

Peartree Surgery

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Requires improvement 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection at Peartree Surgery on 19 October 2016. Overall the rating for the practice in 2016 was inadequate; specifically it was rated inadequate for safe and well-led, requires improvement for effective and responsive and good for caring, and was placed in special measures for a period of six months.

This report follows an inspection that was undertaken following the period of special measures and was an announced comprehensive inspection carried out on 27 July 2017; overall the practice is now 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 a system in place for reporting and recording significant events. The practice had clearly embedded systems and processes which promoted learning from events and clear communication with all staff members.
- The practice had clearly defined and embedded systems to minimise risks to patient safety. Processes and fail-safe systems were in place for the effective monitoring of patients receiving high risk medicines and management of clinical records.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Systems and processes in place to provide supervision to clinical staff and identify staff learning needs were effective.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Most recent results from the National GP Patient Survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.

Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Staff felt supported by management and the practice proactively sought feedback from staff and patients, which it acted on.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The areas where the provider should make improvements are:

- Continue to review and ensure improvement to the national GP patient survey results, including access to the practice by telephone.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service. We encourage the practice to sustain and embed the improvements.

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.

- From the sample of documented examples we reviewed, we found there was an effective system 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 were informed as soon as practicable, received support and information, 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 to minimise risks to patient safety.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. Staff demonstrated that they understood their responsibilities and all staff had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the latest Quality and Outcomes Framework (QOF) 2015/2016 showed patient outcomes were at or above average for the locality and compared to the national average. Performance for diabetes related indicators was comparable with the local CCG and national average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Good



Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

- Data from the latest National GP Patient Survey results published in July 2017 showed patients rated the practice in line with others for several aspects of care.
- The practice offered flexible appointment times based on individual needs.
- 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.
- Staff maintained patient and information confidentiality and patients commented to us on being treated with kindness and respect. We saw evidence to confirm this.
- The practice held a register of carers with 540 carers identified which was approximately 2.5% of the practice list. The practice had carer information packs available in the waiting area and displayed information on a carers' notice board.

Good



Are services responsive to people's needs?

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

- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, the practice participated in the local area winter resilience scheme and offered more appointments during this period. This service had given patients the opportunity to attend the practice for an urgent appointment rather than travel to the local A&E department.
- A Phlebotomist from the local hospital visited the practice and branch surgery two times a week to take blood samples from patients for required testing.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Data from the National GP Patient Survey results showed patients rated the practice as below average for access to the surgery by telephone. The practice had changed their telephone system and appointment booking system in response to this. The practice had increased the number of staff members answering telephone calls during peak periods.

Requires improvement



Summary of findings

- The practice had a system in place for handling complaints and concerns. Information about how to complain was available and evidence from the examples we reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice website included a GP webpage portal which enabled patients to contact a GP online and would receive a response via e-mail within 72 hours.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

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 it.
- 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.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In the examples we reviewed we saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the Patient Participation Group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of their life.
- GPs involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- The practice worked closely with a multi-disciplinary team to support older people and others with long term or complex conditions.
- A named GP carried out a weekly visit to three local care homes for continuity of care. Senior staff at these homes were positive about the standard of service received and described the practice as accessible and responsive to needs of their residents.
- The practice provided health checks for patients aged over 75 years and had completed 241 health checks within the last 12 months. Over 60% of this population group had received a health check.

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 long-term disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was comparable with the local CCG and national average. The practice had achieved 91% of the total number of points available, compared to the local average of 89% and national average of 90%.

Good



Summary of findings

- Longer appointments and home visits were available when needed.
- All patient with a long-term condition had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multi-disciplinary package of care.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.

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 identified as being at possible risk, for example, children and young people who had a high number of A&E attendances.
- The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 83% and the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group.
- The practice offered a range of family planning services. Baby vaccination clinics and ante-natal clinics were held at the practice on a regular basis.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.

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 these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours and Saturday appointments.

