Holywell Surgery was fully open (phones and doors) from 8am to 6.30pm on Mondays and from 8am to 6pm Tuesday to Friday. Carpenders Park Surgery was fully open (phones and doors) from 8am to 12.30pm and 3pm to 6pm daily except Thursdays when the surgery was closed from 12.30pm. Prestwick Road Surgery was fully open (phones and doors) from 9am to 1pm and 2pm to 6pm daily except Wednesdays and Fridays when the surgery was closed from 1pm. When any of these surgeries were closed during the core hours of 8am to 6.30pm a recorded message directed patients to call Bushey Health Centre.

In general (excluding the relevant part day closures) across the four surgeries, appointments were available from 8am to 11.30am (from 8.30am at Holywell Surgery and from 9am at Prestwick Road Surgery) and 3pm to 6pm Monday to Friday, with slight variations depending on the surgery, the doctor and the nature of the appointment. In addition to GP pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

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

- 78% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 76%.
- 71% of patients said they could get through easily to the surgery by phone compared to the CCG average of 78% and national average of 73%.
- 49% of patients said they always or almost always saw or spoke to the GP they preferred compared to the CCG average of 62% and national average of 59%.

Most of the patients who left comments for us were positive about access to the practice and appointments. However, of the 26 patients who left comments for us, two said getting an appointment in advance could be difficult and there could be a considerable wait to see a GP of their choice when making a pre-bookable appointment. Three of the 12 patients we spoke with reflected this view. However, those patients said access to urgent and same day appointments was good. The patients we spoke with at Holywell Surgery also told us that since the surgery had been merged to become part of Attenborough Surgery in October 2016 they had been concerned that access to GPs at Holywell Surgery would become more limited although this hadn't happened at the time of our inspection.

We discussed the below CCG and national average satisfaction scores with senior staff during our inspection. They told us that a plan of action was in place to identify the specific areas where they could make improvements. This included completing their own patient survey proposed for June 2017 to gain more targeted feedback from patients. They said the survey had not taken place earlier due to the incorporation of Holywell Surgery in to Attenborough Surgery in October 2016 and the potential impact this may have had on patient feedback at that time.

Information was available to patients about appointments on the practice website. Patients were able to make their appointments and repeat prescription requests at the practice or online through the practice website.

## Listening and learning from concerns and complaints

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

- A complaints procedure was available and adhered to.
- There were three designated responsible people who handled all complaints in the practice. These were one of the GP partners (the complaints lead), the practice manager and one of the deputy practice managers.
- We saw that information was available to help patients understand the complaints system. A brief overview of the practice's complaints procedure was detailed on its website and was displayed in the waiting areas or was available from reception in all four surgeries.

We looked at the details of 13 complaints received between January and December 2016. We saw these were all dealt

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

with in a timely way with openness and transparency. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care or patient experience. For example, following a complaint

about a breach of patient confidentiality, the practice reviewed and reinforced its processes and procedures including its induction programme for new staff and the provision of information governance training for all staff.

# 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 statement of purpose detailing its aims and objectives. These were based around providing patients with a high standard of care, treatment and support that met their needs and protected their rights in a safe and caring environment.
- The practice's website displayed its patients' charter detailing what patients should expect from the practice in providing their care and treatment.
- The practice held a strategy meeting annually where possible to review the needs of the practice, identify areas for development and set the strategic direction of the practice for the year ahead. The documented discussions and decisions reached at the last meeting became the practice's strategic plan for 2016. The monthly partners' meeting attended by the GP partners and the practice manager was used to monitor the strategic direction of the practice throughout the year. Some of the main areas of strategic focus of the practice in the past year were to increase the patient list size and to relocate Bushey Health Centre to a modern purpose built premises. We found the practice had made progress in both areas with the merger of Holywell Surgery completed in October 2016 and the completion of a new premises due by May/June 2017.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. All of the staff we spoke with were clear on the governance structure in place.
- Practice specific policies were implemented and were available to all staff.
- There was an understanding of the performance of the practice through the use and monitoring of the Quality and Outcomes Framework (QOF) data and other performance indicators.

