

Derwent Medical Centre

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?	Good	
Are services well-led?	Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Derwent Medical Centre on 15 September 2016. Overall the practice is rated as good.

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

- The practice had systems in place to enable staff to effectively report and record significant events. Learning from significant events was shared internally and externally.
- Risks to patients were assessed and managed. The practice had a range of risk assessments in place which were regularly reviewed and updated.
- Staff delivered care and treatment in line with evidence based guidance and local guidelines. Training had been provided for staff to ensure they had the skills and knowledge required to deliver effective care and treatment for patients.
- Feedback from patients we spoke with and from comments cards was entirely positive about the care received by the practice. Patients said they were treated with kindness, dignity and respect and were involved in decisions about their care.

- Information about services and how to complain was available and easy to understand. Complaints were dealt with promptly.
- Patients were very positive about their access to care and treatment. Patients generally found it easy to make appointments with urgent appointments available on the day. Routine appointments were generally available to see a GP within two working days.
- The practice had good facilities and was well equipped to treat patients and meet their needs. Adjustments had been made to the premises to ensure they were suitable for patients with a disability.
- There was a clear leadership structure which all staff were aware of. Staff told us they felt supported by the GPs and the practice manager. The practice proactively sought feedback from staff and patients, which it acted on.
- The practice was working closely with their patient participation group (PPG) to develop their role and identify areas for improvement. The practice was responsive to suggestions.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There were systems in place to enable staff to report and record significant events. Evidence showed incidents and significant events were documented, investigated and reviewed thoroughly.
- Lessons learnt were shared internally and externally to make sure action was taken to improve safety in the practice and the wider community.
- When things went wrong patients were offered support, information and apologies where appropriate. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems and processes in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed. The practice had a wide range of risk assessments in place to support the effective management of risk and these were regularly reviewed and updated.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes above average compared to the national average. For example, t
- The practice had an overall exception reporting rate within QOF of 7% which was 4.1% below the CCG average and 2.2% below the national average. (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).
- Staff assessed needs and delivered care in line with current evidence based guidance. Staff regularly accessed training to support them in their roles.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.

Good



Summary of findings

- Staff worked with community health and social care professionals to understand and meet the range and complexity of patients' needs. Monthly meetings were held with members of the multidisciplinary team to plan and deliver care and treatment for the most vulnerable patients.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care. For example, 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and compared to the national average of 91%.
- Feedback from patients we spoke with and comments made in the 46 patient comment cards we received were positive about the care provided by the practice.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We observed that staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Views of external stakeholders were positive and aligned with our findings.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with NHS England and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice continued to make improvements to its premises to ensure these were modernised to meet the needs of their patients.
- Patients said they found it easy to access appointments with urgent appointments available the same day.
- The practice had developed a patient charter which outlined its commitment to providing routine appointments with a GP within two days.
- The practice had adequate facilities and was well equipped to treat patients and meet their needs.

Good



Summary of findings

- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

- The practice had a clear vision and mission to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- The practice's vision and mission was shared with patients on the practice website and displayed within the practice.
- A business development plan was in place and there was evidence to demonstrate that the practice regularly discussed and reviewed the development of the practice.
- There was a clear leadership structure and staff felt supported by management.
- Policies and procedures to govern activity were in place and the practice held regular meetings to discuss issues related to the governance of the practice.
- The governance framework supported the delivery of good quality care within the practice. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.
- The practice proactively sought feedback from staff and patients, which it acted on. The practice was focussed on the development of their patient participation group (PPG).

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.
- All patients over 75 years had a named GP.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- A range of vaccinations were offered to older patients including shingles and flu vaccinations.
- A care coordinator who was assigned to the practice worked from the practice one day per week to ensure the needs of older patients were being met.

Good



People with long term conditions

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

- Clinical staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was 94.6% which was 1.5% above the CCG average and 5.4% above the national average. The exception reporting rate for diabetes indicators was 11.6% which in line with the CCG average of 13.4% and the national average of 10.8%.
- Performance for indicators related to hypertension was 100% which was 1.4% above the CCG average and 2.2% above the national average. The exception reporting rate for hypertension related indicators was 0.9% which was below the CCG average of 4.1% and the national average of 3.8%.
- Effective recalls systems were in place within the practice and patients with more than one long-term condition were invited to a single appointment.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and were offered a structured annual review to check their health and medicines needs were being met.

