

# Ivy Grove Surgery

## Quality Report

Steeple Drive, Ripley, Derbyshire DE5 3TH  
Tel: 01773 514130  
Website: [www.ivy.gs](http://www.ivy.gs)

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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?

Outstanding 

Are services well-led?

Good 

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	12

### Detailed findings from this inspection

Our inspection team	13
Background to Ivy Grove Surgery	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Ivy Grove Surgery on 18 January 2016. Overall the practice is rated as good.

- Feedback from patients was consistently positive about the care and services they received. Patients were treated with compassion, dignity and respect, and they were involved in decisions about their care and treatment. Patients told us they were usually able to get appointments or telephone consultations when they needed them.
- The services were delivered in a way to ensure flexibility, choice and continuity of care. Overall comprehensive and embedded systems were in place to keep patients safe. The practice had good accessible facilities and was well equipped to treat patients and meet their needs.
- There was effective teamwork and a commitment to improving patient experiences. Staff had the skills,

knowledge and experience to deliver effective care and treatment. The practice worked in partnership with other services to meet patients' needs, and used innovative ways to improve outcomes for patients.

- The practice was well led. The culture and leadership promotes the delivery of high-quality, compassionate care. There was a strong focus on continuous learning and improvement at all levels. The practice had implemented significant improvements to their IT systems and procedures, to provide effective services and improved outcomes for patients.
- The practice sought the views of patients and staff, which it acted on to improve the services. Patients said they felt listened to and were able to raise concerns as the staff were approachable. Complaints were actively reviewed to ensure that appropriate learning and improvements had taken place.

The provider should make the following improvement:

- Continue to strengthen the systems to ensure that effective recruitment procedures are followed and that complete records are kept of staff training and immunisations.

# Summary of findings

**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.

- Patients told us they felt safe when using the service.
- There were enough staff to keep patients safe.
- There was a pro-active approach to anticipating and managing risks.
- Overall comprehensive and embedded systems were in place to help keep patients safe and safeguarded from abuse.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- Information about safety was highly valued and was used to promote learning and improvement.
- An effective system was in place for managing significant events and incidents. Lessons were shared to make sure action was taken to improve safety in the practice.

Good



### Are services effective?

- Systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines, and other locally agreed guidelines. We also saw evidence that these guidelines were positively influencing and improving practice and outcomes for patients. For example, performance for diabetes related indicators was 98.8%, which was 5.7% above the local and 9.6% above the national average.
- There was a proactive approach to improving outcomes for patients and ensuring the services were effective.
- Importance was placed on supporting people to live healthier lives through health promotion and prevention, by offering regular health reviews and various screening checks. For example, 79.3% of women aged 50 to 70 years had been screened for breast cancer in the last 3 years, compared to a national average of 72.2% and a local average of 78.5%.
- There was a programme of continuous improvement to develop the IT system, to ensure it was used to its full capability as a tool in providing high quality care.
- The ongoing development of staff skills, competence and knowledge was integral to ensuring high quality care. Staff were actively supported to acquire new skills and share best practice.

Good



# Summary of findings

## Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice higher than others for most aspects of care. For example, 90% said the last GP they spoke to was good at treating them with care and concern compared to the local average of 86% and national average of 85%.
- Feedback from patients was consistently positive about their care and the way staff treated them.
- Patients told us they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Patients were respected and valued as individuals and their choices and preferences were acted on.
- Staff were motivated and inspired to offer kind and compassionate care. We observed a strong patient-centred culture.
- The practice had implemented a carer's strategy as part of their commitment to raising awareness, and increasing the support available to carers to carry out their role.
- Further systems had been put in place to ensure that patients that experienced bereavement received appropriate contact and support.

Good



## Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

- The services were delivered in a way to ensure flexibility, choice and continuity of care.
- The practice took part in new initiatives, and provided additional in-house services to meet patients' needs.

The practice had implemented an innovative appointment system to further improve access for patients. One GP carried out all home visits and a further GP covered urgent health appointments, which enabled them to respond promptly to patient's needs.

- Patients told us they were usually able to get appointments or telephone consultations when they needed them.
- The practice worked closely with other organisations and the local community in planning how services were provided to ensure that they meet patients' needs. For example, a recent project to align the local care homes to specific practices, had led to a more responsive service and improved continuity of care for patients.

Outstanding



# Summary of findings

- The practice implemented suggestions for improvements and changed the way it delivered services, in response to feedback from patients and the patient participation group. For example, people wanted more evening appointments, and the practice increased the extended hours to two evenings a week.
- Information about how to complain was available and easy to understand. There was an active review of complaints and how they were managed and responded to, and improvements were made as a result.