Good



Summary of findings

- The practice carried out routine NHS health checks for patients aged 40 to 74 years.
- The practice was proactive in offering online services such as appointment booking and repeat prescriptions, as well as information about a full range of health promotion and screening that reflects the needs of this age group.
- The practice website provided a wide range of information and advice and included a GP webpage portal which enabled patients to contact a GP online and would receive a response via e-mail within 72 hours.
- The practice provided an electronic prescribing service (EPS) which enabled GPs to send prescriptions electronically to a pharmacy of the patient's choice.

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 and offered longer appointments for those patients. The practice had 104 patients on their learning disability register and 53 had received a health check. The practice held dedicated clinics on Saturdays to complete these checks and worked closely with the local learning disability liaison nurse.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- Vulnerable patients had been told 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.
- The practice held a register of carers with 540 carers identified which was approximately 2.5% of the practice list. The practice had carer information packs available in the waiting area and displayed information on a carers' notice board.

Good



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



Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- From the sample of documents we viewed, we found the practice carried out advance care planning for patients living with dementia.
- The practice held a register of patients experiencing poor mental health and offered regular reviews and same day contact.
- 90% of women aged 25 or over and who have not attained the age of 65 with schizophrenia, bipolar affective disorder and other psychoses whose notes record that a cervical screening test has been performed in the preceding 5 years which was comparable to the local and national average of 89%.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice referred patients to the Improving Access to Psychological Therapies (IAPT) team and encouraged patients to self-refer.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff we interviewed 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

We looked at the most recent National GP Patient Survey results published in July 2017. The results showed the practice was performing below local and national averages. There were 287 survey forms distributed and 119 were returned. This represented a 41% response rate and approximately 0.5% of the practice's patient list.

- 72% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local average of 83% and national average of 84%.
- 67% of patients described the overall experience of this GP practice as good compared to the local average of 81% and national average of 85%.
- 59% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local average of 74% and national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 30 comment cards. Overall, all of the comment cards we received were positive about the standard of care received. Patients said staff acted in a professional and courteous manner and described the services provided by all staff as very caring, accommodating and friendly.

During our inspection we spoke with 11 patients and two members of the Patient Participation Group (PPG) and we received feedback from nine members of the PPG. Patients told us that they felt listened to and cared for and described staff members as friendly. Six patients told us that they had experienced problems when contacting the practice on the telephone and booking an appointment with a named GP.

The practice had gathered patient feedback using the NHS Friends and Family Test (FFT). (The FFT asks people if they would recommend the services they have used and offers a range of responses). The practice had received 90 responses to the FFT between February 2016 and March 2017. The results showed 44 people (51%) were either extremely likely or likely to recommend the service and 42 people (47%) were either extremely unlikely or unlikely to recommend the service.

The practice had created an action plan in response to patient feedback and had introduced a new telephone system and appointment booking system between April and May 2017. The practice had recently implemented a telephone triage system to ensure all patients requesting a same day appointment were assessed and seen as required. Three patients told us that their experience of contacting the practice on the telephone had improved following the introduction of the new telephone system.

Areas for improvement

Action the service SHOULD take to improve

Continue to review and ensure improvement to the national GP patient survey results, including access to the practice by telephone.

Peartree Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist adviser, a practice manager specialist adviser, a practice nurse specialist adviser and an Expert by Experience.

Background to Peartree Surgery

Peartree Surgery provides primary medical services, including minor surgery, to approximately 21,500 patients in Welwyn Garden City, Hertfordshire. Services are provided on a General Medical Services (GMS) contract (a nationally agreed contract). The practice operates across three premises. Peartree Surgery is the main surgery and was purpose built in 1993. All patient consultations are held on the ground floor. There is an on-site pharmacy which has been operating since 2012.

Moorswalk Surgery is a branch surgery located approximately two miles away from the main surgery and Hollybush Lane Surgery is a branch surgery located approximately one mile away from the main surgery.

The practice serves a slightly higher than average population of those aged between 0 to 9 years and a slightly lower than average population of those aged between 65 to 79 years. The population is 88% White British (2011 Census data). The area served is less deprived compared to England as a whole.

The practice team consists of seven GP Partners and four salaried GPs; five of which are male and seven are female.