Good



Summary of findings

- For patients with the most complex needs, the named GP worked with the care coordinator and relevant health and social care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Same day access to appointments was offered for all children and there was a lower than average attendance of children at A&E.
- We saw positive examples of joint working with community staff to ensure children at risk of harm were kept safe.

Good



Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Extended hours appointments were offered with a GP and nurse to facilitate access for working age patients.
- A range of online services were available including appointment booking and the ordering of repeat prescriptions. The practice had a presence on social media websites and used this to communicate with patients.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. The practice had identified that their cancer screening rates were below national averages and were seeking to improve patient education and uptake.

Good



Summary of findings

- A range of contraceptive services were offered within the practice.

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.
- Longer appointments were offered for patients with a learning disability and for those who required them.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- Vulnerable patients were informed about how to access local and national 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's computer system alerted GPs if a patient was also a carer. The practice had identified 66 patients as carers (1.7% of the practice list).

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).

- Performance for mental health related indicators was 99.4% which was 2.5% above the CCG average and 6.6% above the national average. The exception reporting rate for mental health related indicators was 7.1% which was below the CCG average of 16.9% and the national average of 11.1%.
- 85.7% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was 0.3% above the CCG average and 1.7% above the national average. The exception reporting rate for this indicator was 0% which was below the CCG average of 9.2% and the national average of 8.3%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.

Good



Summary of findings

- The practice told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Systems were in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia. A number of staff within the practice had completed dementia awareness training.

Summary of findings

What people who use the service say

We reviewed the results of the national GP patient survey results which were published in July 2016. The results showed the practice was performing in line with local and national averages. A total of 338 survey forms were distributed and 107 were returned. This was a response rate of 32% and represented 2.7% of the practice's patient list.

- 98% of patients found it easy to get through to this practice by phone compared to the clinical commission group (CCG) average of 72% and compared to the national average of 73%.
- 89% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 85% and compared to the national average of 85%.
- 84% of patients described the overall experience of this GP practice as good compared to the CCG average of 87% and compared to the national average of 85%.
- 78% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 80% and compared to the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 46 completed comment cards which were all entirely positive about the standard of care received. Patients reflected positively on the friendly, kind and welcoming nature of staff within the practice. Patients highlighted their ease of access to appointments when they needed them.

We spoke with six patients during the inspection. All six patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Patients highlighted examples of the personalised, compassionate care they had received.

Derwent Medical Centre

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 advisor.

Background to Derwent Medical Centre

Derwent Medical Centre provides primary medical services to approximately 4000 patients through a general medical services contract (GMS).

The practice opened in October 1990 and occupies converted residential premises. It is located on North Street, close to the centre of Derby. There is adequate parking available and the practice is accessible by public transport.

The level of deprivation within the practice population is slightly above the national average. Levels of income deprivation affecting children and older people are above the national average. The practice has below average numbers of patients who are over 70 and below 20. There are higher than average numbers of patients aged 25 to 34. In addition there are above average numbers of male patients between the ages of 25 and 60.

The clinical team comprises two GP partners (one male and one female) and two practice nurses (female). The clinical team is supported by a practice manager and a team of reception and administrative staff.

The practice opens from 8am to 6.30pm Monday to Friday. Generally appointments are from 9am to 11.30am each morning and from 4pm to 6pm each afternoon. Extended hours appointments are offered on Tuesday evenings until

7.30pm. In addition to pre-bookable appointments that can be booked up to two months in advance, urgent appointments are available on the day for people that require them.

The practice has opted out of providing out-of-hours services to its own patients. This service is provided by Derbyshire Health United (DHU).

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 15 September 2016. During our visit we:

- Spoke with a range of staff (including the GP, practice nurse, practice manager and reception and administrative staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.

Detailed findings

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There were effective systems in place to enable staff to report and record significant events and incidents within the practice.

- Staff were aware of the process for reporting incidents and told us they would inform the practice manager in the first instance. Where required the practice manager supported the staff to complete the recording form which was available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received support, information and apologies where appropriate. Patients were also told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events. A range of non-clinical and clinical events had been recorded by the practice and evidence demonstrated that these had been discussed widely with relevant staff.
- We reviewed safety records, incident reports and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following a significant event involving vaccines, a new process had been introduced within the practice to ensure vaccines were checked by a second member of staff.
- Processes were in place to manage safety alerts within the practice including alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA). All incoming alerts were received by the practice manager and disseminated to relevant staff. Alerts and the action taken by the practice in response to these were logged by the practice manager. Affected patients were contacted to advise them where required.