- There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Where we identified any concerns during our inspection, the practice took action to respond or we saw that plans of action were already in place and progressing to ensure any issues were resolved.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff. There was a clear protocol in place for how decisions were agreed and the meeting structure supported this.

The provider had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected safety incidents:

- The practice gave affected people reasonable support and truthful information.
- They kept written records of verbal interactions as well as written correspondence.

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

- There was a regular schedule of meetings at the practice for multi-disciplinary teams and all staff to attend.
- Staff told us there was an open culture within the practice and they had the opportunity to raise and discuss any issues at the meetings and felt confident in doing so and supported if they did.
- Staff said they felt respected, valued and well supported and knew who to go to in the practice with any concerns. Staff were involved in discussions about how

# Are services well-led?

Good 

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

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.

- There were named members of staff in lead roles. We saw there were nominated GP leads for safeguarding and patients with diabetes, mental health issues and end of life care needs. There were also nurse led clinics for patients with diabetes and respiratory conditions such as asthma and chronic obstructive pulmonary disease. The leads showed a good understanding of their roles and responsibilities.

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

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

- Following the recent merger of Holywell Surgery in to the Attenborough Surgery group, the practice now considered Holywell's established and active Patient Participation Group (PPG) as that of Attenborough Surgery. (The PPG is a community of patients who work with the practice to discuss and develop the services provided). We saw the group was scheduled to meet in March 2017 with its primary aims of including patient representatives of all four surgeries in its membership and establishing the group's future priorities. We saw examples of how membership of the PPG was promoted by the practice including banners on its website and entries in the newsletter of the Carpenders Park Residents' Association (CPRA). The senior staff we spoke with said the practice had a history of engagement with the CPRA as many of its members were patients at the practice and it was hoped some of those individuals would join the PPG.
- The practice made use of the NHS Friends and Family Test (FFT). The FFT provides an opportunity for patients to feedback on the services that provide their care and treatment. The results from August 2016 to November 2016 showed that of the six respondents, three (50%) were likely or extremely likely to recommend the practice to friends and family if they needed similar care or treatment.
- We saw there were comment and suggestions boxes available for patients to use in the reception/waiting areas of Bushey Health Centre and Holywell Surgery.

Any comments and suggestions made were reviewed by the practice manager. The senior staff we spoke with told us suggestions boxes had been ordered for Prestwick Road and Carpenders Park surgeries to ensure all patients had access to the facility.

- The practice had gathered feedback from staff through meetings and discussions. Staff told us they were able to give feedback and discuss any concerns or issues with colleagues and management. Most staff said they felt involved and engaged in how the practice was run. However, from our conversations with them we found that some staff felt less engaged with the development and direction of the practice than others.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice was a GP training and teaching practice and maintained high standards for supporting its trainees. Two of the GPs were qualified GP trainers and two GPs were associate trainers. The senior staff we spoke with told us that almost half of the GPs at Attenborough Surgery (including salaried GPs) were previously trainees at the practice.

The practice team was forward thinking. We saw that the advanced nurse practitioner and one of the GP partners had received a NHS innovation award for their work on responsible antibiotic prescribing in primary care. We looked at their work on implementing Point Of Care (POC) C-Reactive Protein (CRP) testing in the management of acute lower respiratory tract infection (LRTI). We saw that the prescribing of antibiotics on patients' initial presentation reduced from 31% in the winter of 2014/2015 to 8% in the same three month period during the winter of 2015/2016. Unscheduled follow ups within 28 days for patients who were not prescribed antibiotics reduced by more than 50%. The study found that clinical workload was not increased as a result of the new approach. Due to the success of the work, funding was available for the advanced nurse practitioner to spread the practise across the locality and nationally. Further work across eight surgeries over the three months from November 2016 to January 2017 was ongoing at the time of our inspection.

We saw that the new Bushey Health Centre was due to be available in May/June 2017. The purpose built, fully accessible facility twice the size of the current premises would increase consulting/treatment room capacity for the practice and provide additional community and meeting

# Are services well-led?

Good 

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

space. The development of the new facility was achieved with the personal financial backing of the GP partners and

practice manager. Carpenders Park Surgery was also planned for refurbishment and redevelopment following recently agreed funding. This would also increase the consulting, training and community space of the practice.