The practice told us 68 GP sessions are provided each week. There is one nurse practitioner, who is qualified to prescribe certain medicines, five practice nurses and one health care assistant.

The non-clinical team is made up of a practice manager, deputy practice manager and 29 members of the administration and reception team.

Peartree Surgery is a training practice and has been approved to train doctors who are undertaking further training (from four months up to one year depending on where they are in their educational process) to become general practitioners.

Peartree Surgery and Moorswalk Surgery are open to patients between 8am and 6.30pm Mondays to Fridays. Appointments with a GP are available from approximately 8.30am to 12.30pm and from 3pm to 6pm daily. A duty doctor is available from 8am. Hollybush Lane Surgery is open to patients between 8.30am and 11am three days a week.

Emergency appointments are available daily. A telephone consultation service is also available for those who need urgent advice. The practice offers extended opening hours at the main surgery between 6.30pm and 8pm three evenings each week, and pre-booked appointments are available on Saturdays from 8am to 11am on a fortnightly basis.

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

Detailed findings

Why we carried out this inspection

We undertook a comprehensive inspection of Peartree Surgery on 19 October 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate for providing safe and well-led services and was placed into special measures for a period of six months.

We undertook a further announced comprehensive inspection of Peartree Surgery on 27 July 2017. This inspection was carried out following the period of special measures to ensure improvements had been made and to assess whether the practice could come out of special measures.

How we carried out this inspection

Before inspecting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We contacted NHS East and North Hertfordshire Clinical Commissioning Group (CCG), Healthwatch and the NHS England area team to consider any information they held about the practice. We carried out an announced inspection on 27 July 2017. During our inspection we:

- Spoke with five GPs, the nurse practitioner, three practice nurses, the practice manager, deputy practice manager and seven members of the reception and administration team.
- Spoke with 11 patients and observed how patients were being cared for in the reception area.
- Reviewed a sample of the personal care or treatment records of patients.

- Visited one of the branch surgeries.
- Looked at information the practice used to deliver care and treatment plans.
- Reviewed 30 CQC comment cards where patients and members of the public shared their views and experiences of the service.
- Spoke with two members of the Patient Participation Group (PPG) and received feedback from an additional nine PPG members. (This is a group of volunteer patients who work with practice staff on making improvements to the services provided for the benefit of patients and the practice).

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

At our inspection in October 2016 we rated the practice as inadequate for providing safe services as systems and processes had weaknesses and were not fully implemented in a way to keep patients safe. The practice did not have an effective system in place to ensure patients had

received the required checks before being prescribed high risk medicines. The management of clinical records was not effective. The practice did not have an effective system in place to identify and record significant events and did not analyse significant events over time to identify trends. The practice had never completed an infection control audit. There was no system in place to monitor the use of blank prescription forms and pads. The business continuity plan did not include an up to date emergency contact list for staff. The practice had not responded to the requirements identified following an assessment of Legionella.

At our inspection in July 2017 we found the following:

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed.
- The practice had recorded 13 significant events within the last 12 months and had carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice had reviewed and updated their procedures following a patient's adverse reaction to a medicine. The practice had reviewed and improved their processes in response to coding errors on the clinical system.

- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received support, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- Senior staff understood their roles in discussing, analysing and learning from incidents and events. We were told that the event would be discussed with the GPs, nurses and relevant staff during a clinical meeting which took place on a monthly basis. All clinical staff were invited to these meetings and minutes were circulated. We saw evidence to confirm this.
- The practice had carried out an analysis of the significant events over time to identify trends and themes.

We reviewed safety records, incident reports, MHRA alerts and patient safety alerts. The practice had a process in place to ensure that relevant staff received and acted upon all safety alerts received into the practice. The practice maintained a log of safety alerts and we saw evidence to confirm actions had been taken to improve safety in the practice. For example, the practice had received a safety alert in relation to the possibility of adverse side effects in relation to a specific medicine. The practice had taken the appropriate action and had reviewed their protocol for prescribing and managing patients receiving this medicine.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements were in place to safeguard children and vulnerable adults from abuse that 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 GP lead for safeguarding adults and a GP lead for safeguarding children. The practice held monthly multi-disciplinary safeguarding meetings to manage child safeguarding concerns. GPs provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and had received training relevant to their role. All GPs and nurses were trained to an appropriate level to manage safeguarding children (level three) and adults.