Overview of safety systems and processes

The practice had well-defined and embedded systems and processes in place to help keep patients safe and safeguarded from abuse. These included:

- The practice had arrangements in place to safeguard children and vulnerable adults from abuse. Policies and protocols were in place which reflected local requirements and relevant legislation. These were easily accessible to all staff as hard copies and electronically. Staff were aware of who the lead for safeguarding was within the practice and understood their responsibilities in relation to safeguarding. All staff had received training at a level relevant to their role including level 3 for the GPs and the practice nurses. The lead GP met regularly with community based professionals to discuss children at risk and we saw evidence of concerns discussed being discussed and appropriately documented. We noted that there was information available in the treatment and consulting rooms as well as in the reception to signpost staff if they required further guidance in respect of safeguarding.
- Notices in the practice informed patients that they could request a chaperone if required. All staff who acted as chaperones had undertaken training 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).
- We observed the practice to be clean and tidy. There were appropriate arrangements in place to ensure standards of cleanliness and hygiene were maintained. Cleaning was undertaken by an external contracted and regular inspections were undertaken to ensure cleaning was undertaken to the required standard. The practice nurse was the infection control clinical lead and they liaised with local infection prevention teams to keep up to date with best practice. Learning from infection control forums was fed back to other staff at clinical meetings. Regular infection control audits were undertaken and areas for improvement identified and recorded in action plans. We saw evidence of action taken to address areas for improvement. The practice prepared an annual infection control statement and made this available for patients on their website. Infection control training was undertaken regularly by staff and formed part of the induction process for new employees.

Are services safe?

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place to handle repeat prescriptions which included the review of high risk medicines.
- 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. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. Checks included proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS).
- General health and safety risk assessments were in place and were reviewed on a regular basis. These covered areas including electrical safety, display screen equipment and slips, trips and falls.
- All electrical equipment was checked to ensure it was safe to use and clinical equipment was checked to ensure it was working properly.
- Arrangements were in place to plan and monitor the number of staff and mix of staff needed to meet patients' needs. There were arrangements in place to ensure enough staff were on duty and cover was provided for colleagues during periods of absence. In response to feedback from administrative staff, the practice had recently taken on an apprentice. Locum GPs were used by the practice where this was required to ensure the needs of patients were met.

Arrangements to deal with emergencies and major incidents

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

Monitoring risks to patients

Risks to patients were assessed and well managed.

- Procedures were in place to monitor and manage risks to the safety of patients and staff. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. A range of other risk assessments were in place to support the monitoring of safety within the practice. These included substances hazardous to health, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were alarms in all the consultation and treatment rooms and in the reception area which alerted staff to any emergency.
- All staff received basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. Copies of the plan were stored off-site with senior staff. The plan included emergency contact numbers for staff and suppliers.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinical staff assessed the needs of patients and delivered care in line with relevant and current evidence based guidance and standards. These included National Institute for Health and Care Excellence (NICE) best practice guidelines and local guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and local guidelines electronically. This information was used to deliver care and treatment that met patients' needs.
- The practice monitored that guidelines were followed through risk assessments, audits and random sample checks of patient records.
- Changes and updates to guidelines were regularly discussed at practice meetings.

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 had achieved 98.5% of the total number of points available which was similar to the clinical commissioning group (CCG) average of 97% and the national average of 94.7%.

The practice had an overall exception reporting rate within QOF of 7% which was 4.1% below the CCG average and 2.2% below the national average. (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).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators was 94.6% which was 1.5% above the CCG average and 5.4% above the national average. The exception reporting rate for diabetes indicators was 11.6% which in line with the CCG average of 13.4% and the national average of 10.8%.

- Performance for indicators related to hypertension was 100% which was 1.4% above the CCG average and 2.2% above the national average. The exception reporting rate for hypertension related indicators was 0.9% which was below the CCG average of 4.1% and the national average of 3.8%.
- Performance for mental health related indicators was 99.4% which was 2.5% above the CCG average and 6.6% above the national average. The exception reporting rate for mental health related indicators was 7.1% which was below the CCG average of 16.9% and the national average of 11.1%.
- 85.7% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was 0.3% above the CCG average and 1.7% above the national average. The exception reporting rate for this indicator was 0% which was below the CCG average of 9.2% and the national average of 8.3%.

There were robust recall systems in place to ensure patients with long-term conditions were regularly reviewed and monitored. The practice had invested in an IT product which complemented their clinical patient record system. This had enabled the practice to work towards streamlining their recall system to make this increasingly automated. Patients could be recalled via letter and also via text message and prescription labels. The practice was also using this software to identify patients with multiple long-term conditions to ensure these patients were only recalled once and multiple conditions reviewed during the same appointment.