## Are services well-led?

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

- The practice had a clear vision and strategy to provide high quality care and safe services. The strategy was regularly reviewed and discussed with staff.
- The staff team were forward thinking and continually strived to drive improvements to ensure the services were well-led.
- There was effective teamwork and a commitment to improving patient experiences. High standards were promoted and owned by all staff.
- There was a proactive approach to seeking out and embedding new ways of providing care and services.
- There was a clear leadership structure and staff felt supported by management. There was a high level of staff satisfaction and constructive engagement with staff.
- There was a strong focus on continuous learning and improvements at all levels within the practice. For example, the practice had changed the entire working week to improve access for patients, and to free up time for learning and to ensure the services were well-led.
- The practice actively sought feedback from staff and patients, which it acted on to improve the services. The practice had an active patient participation group, which influenced practice development.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice kept a palliative care and a hospital admission avoidance register, which included older people with complex needs, at risk of harm or vulnerable. The practice worked closely with other services, and held monthly multidisciplinary meetings to discuss and review patients care and support needs.
- All palliative care patients had a 1st and 2nd named GP for continuity of care.

An in-house audiology clinic was held at the practice, which enabled older people to attend locally.

- Patients over 75 years had access to a health check on request.
- Patients had access to a chemist collection service which delivered their medicines to their home.
- As part of the care home initiative a named GP carried out regular structured visits and telephone consultations to care homes to review patients' needs.
- The 2013-2014 flu vaccination rates for the over 65s was 81.4%, compared to the national average of 72.5% and the local average of 75.4%.
- The practice had a large number of older people, including isolated and vulnerable patients. The practice planned to hold an over 75 years open day twice a year, involving the Patient Participation Group and various external agencies such as Age UK, Carers Association, Derbyshire fire and police, continence, hearing and mobility services. The first health day was due to be held on 18 May 2016.

Good



### People with long term conditions

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

- The practice held a register of people with long term conditions.
- Nursing staff had lead roles in the management of long-term conditions and completing patient reviews, having received appropriate training.

Good



# Summary of findings

- High importance was placed on patient empowerment and self-management of their condition. For example, prior to attending a review patients with diabetes received a copy of their test results and review form to help them to prepare for this.
- The practice provided proactive care. For example, care plans were in place for patients with certain long-term conditions to enable them to self-manage changes in their health.
- Patients received structured reviews, which included education and strategies to enable them to manage their conditions effectively. Various clinic appointment times had been extended to enable the nurses to carry out the above.
- The practice had produced several information leaflets relating to long term conditions, to ensure patients had access to essential advice and information.
- Where possible, patients with long term conditions and other needs were reviewed at a single appointment rather than having to attend various reviews.
- The practice provided an in-house anticoagulation service. Patients also had access to abdominal aortic aneurysm screening at the practice. This enabled patients to attend local services.
- Patients were sign posted to appropriate support groups.

## Families, children and young people

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

- Priority was given to appointment requests for babies and young children; they were seen the same day if unwell.
- Appointments and telephone consultations were available outside of school and college hours. The premises were equipped and suitable for children and young people.
- A wide range of medical advice and information was available on the practice website for parents, about childhood vaccinations, minor ailments and how to recognise if a child has a serious illness.
- Comprehensive systems were in place to identify and follow up children at risk of abuse, or living in disadvantaged circumstances. The practice held a register of children at risk of abuse or harm.
- Children and young people had access to Safe Speak counselling and support service. Patients from other practices could also attend this.

Good



# Summary of findings

- Childhood immunisation rates were high. Rates for under two year olds ranged from 95.7% to 100% and for five year olds ranged from 95.3% to 100%. A robust system was in place for following up children who did not attend their vaccine.
- The practice provided maternity care and family planning services, including contraceptive implants.
- Chlamydia screening was encouraged in young people; there was an anonymous test collection point.

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

The practice is rated as outstanding 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 and flexible.
- Patients were able to book to book appointments around their working day by telephone, on line or by text.
- Patients were able to access appointments throughout the day including lunchtime, usually from 8am to 5.50pm daily. They also had access to telephone consultations for advice, test results, treatment, health reviews and to request a medical fit note.
- Extended opening hours were available on Tuesday and Thursday evenings for those unable to attend in the day.

A prescription collection service was available with all local pharmacies, which enabled patients to collect their prescription around their working day.

- Patients had access to a wide range of medical advice, health material and useful contacts on the practice website, including a symptom checker on mobile and desktop sites.

The practice was proactive in offering online services as well as health checks and screening that reflects the needs for this age group. There was a high uptake for both health screening and checks. For example, 85% of women aged 25 to 64 years had received a cervical screening test in the last 5 years, compared to a national average of 74.3% and a local average of 77.7%.

**Outstanding**



## **People whose circumstances may make them vulnerable**

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

**Good**



# Summary of findings

- The practice was responsive to the needs of people whose circumstances may make them vulnerable. Patients were offered longer appointments or home visits where needed.
- The practice held a register of patients whose circumstances may make them vulnerable.
- The practice worked with multi-disciplinary teams to meet the needs of vulnerable people, and to safeguard children and adults from abuse or harm.
- All staff had received relevant training on safeguarding vulnerable children and adults. Staff knew how to recognise and respond to signs of abuse in vulnerable adults and children, and how to contact relevant agencies.
- Patients were informed about how to access support groups and voluntary organisations.
- Patients with a learning disability were invited to attend an annual health check. Out of 56 eligible patients 33 had received a health check in the last 12 months, two had declined and two had not attended the appointment. The remaining patients were due to be sent an invite to attend before 31 March 2016.
- The practice had produced various information and letters in a picture and easy to read form, that patients could understand.