Are services safe?

- The practice displayed notices in the waiting area and treatment and consulting rooms which 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). A risk assessment was in place for all staff roles including circumstances in which staff acted as a chaperone without having a DBS check. The practice had a system in place to record when a patient was offered a chaperone, including whether this had been accepted or declined by the patient.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. There were cleaning schedules and monitoring systems in place. The senior practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and all staff had received up to date training. IPC audits were scheduled to be undertaken on a regular basis and we saw evidence to confirm that these audits were comprehensive and action had been taken to address any improvements identified as a result. For example, the practice had refurbished their treatment and waiting rooms and had made improvements to their baby changing area and patient toilets.
- All single use clinical instruments were stored appropriately and were within their expiry dates. Specific equipment was cleaned daily and logs were completed. Spillage kits were available and clinical waste was stored appropriately and collected from the practice by an external contractor on a weekly basis.
- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The practice had a high risk drug monitoring and repeat prescribing policy in place which included a high risk drug monitoring quick reference guide for staff members. The practice had also created a medicines management policy which clearly documented individual roles and responsibilities. The practice had reviewed and updated their system for clinical coding and this enabled the practice to easily and accurately identify patients that were due the required checks prior to medicines being re-authorised and issued.
- We checked the prescribing processes in place for patients receiving high risk medicines and from the sample of records we viewed, we found all of these patients were being appropriately monitored and managed.
- The practice had implemented protocols to ensure safe prescribing and this included safety alerts and restrictions within the clinical system. The practice had implemented clear instructions on the clinical system for the clinician to contact the patient before prescribing medicines and this included a standard letter which was issued to patients.
- The practice had a policy in place for the management of scanned documents and pathology results which the practice had been reviewed with all GPs and administration staff members. This policy was also included in the practice's GP locum pack. During our inspection we checked the systems and processes in place for the safe and timely management of clinical documentation including pathology results and discharge letters. We found the practice had a safe and effective system in place.
- The practice had reviewed their process for managing blank prescription forms and pads and during our inspection we found that these were securely stored and tracked to monitor their use.
- The nurse practitioner had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the GPs for this extended role. In addition to this, a named GP provided formal clinical supervision and we saw evidence to confirm that this took place on a regular basis.
- Patient Group Directions (PGDs) had been adopted by the practice to allow the nurses to administer medicines

Are services safe?

in line with legislation. The health care assistant was trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.

- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS).

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available which included the names of the health and safety lead at the practice. The practice had up to date fire risk assessments. There were designated fire marshals within the practice. Fire alarms were tested weekly and the practice carried out fire drills and checked fire equipment on a regular basis. All electrical equipment was checked in July 2017 to ensure the equipment was safe to use and clinical equipment was checked in July 2017 to ensure it was working properly.
- The practice had a variety of risk assessments in place for areas including premises, health and safety, Control of Substances Hazardous to Health (COSHH) and infection control. A Legionella assessment had been completed by an external contractor across the three premises in October 2016 (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We saw evidence to confirm that action had been taken in response to the

recommendations recorded in these assessments. The practice completed checks on an ongoing basis, such as checks on the water temperature across the three premises.

- Arrangements were in place for planning and monitoring the number of staff and skill mix of staff needed to meet patients' needs. There were individual team rotas in place to ensure that enough staff members were on duty. The practice had systems in place for the management of planned staff holidays and staff members would be flexible and cover additional duties as and when required during other absences. The practice used locum GPs and would complete the necessary recruitment checks on those individuals.

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 which alerted staff to any emergency.
- All staff received annual basic life support training.
- The practice had a defibrillator available and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the emergency medicines we checked were in date.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included an up to date list of emergency contact numbers for staff. A copy of this plan was kept off the premises.

Are services effective?