There was evidence of quality improvement including clinical audit.

- There had been five clinical audits undertaken in the last 12 months. We reviewed two completed audits where the improvements made were implemented and monitored.
- For example the practice had undertaken an audit of patients with chronic kidney disease who were taking metformin. Re-audit demonstrated an improvement in the management of these patients.
- Findings from audits were shared and discussed openly within the practice to improve the quality of care provided.

Are services effective?

(for example, treatment is effective)

- In addition the practice regularly audited other clinical areas on a regular basis including cervical cytology and minor surgery.
- Regular audits of the practice's processing of repeat prescription requests were undertaken to ensure these were dealt with in a timely manner.
- The practice participated in local audits, benchmarking and peer review. For example the practice participated in reviews with other practices in their locality and reviewed areas such as cancer diagnoses and referrals.
- The practice had been involved with a local pilot around the identification of acute kidney injury. The success of this work had led to the project being rolled out across the CCG.

Effective staffing

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

- Role specific inductions were provided for newly appointed clinical and non-clinical staff. Inductions covered a range of areas such as welcoming staff, fire procedures and emergency equipment. The induction also identified mandatory training which staff needed to complete as part of their induction including safeguarding, infection control, fire training and health and safety. Inductions were supported by individualised training plans for new members of staff.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, nursing staff reviewing patients with long-term conditions such as diabetes had received additional training to support their work in this area.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines stayed up to date with changes to the immunisation programmes, for example by access to on line resources, attending regular training updates and discussion at practice meetings.
- Staff learning needs were identified through appraisals, meetings and ongoing reviews of practice development needs. Staff had access to training to support them to cover the scope of their work. This included ongoing

support, one-to-one meetings, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety, basic life support and information governance. As well as being defined in inductions for new staff members, mandatory training was provided on an ongoing basis for all staff. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

Staff had access to the information they needed to enable them to plan and deliver care for patients. Information was accessible through the practice' patient record system and via their internal computer system. This included care and risk assessments, care plans, medical records and investigation and test results. There were effective systems in place to ensure information was shared with other services in a timely manner, for example when patients were referred to other services.

The practice worked with community based health and social care professionals to ensure they understood and met the needs of patients. This included assessing and planning ongoing care and treatment and managing the movement of patients between services. Practice staff worked effectively with their community based care coordinator and the wider team to ensure the needs of people being referred to other services or having been recently discharged from hospital were fully met. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. In addition to the full multidisciplinary meetings on a monthly basis, the care coordinator was based at the practice one day per week to review and discuss patients at risk. Feedback from the care coordinator was positive about the practice.

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.

Are services effective?

(for example, treatment is effective)

- 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 clinician undertook a capacity assessment and recorded the outcome of the assessment.
- Following training on the Mental Capacity Act 2005, the practice had produced information leaflets for patients who might be considering putting an advanced directive in place.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. These included, patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Information was available within the practice for patients to take away and patients were signposted service to meet their needs.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 84% and the national average of 82%. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice's uptake rate for breast

cancer screening was 71% compared to the CCG average of 79% and the national average of 72%. The practice's uptake rate for bowel cancer screening was 53% compared to the CCG average of 61% and the national average of 58%.

The practice had identified their cancer screening rates as an area for improvement and was seeking to promote and improve patient engagement with screening programmes. For example, practice staff regularly reviewed the address lists held centrally which were used to invite patients for cervical screening against their own records to ensure there were no discrepancies. Information displays about cancer screening had been put up in the waiting area with leaflets available to take away. As well as opportunistically reminders for patients about screening the practice was planning to write to patients eligible for bowel cancer screening and to offer more telephone reminders for patients.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 85% to 100%, compared to the CCG average from 94% to 98% and five year olds from 84% to 97%, compared to the CCG average from 91% to 98%. Data provided by the practice for 2015/16 demonstrated that vaccination rates for children under two exceeded 90%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74 years. Appropriate follow-ups for 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

During our inspection, we observed members of staff were helpful and courteous to patients and treated them with dignity and respect. Patients who were anxious or upset were treated with compassion and offered a quiet room to wait in. Patients highlighted the warm, attentive staff in reception and gave examples of being offered hot drinks and a quiet area to sit in if they were upset.