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

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

- The practice held registers of patients experiencing poor mental health and with dementia. Patients were offered longer appointments or home visits where needed.
- Patients were invited to attend an annual health check. Out of 40 eligible patients on the mental health register 29 had received a health check in the last 12 months and 12 had declined.
- The practice worked with multi-disciplinary teams in the case management of people with poor mental health.
- The practice had a system in place to follow up patients who had attended the accident and emergency department, where they may have been experiencing poor mental health.
- Patients had access to counselling and psychological therapies. The alcohol and crisis teams also saw patients at the practice.
- The practice actively screened appropriate patients for dementia, to support early referral and diagnosis where dementia was indicated.

Good



# Summary of findings

- The practice carried out advanced care planning for patients with dementia. Out of 52 eligible patients 35 had received a health check in the last 12 months, one had declined and seven had not responded to invites. A further seven had an appointment to attend, and the remaining patients were due to be sent an invite before 31 March 2016.

# Summary of findings

## What people who use the service say

We spoke with 16 patients during our inspection. All patients said they were happy with the care and service they received, and thought the staff were approachable, committed and caring. They also said that they were treated with kindness, dignity and respect. People found the premises welcoming, clean and accessible.

We also asked for CQC comment cards to be completed by patients prior to our inspection. We received two comment cards which were positive about the care they received. Both patients said that the staff were caring and helpful, and that they received appropriate treatment.

We also spoke with two members of the patient participation group (PPG). They told us they were very happy with the care and service they received.

The national GP patient survey results published on 7 January 2016 showed the practice was mostly performing in line with or above local and national averages. 258 survey forms were distributed and 123 were returned.

- 92% were able to get an appointment to see or speak to someone the last time they tried (CCG average 87%, national average 85%).
- 72% found it easy to get through to this surgery by phone (CCG average of 75%, national average of 73%).
- 92% said the GP gave them enough time (CCG average 85%, national average 87%).
- 88% described the overall experience of their GP surgery as good (CCG average 87%, national average 85%).

The Patient Participation Group carried out a patient survey in January 2015 which 250 people completed. The results showed that:

- 91% of people were satisfied with the overall service.
- 91% would recommend the service.

The practice's friends and family test results for December 2015 showed that 90% of people were extremely likely and 10% were likely to recommend the practice to friends and family if they needed similar care. Ten people completed the survey.

# Ivy Grove 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 specialist adviser and a practice manager specialist adviser.

### Background to Ivy Grove Surgery

Ivy Grove Surgery is run by a partnership of four GPs. The practice is located at Steeple Drive, Ripley, Derbyshire DE5 3TH. Ivy Grove Surgery provides primary medical services to approximately 10,700 patients. The premises are purpose built and shared with another GP practice, along with the adjoining car park.

Ivy Grove Surgery is a teaching practice for medical students. The practice team includes administrative staff, a practice manager, deputy practice manager, two practice nurses, a nurse practitioner, a health care assistant and eight GPs (five male, three female) including four salaried GPs and four partners.

The practice holds the Personal Medical Services (PMS) contract to deliver essential primary care services. The practice is open between 8am and 6.30pm Monday to Friday. Appointments are available throughout the day from 8am to 5.50pm daily. Extended hours surgeries are available on Tuesday and Thursday evenings.

The practice does not provide out-of-hours services to the patients registered there. At weekends and evenings an out-of-hours service is provided by Derbyshire Health United. Contact is via the NHS 111 telephone number.

### Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

### How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 18 January 2016. During our visit we:

- Spoke with a range of staff including the practice manager, deputy practice manager, reception and administrative staff, two nurses, health care assistant and four partners and two salaried GPs.
- Spoke with patients who used the service and two members of the patient participation group.
- Observed how patients were being cared for and talked with carers and family members.
- Reviewed an anonymised sample of the personal care and treatment records of patients.
- Reviewed comment cards where patients shared their experiences of the service.

# Detailed findings

- We also obtained feedback from several external staff who worked closely with the practice, including senior staff at the three main care homes the practice supported.

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

Patients we spoke with told us they felt safe when using the service.

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

- Staff told us there was an open culture for reporting incidents and near misses. They were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses.
- Records showed that risks to patients were assessed and appropriately managed, and that safety incidents and concerns were dealt with. The practice used the national reporting and learning system (NRLS) to report patient safety incidents. A robust system was in place to ensure that action was taken to prevent further incidents, where required.
- The practice carried out a thorough analysis of all significant events. In response to an incident, all deaths were now reviewed at regular clinical meetings to share learning where appropriate to improve patient safety.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken and to improve safety in the practice. For example, a patient was prescribed a wrong medicine. The learning from the incident was discussed with the staff team. The clinical staff now used the online British National Formulary (the standard reference book on prescribing in the UK), to check medicines and recommended doses prior to prescribing.
- When there were unintended or unexpected safety incidents, patients received reasonable support, and an apology and were told about any actions taken to prevent the same thing happening again.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems and procedures in place to keep patients safe, which included:

- Comprehensive arrangements were in place to safeguard children and vulnerable adults from abuse and the risk of harm, which reflected relevant legislation and local requirements.