(for example, treatment is effective)

Our findings

At our inspection in October 2016 we rated the practice as requires improvement for providing effective services as systems and processes in place to identify staff learning needs required strengthening. We found staff appraisals were not being carried out on a regular basis.

At our inspection in July 2017 we found the following:

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met people's needs.
- The practice monitored that these guidelines were followed through risk assessments and random sample checks of patient records.
- A GP produced a monthly update on NICE guidelines which was discussed during clinical meetings which took place on a monthly basis. GPs shared learning from external courses and updates during these meetings.
- The practice engaged with the local East and North Hertfordshire Clinical Commissioning Group (CCG) and accessed CCG guidelines for referrals and also analysed information in relation to their practice population. For example, the practice would receive information from the CCG on accident and emergency attendance, emergency admissions to hospital and prescribing rates. The practice explained how this information was used to plan care in order to meet identified needs.

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

recently published results showed the practice achieved 98% of the total number of points available which was comparable with the local average of 96% and national average of 95%. Data from 2015/2016 showed;

- 90% of patients aged 45 years or over had a record of blood pressure in the preceding five years which was comparable to the CCG average of 90% and national average of 91%.
- 88% of patients diagnosed with asthma, on the register, had received an asthma review in the last 12 months which was above the local average of 74% and national average of 76%. Exception reporting for this indicator was 26% which was above the CCG average of 6% and national average of 8%. We checked the exception reporting system and saw that the practice had an effective recall system in place, including text messaging patients, and a systematic approach for recording exceptions. (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).
- 97% of patients, newly diagnosed with diabetes, had a record of being referred to a structured education programme within nine months after entry on to the diabetes register which was comparable to the local average of 95% and national average of 92%. Exception reporting was 10% compared to the local average of 15% and national average of 23%.
- 72% of patients diagnosed with dementia had their care reviewed in a face to face meeting in 2015/2016, which was below the local average of 85% and national average of 84%. Exception reporting was slightly below local and national averages. We checked patient records and found patients on the dementia register were being appropriately managed. The practice had introduced on screen prompts to complete opportunistic reviews and increase uptake.
- 90% of women aged 25 or over and who have not attained the age of 65 with schizophrenia, bipolar affective disorder and other psychoses whose notes record that a cervical screening test has been performed

Are services effective?

(for example, treatment is effective)

in the preceding 5 years which was comparable to the local average of 89% and national average of 89%. Exception reporting was in line with the local and national average.

- The practice told us that they regularly monitored their QOF performance and we saw evidence to confirm this. The practice had identified indicators which could be improved and had introduced alerts on the clinical system to increase uptake.

The practice had a system of clinical audits which demonstrated quality improvement.

- There had been 28 clinical audits commenced in the last two years, 10 of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, the practice completed a regular audit on high risk medicine monitoring to ensure the system was effective. The practice had audited their performance on the management of patients with diabetes and had created a practice development plan which included action to further expand their obesity register and implement fail-safe systems to manage high risk cases.
- The practice participated in local audits and national benchmarking.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding children and adults, equality and diversity, information governance, basic life support, infection control, mental capacity and consent, health and safety and fire safety.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff taking blood samples, administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the

immunisation programmes, for example by access to online resources, attendance to educational sessions, conferences and discussions through a locally run nurse forum.

- Nursing staff had lead roles in chronic disease management and regularly held clinics to review patients. One of the nurses was trained to provide a minor illness clinic and worked alongside the GPs. The nursing team held weekly meetings and attended monthly clinical governance meetings with the GPs and senior practice staff.
- The learning needs of staff were identified through a system of appraisals, team meetings and discussions with senior staff. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. All staff had received an appraisal within the last 12 months.
- Staff had access to essential training which was provided through online learning, internal and external training sessions, conferences and CCG led training days, which took place on a quarterly basis.

Coordinating patient care and information sharing

- The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets was also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice had systems in place to provide staff with the information they needed. An electronic patient record system was used by all staff to coordinate, document and manage patients' care. All staff were fully trained on the system and were provided with regular training and supervision.
- Staff worked together with other health and social care services to understand and meet the range and complexity of patient needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred to, or after they were discharged from

Are services effective?