Measures were in place within the practice to maintain the privacy and dignity of patients and to ensure they felt at ease. These included:

- Doors to consultation and treatment rooms were kept closed during consultations and conversations could not be overheard.
- Reception staff offered to speak with patients in a private area if they wanted to discuss something sensitive or they appeared distressed.
- Curtains were provided in consulting rooms to maintain dignity during examinations and treatments.
- Staff undertaking sensitive examinations ensured that doors were locked and chaperones were offered to patients.

All of the 46 patient Care Quality Commission comment cards we received were overwhelmingly positive about the service experienced. Patients said they felt the practice offered an excellent service and that all staff were helpful, caring and treated them with dignity and respect. Comments cards highlighted that patients were made to feel welcome within the practice and always given the time they needed to discuss problems or issues.

We spoke with six patients including members of the patient participation group (PPG). They also told us they were very happy with the care provided by the practice and said their dignity and privacy was respected. Patients highlighted examples and instances of care and compassion shown by staff within the practice.

Comment cards and feedback from patients highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was in line with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 86% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 90% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 81% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and compared to the national average of 85%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and compared to the national average of 91%.
- 98% of patients said the nurse was good at listening to them compared to the clinical commissioning group (CCG) average of 93% and the national average of 91%.

Satisfaction scores for interactions with reception staff were above local and national averages:

- 93% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Results from the NHS Friends and Family Test for the previous six months showed that 87% of 54 patients who had completed the survey would be likely or extremely likely to recommend the practice.

The lead practice nurse has signed up to become a dignity champion pledging to act as a good role model for treating patients with dignity and to educate and inform those working around them.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed

Are services caring?

decision about the choice of treatment available to them. Patient feedback from the comment cards we received was very positive and aligned with these views. We saw that care plans were personalised to reflect the individual needs of patients.

Results from the national GP patient survey showed the majority of patients responded positively to questions about their involvement in planning and making decisions about their care and treatment.

Results for GPs were slightly below local and national averages. For example:

- 79% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 72% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and compared to the national average of 82%.

Records of meetings and discussions demonstrated that satisfaction scores for consultations with GPs was an area on which GP had reflected at length. The GP told us that they planned to use videoing of their consultations as a means to aid reflection.

Feedback from patients we spoke with and from the comments cards was overwhelming positive about their interactions with GPs in the practice with a number of patients highlighting examples of choice, compassion and dedication.

Results for nurses were above local and national averages:

- 96% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and the national average of 90%.

- 92% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and compared to the national average of 85%.

Facilities were provided to help patients be involved in decisions about their care. Staff told us that translation services were available for patients who did not have English as a first language. Some information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

A wide range of information leaflets and posters were available in the waiting area which told patients how to access local and national support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 66 patients as carers (1.7% of the practice list). Written information was available to direct carers to the various avenues of support available to them. In addition the practice wrote to the patients on their carers register annually to invite them to attend for a health check and to let them know they were eligible to receive a flu vaccination. The practice had a dedicated carers' noticeboard in the waiting area to encourage carers to make themselves known to reception staff and encouraged new patients joining the practice to let staff know about their caring responsibilities.

Staff told us that if families had suffered bereavement, their usual GP contacted them where appropriate. Patients were offered further support where a need for this was identified.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice was making ongoing improvements and updates to its premises to ensure these were well suited to meet the needs of the patients.

In addition:

- Extended hours appointments were offered one evening per week to facilitate access for working age patients. Appointments were available with GPs and nurses.
- There were longer appointments available for patients with a learning disability and for those who required them.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- All information leaflets produced by the practice had information on them inviting patients to speak with reception staff or email them if they required that information in a different format. Posters were displayed in the waiting area inviting patients to tell staff if they required communication or information in alternative formats.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for some vaccines available privately.
- There were disabled facilities including disabled access and a disabled toilet.
- The premises were suitable for children with a dedicated pram parking area, baby changing facilities and a child toilet. Signs were displayed in the waiting area to inform patients they could make a private room available for breastfeeding if this was required.
- Patients could access services provided by the community midwife from the practice.
- A weekly phlebotomy service was offered for patients.
- The practice offered a hearing aid battery exchange in partnership with the local community hospital.