- Records we checked relating to vulnerable patients and those at risk of abuse were correctly coded, to clearly show this on the practice's electronic record. Also, the alert system to highlight vulnerable patients including those at risk of harm, subject to safeguarding procedures or on a child protection plan were reliably completed. Work had been carried out to ensure that the safeguarding register was accurate and matched that of other agencies.
- The safeguarding policies were accessible to all staff and outlined who to contact if staff had concerns about a patient's welfare. There was a clinical lead for safeguarding. The GPs attended safeguarding meetings when possible, and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.
- A notice in the waiting room advised patients that a chaperone was available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record, or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The health care assistant was the clinical lead for infection control, having undertaken appropriate training to keep up to date with best practice. There was an infection control protocol in place and staff had received refresher training.
- Annual infection control audits were undertaken; we saw evidence that action was taken to address any improvements identified as a result. Appropriate vinyl flooring had recently been fitted in the corridor and waiting areas to aid standards of cleanliness.
- The arrangements for managing medicines in the practice, including vaccines kept patients safe (including obtaining, prescribing, recording, handling, storing and security). For example, a protocol required all anticipatory medicines for palliative care patients to be printed off with standard doses to aid safe prescribing.
- Systems and protocols were in place for managing high risk and other medicines, which included regular

## Are services safe?

monitoring in line with national guidance. This was backed up by a medicines monitoring chart, which gave all staff an easy to use reference. This was shared with the CCG medicines team and other local practices.

- The practice carried out regular medicines audits with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were stored securely and there were systems in place to monitor their use. A reporting system was in place to ensure that prescriptions did not go missing en route to local pharmacies.
- In response to an incident, the policy for collecting controlled medicines had been updated. The policy required that the person collecting a prescription now signed for this to enable the practice to monitor collections. Several patients told us that the system in place for obtaining repeat prescriptions worked well, to enable them to obtain further supplies of medicines.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had also put Patient Specific Directions in place to enable the health care assistant to administer vaccinations after specific training, when a doctor or nurse was on the premises.
- Three personnel files we checked relating to staff employed in the last 12 months showed that appropriate recruitment checks had generally been undertaken prior to their employment. However, the recruitment policy and procedures were not consistently followed and up-to-date. For example, two staff files did not include proof of identity including a recent photograph, or satisfactory information about any relevant health conditions. The recruitment policy referred to the receipt of a satisfactory medical report via Occupational Health, although this service was no longer available.
- Complete records of staff immunisations were not available. Following the inspection, we received assurances that the staff files were being updated to include all the required information. The procedures had been strengthened to ensure that the practice obtained all the required checks when employing new staff, and that the nurses and GPs were registered to practice with their relevant professional bodies.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- Comprehensive procedures were in place for monitoring and managing risks to patient and staff safety. A health and safety policy was available to staff.
- The practice had an up to date fire safety risk assessment. Weekly fire alarm testing was carried out to ensure effective systems were in place in the event of a fire. Records showed that a fire evacuation drill was carried out on the 6 January 2016 with the adjoining GP surgery and pharmacy. There were plans to hold an annual fire drill.
- All electrical equipment was regularly checked to ensure it was safe to use, and clinical equipment was checked and calibrated where required, to ensure it was working properly. Various other risk assessments were in place to monitor the safety of the premises including the control of substances hazardous to health, infection control and legionella (Legionella is the name of a particular bacterium which can contaminate water systems in buildings).
- The legionella risk assessment carried out in 2014 highlighted issues with the boiler that regulated the water temperatures. Following the risk assessment, the organisation responsible for the maintenance of the building carried out the necessary repairs to the boiler. However, further repairs were currently required. A meeting had been arranged to set out a plan of action for the repairs.
- Arrangements were in place for planning and monitoring the number and skill mix of staff needed to meet patients' needs. A rota system was in place for the different staffing groups to ensure that enough staff were on duty.
- A safety element was built into the appointment system to ensure that clinical staff had no more than nine patient face to face appointments at any one session. It also included protected administrative time and break points, to ensure staff support and case discussion. There was also a shared approach between the daily duty and visiting doctor, to avoid one getting overloaded with work.

### Arrangements to deal with emergencies and major incidents

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

## Are services safe?

- An alert system was in place on the computers in the consultation and treatment rooms, which alerted staff to any emergency.
- The practice had developed a list of medical conditions and prompts to support reception staff, in knowing when patients are likely to require urgent medical attention or treatment.
- All staff received annual basic life support training. Emergency medicines and equipment were accessible to staff. All the medicines we checked were in date.
- The practice had a defibrillator on the premises and oxygen with adult and children's masks. A first aid kit and accident book was available.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Patients we spoke with told us they received appropriate care and treatment. Feedback from senior staff at the three main care homes where patients were registered with the practice also supported this.

The practice assessed the needs of patients 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 peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF), and performance against national screening 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 that the practice had achieved 98.9% of the total number of points available, with 15.5% 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). Data from the 2014 to 2015 QOF results showed;

- Performance for diabetes related indicators was 98.8%, which was 5.7% above the CCG and 9.6% above the national average. The exception reporting rates for the 11 diabetes indicators ranged from 7.1% to 28%.
- The percentage of patients with hypertension having regular blood pressure tests was 80.8%, which was 0.7% above the CCG and 0.4% above the national average. The exception reporting rates for the two hypertension indicators was 8.7%, which was higher than the local and national averages.