(for example, treatment is effective)

hospital. We were told that multi-disciplinary team meetings took place on a six weekly basis for vulnerable patients and for patients requiring palliative care. We saw evidence to confirm this.

- The practice held monthly meetings with health visitors to support and manage vulnerable children and families.

Consent to care and treatment

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

- The practice had a consent policy in place and 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 assessed the patient's capacity and recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

- These included patients considered to be in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, drug and alcohol cessation, homeless people and patients experiencing poor mental health. Patients were then signposted to the relevant services.
- The practice worked closely with a nearby hostel and provided support to service users and staff members.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice had 104 patients on their learning disability register and 53 had received a health check. The practice held dedicated clinics on Saturdays to complete these checks and worked closely with the local learning disability liaison nurse.

- Smoking cessation advice was provided by a local public health team at the practice on a regular basis.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 83% and the national average of 81%. Exception reporting was 5% which was comparable with the local average of 5% and national average of 7%. The practice encouraged uptake of the screening programme by ensuring a female clinician was available and by sending letters to patients who had not responded to the initial invitation.

The practice had an action plan in place to improve early diagnosis and increase the uptake of screening. Bowel and breast cancer screening rates were comparable with local and national averages. Data from 2015/2016 showed that;

- 54% of patients aged 60 to 69 years had been screen for bowel cancer in the last 30 months compared to 59% locally and 58% nationally.
- 73% of female patients aged 50 to 70 years had been screened for breast cancer in the last three years compared to 72% locally and nationally.

The practice told us that they had achieved a 90% standard for all childhood immunisations. The practice had a clear recall system in place and would send letters out to patients who did not attend.

Patients had access to appropriate health assessments and checks. Patients had their needs assessed upon registering and were offered a health check. The practice offered NHS health checks for people aged 40 to 74 years and had completed 398 within the last 12 months.

The practice provided health checks for patients aged over 75 years and had completed 241 health checks within the last 12 months. Over 60% of this population group had received a health check. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with During our inspection we observed that 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.
- The practice had confidential communication forms available for patients in the reception area to support confidentiality. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- The practice had an electronic check-in kiosk available which promoted patient confidentiality.

As part of this inspection we received 30 CQC patient comment cards. Patients said they felt the practice offered a good service and said staff were caring, friendly, helpful and treated them with dignity and respect.

During the inspection we spoke with 11 patients and two members of the Patient Participation Group (PPG) and received feedback from nine PPG members. Patients told us that they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Patients told us that staff responded compassionately when they needed help and provided support when required.

Results from the National GP Patient Survey published in July 2017 showed the practice was mostly comparable with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 87% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 81% said the GP gave them enough time compared to the CCG average of 83% and the national average 86%.

- 96% 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%.
- 80% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 86%.
- 87% said the last nurse they spoke to was good at listening to them compared to the CCG average of 92% and the national average of 91%.
- 68% said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%. This was an improvement when compared with the National Patient Survey results published in July 2016.

The practice had an improvement plan in place and all reception staff had received communications training. Patient comments during the inspection were positive about the attitude and helpfulness of receptionists, GPs and nurses.

Care planning and involvement in decisions about care and treatment

Results from the National GP Patient Survey published in July 2017 showed the practice was comparable with local and national averages for patient questions about their involvement in planning and making decisions about their care and treatment. For example:

- 87% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 75% said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 79% and the national average of 82%.
- 79% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Are services caring?

- Staff told us that interpretation services were available for patients who were hard of hearing or did not have English as a first language. We saw notices in the reception areas informing patients of these services.
 - Information leaflets were available in easy read format.
 - The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).
- Patient and carer support to cope emotionally with care and treatment**
- Noticeboards and an electronic information screen in the patient waiting rooms told patients how to access a number of support groups and organisations.
 - The practice's computer system alerted GPs if a patient was also a carer. The practice held a register of carers with 540 carers identified which was approximately 2.5% of the practice list. A member of the reception team was the nominated carers lead (a Carers' champion) who worked with identified carers to provide advice and support. The practice displayed information on a carers' notice board and provided information packs and health checks to carers.
 - Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our inspection in October 2016 we rated the practice as requires improvement for providing responsive services as the practice did not provide complainants with information about the Parliamentary and Health Service Ombudsman when responding to complaints. Data from the National GP Patient Survey results showed patients rated the practice as below average for several areas.