- Minor surgical procedures including joint injections were provided at the practice to minimise the need for patients to travel for treatment.
- Appointment booking and repeat prescription requests were available online. The practice also had a presence on social media sites.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 9am to 11.30am on Monday, Tuesday, Wednesday and Friday mornings; appointments on Thursday mornings were from 8.30am to 11.30am. Afternoon appointments were offered from 4pm to 6pm on Monday, Thursday and Friday afternoons; appointments on Tuesday afternoons were from 4pm to 7.30pm and from 3pm to 5pm on Wednesday afternoons. In addition to pre-bookable appointments that could be booked up to two months in advance, urgent appointments were also available for people that needed them.

The practice had developed a practice charter which outlined their commitment to patients to provide patients with a routine GP appointment within two working days of their request. Appointments with a nurse were offered within five working days.

Data for the locality showed that the practice had the lowest rate of emergency admissions between February 2015 and January 2016. In addition, their A&E attendance rate was the fifth lowest in the locality area and below the locality average.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was above local and national averages.

- 81% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and compared to the national average of 76%.
- 98% of patients said they could get through easily to the practice by phone compared to the CCG average of 72% and compared to the national average of 73%.
- 90% of patients described their experience of making an appointment as good compared to the CCG average of 72% and the national average of 65%.
- 87% of patients usually wait 15 minutes or less after their appointment time to be seen compared to the CCG average of 69% and the national average of 58%.

Are services responsive to people's needs?

(for example, to feedback?)

People told us on the day of the inspection that they were always able to get appointments when they needed them. This aligned with feedback from the comment cards which were very positive about access to appointments.

The practice had systems in place to assess whether home visits were clinically necessary and the urgency of the need for medical attention. Requests for home visits were automatically added to the computer system and flagged to the GPs for review. Patients or carers were contacted in advance of visits to gather further information where this was required to enable informed decisions to be made regarding prioritisation of visits. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had systems in place to support the handling of complaints and concerns.

- The complaints policy and supporting procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system including leaflets and posters in the waiting area.

We looked at three complaints received in the last 12 months and found the practice responded to these in a timely manner offering explanations and apologies where appropriate. The practice told patients about any changes made as a result of complaints. Lessons were learnt from individual concerns and complaints and also from ongoing reviews of any trends. Action was taken as a result of concerns and complaints to improve the quality of care.

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 vision to deliver high quality care and promote good outcomes for their patients.

- The practice had a mission statement which was displayed in the waiting areas and on the practice's website.
- Staff knew and understood the values of the practice and supported these.
- The practice had a development plan in place which reflected their vision and values. The practice management and partners met regularly to review and discuss areas for development and improvement.

Governance arrangements

The delivery of good quality care and continued improvement was supported by an effective governance framework. Structures and procedures were in place which ensured that:

- There was a clear staffing structure and all staff were aware of their roles and responsibilities. Staff knew who to speak to within the practice if they had a concern or a query related to a particular area.
- Practice specific policies were implemented and were available to all staff. Policies could be accessed as hard copies or electronically via the practice's shared computer system.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements in place to identify, record and manage risks and issues and to implement mitigating actions.

Leadership and culture

On the day of inspection the senior staff in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. We saw that they prioritised safe, high quality and compassionate care. Staff told us the partners and the practice manager 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 partners and practice manager encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment::

- Affected people were offered support, information and apologies where appropriate.
- Records of verbal interactions as well as written correspondence were maintained.

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

- Staff told us the practice held regular team meetings. In addition to regular meetings for clinical staff the practice ensured there were opportunities for all staff within the practice to attend the meetings.
- There was a relatively low turnover of staff within the practice and staff highlighted that they felt well supported by all of their colleagues. Staff were passionate about providing a high level of care for their patients. Due to having a relatively small patient list, staff knew a lot of the patients by name and patients were positive about the friendly personal approach staff demonstrated.
- Community based staff working within the practice were complimentary about the practice and described it as friendly and welcoming.
- There was an open culture within the practice. Staff had the opportunity to raise any issues at meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners and the practice manager in the practice.
- All staff felt involved in discussions about how to run and develop the practice. Staff were encouraged to identify opportunities to improve the service delivered by the practice.

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

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

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 patients through surveys and complaints received.
- The practice had recently formed a new active patient participation group (PPG) which would support their virtual PPG. The PPG had held an initial meeting and planned to meet regularly.
- Results of the recent national GP patient survey were shared with the members of the PPG and discussed. This led to an action plan being developed which identified areas for improvement.
- The practice had gathered feedback from staff through staff meetings, general discussions and appraisals. Staff told us they would not hesitate to give feedback or discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.
- A regular newsletter was produced for patients by the practice. This informed patients about practice news and also told patients about areas of practice performance such as the GP patient survey.