- Performance for mental health related indicators was 96.2%, which was 0.7% above the CCG and 3.4% above the national average. The exception reporting rates for the seven mental health indicators ranged from 0% to 20%.

The practice's QOF clinical exception rate was 15.5%, which was 4.4% above the CCG average. The practice were aware of this but did not feel it was a significant clinical issue. They explained that they followed guidance in respect of exempting patients, and continued to strengthen the call and recall processes to ensure the information was accurate, and that patients received appropriate reviews and follow up. Checks carried out during the inspection and information received following the inspection, showed that the practice was following a robust and correct exception process, and made all attempts to engage with patients.

There was a programme of continuous improvement to develop the IT system, to ensure it was used to its full capability as a tool to providing high quality care. The practice demonstrated that they had implemented significant improvements to their IT systems and protocols over a number of years, to provide effective services and improve outcomes for patients. For example, the practice had developed a comprehensive recall system to enable safe and efficient recall of any patient on the QOF register, those needing reviews, repeat tests and monitoring of certain medicines. The system alerted staff to when tests and reviews were up to date or overdue.

The practice had put a wide ranging alert system in place to highlight important issues to the whole team, including patients who may need extra care and attention and potentially vulnerable people. This included patients receiving palliative care, on the hospital admission avoidance register or who had a 'do not resuscitate' form completed. Further alerts had been put in place to improve clinical care and to minimise mistakes, including flu vaccination and acute kidney injury alerts.

Also, an extensive mail merge document system and hyperlinks had been put in place, which enabled clinicians to easily access important templates, key documents, letters and guidelines. The system allowed them to quickly generate hard-copy request and referral forms, freeing up time to spend with patients in consultations. It also formed a contemporaneous record in patients' notes. We were shown various examples to support this.

# Are services effective?

## (for example, treatment is effective)

Staff told us that the above changes had freed up more time to spend with patients and had led to safer and more effective working. For example, the practice had designed a robust flu protocol and systems, which checked patient eligibility, coded the batch number and expiry dates of a vaccine given, provided warnings if contraindicated or if it had previously been given, and linked in with flu alerts and the appointment system. This helped the practice to exceed the set flu vaccination rates.

The 2013-2014 flu vaccination rates for the over 65s were 81.4% (CCG average was 75.4%, and the national average was 72.5%). The vaccination rates for the at risk group were 65.2% (the national average was 53.2% and local average was 52.5%).

There was a pro-active approach to seeking out and embedding new ways of working. To improve efficiency a GP was rostered each day to triage and carry out all the home visits. This enabled them to determine the appropriateness and urgency of visit requests, provide advice and promptly respond to patients' needs. Patients were also educated about the visiting policy to ensure that visit requests were appropriate. This had resulted in a 50% reduction in the number of home visits carried out in the last 12 months.

To ensure patients received effective wound care the nursing staff had designed and put in place a clear and concise wound management plan, which enabled all clinical staff to apply the appropriate dressings and monitor wounds.

The practice participated in local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services.

Clinical audits we looked at demonstrated quality improvement. There had been eight clinical audits completed in the last two years, three of these were completed audits where the improvements made were implemented and monitored. For example, an initial audit identified that patients that had received a steroid injection, had not fully consented to the procedure. Following the audit, the consent template was updated and a leaflet was developed to ensure patients had written access to essential information. A re-audit in 2015 showed that all patients had fully consented and had received the information leaflet.

Previously, patients with diabetes were only able to attend required health checks and reviews Monday to Wednesday. The practice had recently appointed an additional nurse with relevant skills and training in diabetes, which had increased patient access to diabetic clinics and appointments over five days. This will enable more patients to attend appropriate health checks and reviews at a time that suits them.

Data showed that the practice was the 2nd highest referrer to dermatology in the CCG. It was also the 4th highest in regards to A & E attendances, although the number of patients attending major A & E was lower than the local and national averages. We saw that the practice had explored the reasons for the above and had taken action to help reduce the numbers. For example, the GPs had internally triaged each other's referrals to ensure they were appropriate. The practice had also taken part in a referral triage pilot involving the CCG, acute hospital and a local GP collaborative working group. This had showed that referrals were generally appropriate and of good quality.

### Effective staffing

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

- Staff were actively supported to acquire new skills and share best practice.
- The practice had an induction programme for all newly appointed staff. It had also designed a comprehensive information pack for locum GPs online. Locum staff were also issued with a reference sheet to refer to at the practice, containing essential information and contact numbers to enable them to work effectively.
- Relevant staff had attended role-specific training and updates, including those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training, which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they remained up to date with changes to the immunisation programmes, by accessing on line resources, external courses and discussion at practice meetings.
- The practice had freed up more time for learning. The learning needs of staff were identified through a system of appraisals, meetings and reviews. Staff had access to and made use of e-learning training modules and in-house and external training. However, complete

# Are services effective?

## (for example, treatment is effective)

records of staff training were not easily accessible. Following the inspection, we received information to show that the systems for recording and monitoring staff training had been strengthened.