At our inspection in July 2017 we found the following:

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with NHS England and East and North Hertfordshire Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice participated in the local area winter resilience scheme and offered more appointments. This service had given patients the opportunity to attend the practice for an urgent appointment rather than travel to the local A&E department.

- A Phlebotomist from the local hospital visited the practice and branch surgery twice a week to take blood samples from patients for required testing.
- The practice was proactive in offering online services such as appointment booking, an appointment reminder text messaging service and repeat prescriptions, as well as a full range of health promotion and screening that reflects the needs of this age group.
- The practice had signed up to an enhanced service to manage unplanned hospital admissions for vulnerable and at risk patients. These patients had a personalised care plan and all of these patients had a named GP and regular reviews.
- A named GP carried out a weekly visit to three local care homes for continuity of care. Senior staff at these homes were positive about the standard of service received and described the practice as accessible and responsive to needs of their residents.

- The practice maintained a list which highlighted vulnerable patients to all staff. This system enabled the practice to identify patients with additional needs, which enabled the practice to communicate effectively and provide flexible services to these patients.
- A blood pressure testing machine was available to patients in the practice waiting area.
- The practice provided an electronic prescribing service (EPS) which enabled GPs to send prescriptions electronically to a pharmacy of patients' choice.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- The practice offered a range of family planning services. Baby vaccination clinics and ante-natal clinics were held at the practice on a regular basis. A community midwife held a clinic at the main surgery and one of the branch surgeries two times a week.
- The practice referred patients to the Improving Access to Psychological Therapies service (IAPT) and encouraged patients to self-refer.
- A NHS counsellor provided sessions at the practice on a regular basis for registered patients and for patients from neighbouring practices.
- There were longer appointments available for patients with a learning disability. Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to contact a GP using the practice website and would receive a response via e-mail within 72 hours.
- Staff members were aware of the need to recognise equality and diversity and acted accordingly. The practice had a system in place to identify patients with a known disability.

Access to the service

The practice was open to patients between 8am and 6.30pm Mondays to Fridays. Appointments with a GP were available from 8.30am to 12.30pm and from 3pm to 6pm daily. The practice offered extended surgery hours between

Are services responsive to people's needs?

(for example, to feedback?)

6.30pm and 8pm three evenings each week, and on Saturdays from 8am to 11am on a fortnightly basis. In addition to pre-bookable appointments that could be booked up to four weeks in advance, the practice offered a telephone triage service and urgent appointments were also available for people that needed them.

Latest results from the National GP Patient Survey published in July 2017 showed that patients' satisfaction with how they could access care and treatment was mostly below local and national averages.

- 65% of patients were satisfied with the practice's opening hours compared to the local average of 72% and national average of 76%.
- 29% of patients said they could get through easily to the surgery by phone compared to the local average 62% and national average of 71%.
- 66% of patients said they usually wait 15 minutes or less after their appointment time to be seen compared to the local average of 63% and national average of 64%.
- 72% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the local average of 83% and the national average of 84%.
- 67% of patients said their last appointment was convenient compared with the local average of 78% and the national average of 81%.
- 45% of patients described their experience of making an appointment as good compared with the CCG average of 66% and the national average of 73%.

The practice demonstrated how they had analysed patient survey results and reviewed feedback directly from patients. Senior staff told us that they regularly assessed patient flow data and patient feedback and were continuously reviewing their systems and we saw evidence to confirm this.

The practice had completed an internal patient survey between April and May 2017. The results showed;

- 83 out of 191 patients who responded (43%) said they could get through easily to the surgery by phone.
- 125 out of 192 patients (65%) described their experience of making an appointment as good.