- Staff we spoke with praised the level of training and support they received. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included one-to-one meetings, appraisals, mentoring, clinical supervision and facilitation and support for revalidating GPs. Discussions with staff and records supported that all staff had had an appraisal in the last 12 months or had a date set for this.

### 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 and intranet system.

- This included risk assessments, care plans, medical records and investigation and test results.
- Systems were in place to ensure that the practice promptly followed up abnormal test results and investigations. Also, results were received for all samples sent for the cervical screening programme, and that all women referred as a result of abnormal results were followed up.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- Processes were in place to ensure that patients seen in the practice hours needing a two week cancer referral, left with a hospital appointment to ensure no one was overlooked. Those seen out of office hours received a phone call from the practice staff the next working day with the appointment.
- The practice had strong links and worked in partnership with other services to ensure that patients' needs were met, and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that regular multi-disciplinary team meetings took place, and that care plans were reviewed and updated.
- The staff team working closely with a care co-ordinator and community matron who were linked to the practice.

The practice staff considered they were a crucial and valued part of the team, in supporting vulnerable and housebound patients, and those with long-term conditions or high level needs.

### 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.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The practice had developed specific templates to obtain consent to treatment relating to invasive procedures such as implants, coils, injections and minor surgery.
- The process for seeking consent was monitored through record audits.

### Supporting patients to live healthier lives

The practice website and waiting area displays were well set out and included a wide range of health promotion information for patients and carers.

The practice had designed and built a unique easy to use symptom checker aimed at empowering patients and helping them use services effectively. It contained various advice, information and useful contacts, and enabled people to check their symptoms and sign post them where to go for help first. Following its introduction in December 2015 it had been accessed approximately 20 times a day, from both mobile and desktop sites.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. A comprehensive new patient registration form had been introduced, which requested essential information about a person's health and specific needs. New patients also received a detailed information booklet about the practice.

# Are services effective?

(for example, treatment is effective)

Patients had a choice of attending health checks at the practice or an approved local leisure centre. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Various appointment times had increased to enable the nurses to carry out appropriate health checks and structured reviews of patients' needs.

High importance was placed on patient empowerment, education and self-management of their conditions. For example, prior to attending a review patients with diabetes received a copy of their test results and review form to help them to prepare for this. Care plans were also in place for patients with certain long-term conditions to enable them to self-manage changes in their health.

The practice had produced several information leaflets including diabetic foot care and cardiovascular risk to ensure patients had access to essential advice and health information.

The practice used a wide ranging system of alerts to ensure all staff were aware of patients who may need extra care and attention, including those who were vulnerable, at risk of harm, in the last 12 months of their lives and recently bereaved. Patients were supported and signposted to relevant services.

Approximately 10% of the practice population were older people, including a number of isolated and vulnerable

patients. The practice planned to hold an over 75 years open day twice a year, involving the Patient Participation Group and various external agencies such as Age UK, Carers Association, Derbyshire fire and police, continence, hearing and mobility services. The first health day was due to be held in May 2016.

The clinical staff were pro-active in using their contact with patients to help improve their health and wellbeing, including offering opportunist screening checks. The practice's uptake for the cervical screening programme was 85%, which was 10.6% above the national and 7.3% above the local average. The practice sent reminders to patients who did not attend their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

The practice actively screened appropriate patients to support early referral and diagnosis where dementia was indicated. The use of an easy to use screening tool and an alert system to highlight patients at risk, had led to more patients been screened for dementia. Previously only eight patients were screened from April 2013 to March 2014, compared to 70 patients from April 2015 to January 2016.

Childhood immunisation rates for the vaccinations given were above the CCG averages. The rates for the vaccinations given to under two year olds ranged from 95.7% to 100% and five year olds from 95.3% to 100%.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

Feedback from patients and external staff we spoke with who worked closely with the practice was consistently positive about the way staff treated people.

All patients described the staff as friendly and helpful, and said that they were treated with kindness, dignity and respect. They also said that they felt listened to and that their views and wishes were respected. Importantly, patients said that they received personal care from staff who were caring and supportive, and who understood their needs. The two patient Care Quality Commission comment cards we received were also positive and aligned with the above views.

We spoke with two members of the patient participation group. They also told us they were very satisfied with the care provided by the practice, and said their dignity and privacy was respected.

We were also shown extensive feedback the practice had received over recent years from patients and relatives, which was consistently positive about the care and the way staff treated them.

Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. We found positive examples of staff going the extra mile to provide a caring service. For example, two members of staff took time to help a person outside the practice who could not recall where they lived. Having located their address they proceeded to take the person

home and met their relative. Also, one of the nurses visited a patient over the Christmas period outside of work hours, to carry out essential dressings to prevent their wound from deteriorating.

Results from the 2015 national GP patient survey showed that patients felt they were treated with compassion, dignity and respect. Almost all satisfaction scores on consultations with GPs and nurses were above local and national averages. For example:

- 89% said the GP was good at listening to them (CCG average 89%, national average of 89%).
- 92% said the GP gave them enough time (CCG average 85%, national average 87%).
- 96% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 90% said the last GP they spoke to was good at treating them with care and concern (CCG average 86, national average 85%).
- 96% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92, national average 91%).
- 93% said they found the receptionists at the practice helpful (CCG average 88%, national average 87%).

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

We found many positive examples to demonstrate how patient's choices and preferences were valued and acted on. 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.

Results from the 2015 national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line or above local and national averages. For example:

- 86% said the last GP they saw was good at explaining tests and treatments (CCG average 86%, national average 86%).
- 82% said the last GP they saw was good at involving them in decisions about their care (CCG average 83%, national average 82%).

## Are services caring?

- 91% said the last nurse they saw was good at involving them in decisions about their care (CCG average 87%, national average 85%)

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

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

Several external providers held services at the premises to provide support and advice. For example, Citizen's Advice held a weekly surgery, which was available to patients registered with the two adjoining practices. In addition the alcohol and crisis teams also saw patients from both practices. Other services held included Safe Speak, which offers counselling and support to children and young people. Patients registered with other practices could also attend this.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 166 patients (approximately 1%) of the surgery list as carers. The system was being updated to ensure that the information was accurate and clearly identified all carers.

The Derbyshire Carers Association information pack was available to carers, which contained information and signposting to the various avenues of support available to them. Information was also displayed in the patient waiting room and the practice website.

As part of the practice's commitment to increasing the support and services available to carers to carry out their role, the staff team had implemented a carer's strategy. One of the GP's had a lead role for carers and the reception team leader was a carer's champion, to help raise awareness and further improve the services.

Members of the Patient Participation Group and the practice had helped to organise a Carers Day in July 2015 to provide advice and support to carers. A member of staff from the Derbyshire Carers Association attended the day. The event was well attended.

The practice was taking part in a local pilot scheme with other practices. A carer support worker from Derbyshire Carers Association held a monthly clinic at the practice. The clinics are to support any person who has a caring role, regardless of whether they are registered with the practice. The service was introduced in December 2015.

Staff told us that if families had experienced a bereavement, their usual GP provided advice and support on an individual basis by contacting them or they sent them a sympathy card. One of the GPs was the lead for bereavement support.

A bereavement policy and systems had been put in place, to ensure the relevant GP is notified of a patient's death to enable them to make appropriate contact with the relatives. A new alert system was also being put in place to highlight any patient that had experienced bereavement in the last year, including the type of bereavement and support offered. The system will alert all staff that such a patient may be vulnerable.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG), to secure improvements to services where identified. For example, they were involved in a project, which had aligned the local care homes to specific practices.

The care homes aligned to the practice now had a named GP who carried out regular structured visits and telephone consultations. We obtained feedback from the three main care homes; staff told us that the above changes had resulted in a more responsive service, improved communication, and continuity of care for patients.

The practice worked closely with other external agencies and the local community in planning how services were provided, to ensure that they meet people's needs. One of the GPs from the practice was the chair of the CCG. The practice were also part of a sub-locality and a collaborative working group with five other local GP practices, with a view to providing more integrated services to meet patients' needs. Ivy Grove Surgery along with other practices had recently hired a note summariser to be shared amongst the surgeries to provide further support.

The services were flexible and responsive to people's needs. For example, the practice had introduced more coil clinics to meet patient demand. The practice took part in new initiatives, and provided additional in-house services to meet patients' needs including CCG winter pressures, dementia screening, hospital admission avoidance and a prescribing quality scheme.

The practice also provided an anticoagulation service and held clinics to monitor patient's blood to determine the correct dose of anti-coagulant medicine. This enabled patients to be treated locally.

The practice was also a designated yellow fever vaccination centre, which meant that clinical staff were also able to provide the travel vaccination service to patients from other practices, having received appropriate training.

The practice actively implemented improvements and changed the way it delivered services, as a result of

feedback from patients and the patient participation group. For example, the practice appointed a further receptionist to help answer the phones at key times of the day and support the demands on the service.

### Access to the service

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

- The practice was open between 8am and 6.30pm Monday to Friday.
- Following consultation with staff and the Patient Participation Group the practice introduced a new appointment system in January 2015, to further improve access and choice for patients. The system enabled patients to access appointments at a time that suits them. For example, patients had access to appointments throughout the day including lunchtime, usually from 8am to 5.50pm daily.
- Patients also had access to telephone consultations for advice, test results, treatment, health reviews and to request a medical fit note.
- One GP carried out all home visits and a further GP covered urgent health appointments and telephone consultations each day, which enabled them to respond appropriately to patient's needs.
- The GP covering home visits was able to visit patients earlier in response to their needs, which helped to avoid a surge of admissions to hospital late afternoon/early evening. There was also a shared approach between the duty and visiting doctor, to cope with fluctuations in demand and to avoid one getting overloaded with work.
- Same day appointments were available for children and those with serious medical conditions.
- Extended surgery hours were offered from 6.30pm to 7.20pm on Tuesday and Thursday evening for working patients, or those unable to attend during the main opening hours.
- In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.
- Longer appointments were available for patients where required, including people with complex needs, who were vulnerable, frail or elderly.
- Home visits were available for patients who required these.