The practice had a detailed improvement plan in place and had recently introduced a new telephone and appointment booking system between April and May 2017. The practice had created a multi-disciplinary team to manage a recently

launched telephone triage service which ensured all patients requesting a same day appointment were assessed and seen as required. The practice had two duty doctors on call at all times and had increased the number of staff members answering the telephone during busy times to between eight and ten members of staff.

Some patients told us that they had experienced problems when contacting the practice on the telephone and booking an appointment with a named GP. During our inspection we checked the appointment system and found that there were 35 same day appointment slots available with a number of GPs, eight same day appointment slots available with the nurse practitioner and 10 additional emergency appointments available with a GP. The practice told us that they would take steps to provide further information about the new appointment system to patients.

Listening and learning from concerns and complaints

The practice had a 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.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- Information to help patients understand the complaints system was available on the practice website and in the patients' waiting areas.
- Verbal complaints were being recorded and analysed.
- The practice analysed complaints over time to identify key themes and trends and had taken action as a result.

The practice had a comments and complaints leaflet which included information on the Parliamentary and Health Service Ombudsman (the PHSO make final decisions on complaints that have not been resolved by the NHS in England). The practice provided patients with information on the role of the PHSO when responding to patient complaints as standard.

We looked at 10 complaints received within the last 12 months and found all of these had been dealt with appropriately and in a timely way. The practice shared their complaints data with NHS England. The practice had taken steps to ensure patient complaints, including the learning from complaints was shared with all relevant staff. Apologies were offered to patients, lessons were learnt

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

from concerns and complaints and action was taken as a result to improve the quality of care. For example, the

practice had reviewed and improved their process for managing repeat prescription requests. Staff members were provided with customer service training following a patient complaint.

Are services well-led?

Good 

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

Our findings

At our inspection in October 2016 we found weaknesses in the leadership and governance and we rated the practice as inadequate for providing well-led services. We found the practice lacked systems and processes to operate effectively and safely. Not all governance structures, systems and processes were effective in enabling the provider to identify, assess and mitigate risks to patients, staff and others.

At our inspection in July 2017 we found the following:

Vision and strategy

The practice had a clear statement of purpose which was to improve the health, wellbeing and lives of patients being cared for. Staff understood the practice's aims and values which were displayed on staff computers, staff handbook and in the practice leaflet. The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had structures and procedures in place which supported the delivery of the strategy and good quality care and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in a number of areas such as learning disabilities, safeguarding, mental health, infection control and clinical governance. A list of clinical staff with lead roles was displayed throughout the practice.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. The practice held a number of meetings on a regular basis, including a management meeting which was held on a weekly basis.
- There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

Following our previous inspection in October 2016 the practice had undertaken an extensive review of their structure, systems and processes. The practice had recruited additional GPs and a new managing partner. 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 told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people support and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs held regular meetings with health visitors to monitor vulnerable families and safeguarding concerns.
- 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. Meeting minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were

Are services well-led?

Good 

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

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.

- During our inspection we spoke with one of the salaried GPs who told us that they found the practice to be very supportive with opportunities for further education and training.

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

The practice encouraged and valued feedback from patients, the public and staff.

- The practice had gathered feedback from patients through the Friends and Family Test, feedback submitted online and through comments and complaints received. The practice had completed an internal patient survey between April and May 2017 and had received over 190 responses. The practice had analysed the results along with the National GP Patient Survey results and had formulated a detailed action plan to address below average performance where required.
- The practice worked closely with their Patient Participation Group (PPG). The PPG was an established group and held regular meetings. The PPG had worked

with practice staff and had made improvements to the information made available to patients on a number of areas including hospital transport services, the complaints procedure and the staff structure.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, the practice had made changes to the timings of the GP sessions following feedback from the nursing team. Staff told us they felt involved and engaged to improve how the practice was run.

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. The practice was working closely with a local school to identify and support vulnerable families and promote the health and wellbeing of young people. The practice had created consent forms for information sharing and allocated time for the school to have direct access to the practice.

Senior staff regularly attended meetings with peers within their locality. The practice was a member of a local GP Federation. GP partners had special interests in dermatology, cancer care and rheumatology. The practice hosted regular educational sessions with peers.