# Are services responsive to people's needs?

## (for example, to feedback?)

- Patients were able to receive travel vaccinations available on the NHS, as well as those available privately.
- The practice had good facilities and was well equipped to treat patients and meet their needs. The premises were spacious and accessible. Disabled facilities, a hearing loop and a translation service were available.

Results from the 2015 national GP patient survey showed that patient's satisfaction with how they could access care and treatment, were mostly comparable or above local and national averages.

- 73% of patients were satisfied with the practice's opening hours (CCG average 76%, national average 75%).
- 74% patients said they could get through easily to the surgery by phone (CCG average 74%, national average 73%).
- 89% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 86%, national average 85%).
- 95% of patients said the last appointment they got was convenient (CCG average 92%, national average 92%).

### Listening and learning from concerns and complaints

Patients we spoke with told us they felt listened to, and were able to raise concerns about the practice as the staff were approachable.

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- A GP and the deputy practice manager were responsible for handling complaints in the practice.
- We saw that information was available to help patients understand the complaints system, in the form of a complaints and comments leaflet. The procedure was also displayed on the notice board in the waiting area.
- The practice had received 14 complaints since April 2015. Records showed that complaints had been investigated and responded to, in a timely and transparent way in line with the practice's policy, where possible. Six complaints had not met the three working day target for acknowledging them, due to delays in obtaining consent where required.
- Complaints were actively reviewed to ensure that appropriate learning and improvements had taken place. For example, the process for obtaining consent to carry out certain procedures from patients who lack capacity had been strengthened. Also, the practice had shortened the message when people phoned the surgery in response to a complaint.

# 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 and strategy to provide high quality care and safe services, which was produced and regularly reviewed with involvement of the staff team.
- The partners and senior managers attended an annual away day to review the strategy, challenges and set business aims for the coming year.
- Regular meetings were held to review the finances, performance and business.

The findings of this inspection showed that the partners were forward thinking and continually strived to drive improvements to ensure the services were well-led. For example, the partners had changed the entire working week to further improve access for patients, and to free up time for learning and to ensure the business was well-led. Two salaried GPs were joining the partnership in April 2016 to provide further support.

The practice had developed a strategy to reduce workloads and ensure effective services. It had been recognised as good practise by the CCG and the Local Medical Committee (LMC), and had been shared with all Derbyshire practices.

### Governance arrangements

The practice had an overarching governance framework, which supported the delivery of the strategy and high 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.
- A wide range of meetings took place to aid communication and continuously improve how the practice delivered services to patients.
- Practice specific policies were implemented and were available to all staff, although the recruitment policy was not followed through in practice.
- Overall, comprehensive systems were in place for regularly reviewing the practice's performance, and identifying and managing risks. Following the inspection, we received assurances that the systems for monitoring staff recruitment and immunisations had been strengthened.

- A programme of clinical and internal audit was used to monitor the quality of services, although limited clinical audit cycles had been completed to provide assurances as to ongoing quality improvement and effective care. The partners planned to further develop this.

### Leadership and culture

The partners in the practice had the experience, capacity and capability to run the services and ensure high quality care. They prioritise safe, high quality and compassionate care.

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

- The practice had a highly motivated and cohesive staff team to enable them to deliver well-led services.
- There were high levels of staff satisfaction and engagement. Staff told us the practice held regular team meetings, and they also attended team building events. Records we looked at supported this.
- Staff told us they felt respected, valued and supported, by the senior managers.
- All staff were involved in discussions about how to run and develop the practice. The partners encouraged staff to identify opportunities to improve the service delivered by the practice.
- The culture and leadership empowered staff to carry out lead roles and innovative ways of working to meet patients' needs, and to drive continuous improvements. The reception and nursing team leaders were involved in planning their teams staffing rotas, determining the skill mix and interviewing for new staff.

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

The practice encouraged and valued feedback from patients, the public and staff, and actively sought their views.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the management team, which influenced practice. The PPG were consulted about various changes, although there was potential to further involve the group in new projects and the planning and delivery of services.

# Are services well-led?

Good 

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

- The practice had gathered feedback from staff through meetings, appraisals and discussion. There were plans to issue a satisfaction survey to staff to complete by April 2016.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

## Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. Training and development needs were discussed at induction and at appraisals. The commitment to learning and the development of staffs' skills was recognised as essential to ensuring high quality care. Further time had been freed up for learning and sharing information.

Staff told us that they were actively supported to acquire new skills, and obtain further qualifications to improve the services. For example, the health care assistant was the lead for infection control and was being supported to attain a Master's degree in infection control.

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients. For example, the practice took part in a referral triage pilot involving the CCG, acute hospital and a local GP collaborative working group. A team of GPs reviewed all GP planned care referrals in several major specialties, to determine the appropriateness of these and improve learning. This had showed that referrals were generally appropriate and of good quality.

The practice had also designed a unique and comprehensive website to meet people's needs, which was well set out and quick and easy to access. It included a wide range of health information including a medical advice page, a symptom checker, regular newsletters and sign posting to relevant services, all aimed at empowering patients and enabling effective use of services. A regular newsletter included regular articles from the Patient Participation Group and other external agencies. It was available online and in paper form.