

Derwent Valley Medical Practice

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

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 Valley Medical Practice on 6 September 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. Learning outcomes were shared with staff.
- Risks to patients were assessed and generally well managed. Health and safety precautions had been taken which included checking that equipment was fully working and safe to use and infection prevention and control measures were in place.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.

- Comment cards we received from patients showed that they felt they were treated with compassion, dignity and respect.
- Patient feedback from surveys undertaken was mixed. Patients had confidence and trust in the last GP they saw but satisfaction rates for patients getting to see their preferred GP were low. The practice was taking positive action to address all patient feedback received.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

Summary of findings

- The practice should continue in its efforts to improve the patient care experience in relation to access arrangements.

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.

Good



- There was an effective system in place for reporting and recording significant events. All staff knew how to report incidents and a number of documents we were provided with supported this assurance process.
- Lessons were shared to make sure action was taken to improve safety in the practice. Detailed records included analysis of the events and risk assessment to reduce potential reoccurrence. Learning outcomes were shared regularly in practice meetings.
- When things went wrong patients received support, information and a verbal or written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. This included infection control procedures, management of medicines, staff recruitment procedures and appropriate training of staff in safeguarding.
- Risks to patients were assessed and generally well managed. This included health and safety, ensuring sufficient staff were in place to meet patient needs and most emergency equipment in place if a patient presented with an urgent medical condition. We noted however that the practice did not have a defibrillator on site. We were advised following our inspection that the practice had purchased two defibrillators for both sites.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. For example, in the Quality and outcomes framework (QOF) the practice received 99% of total points available. This was above the CCG average of 97% and national average of 95%. Overall exception reporting was 9.4% which was better than the CCG average of 11.1% but slightly higher than the national average of 9.2%.
- Staff assessed needs and delivered care in line with current evidence based guidance such as the National Institute for Health and Care Excellence.

Summary of findings

- Clinical audits demonstrated quality improvement. The practice was focussed on undertaking clinical audit to drive patient outcomes and we were provided with a large variety of audits completed within the past two years. These included a tramadol audit (pain relief medicine) which was undertaken to ensure any risks of inappropriate prescribing were minimised. The audit resulted in improved patient outcomes.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. All staff we spoke with told us they felt supported by management and were able to maintain their continuing professional development.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. The practice utilised the skills of a care co-ordinator to facilitate this liaison and documents we reviewed supported an effective approach in place.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed mixed patient feedback. For example;

98% 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%. However, 76% 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 national average of 85%. The practice had responded to feedback and implemented various changes. For example, they removed the requirement for patients to only discuss one medical issue during an appointment and trained their staff in communication skills.
- Three out of four patients we spoke with said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. One patient told us they felt rushed and not listened to. Feedback from patient comment cards we reviewed was positive.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



Summary of findings

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice offered an emergency clinic for those who required an urgent appointment. The practice also provided Saturday morning appointments on most Saturdays to help meet patient demand.
- Feedback from the National Patient Survey showed that patients found it difficult to make an appointment with a named GP. The survey in July 2016 showed that 38% of patients were able to get an appointment to see or speak to their preferred GP compared to the CCG average of 55% and national average of 59%. Feedback showed that this had improved by 14% since January 2016 when the earlier survey was undertaken. The practice showed it was committed to increasing patient access arrangements and had utilised external agencies to help them identify areas for improvement. This included the telephone system and restructure of reception staff tasks and duties.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders. The practice audited its complaints received to highlight any trends.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff we spoke with were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for

Good



Summary of findings

notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken. Annual review took place to ensure any corrective measures implemented from incidents which occurred had been effective.

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active and had engaged with patients to obtain feedback. This feedback was used to assist in the improvement of services delivered.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population. All older patients had a named GP. Frequent visits were made by the practice GPs and the nurse practitioner to their care home patients in and outside of working hours. A care home manager we spoke with praised the practice for their responsiveness and hands on approach.
- The practice utilised the skills of a CCG funded care co-ordinator who held regular multidisciplinary meetings where all patients who were vulnerable and requiring intervention were discussed with input from other care teams into their holistic care.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had received 100% of total available QOF points in osteoporosis indicators. This was above CCG average of 93% and national average of 81%. The practice had not exception reported any patients within the indicators.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Care plans were in place for all of these patients.
- National data showed the practice was performing above the local CCG and national averages for its achievement within eleven diabetes indicators. The practice achieved 98% of the available QOF points compared with the CCG average of 93%. Achievement was also above the national average of 89%.
- Data showed that 97% of patients with chronic obstructive pulmonary disease (COPD) had received a confirmed diagnosis. This was above the CCG average of 92% and national average of 90%. Exception reporting was 9.9% which was better than the CCG average of 11.5% but similar to the national average of 9.8%.
- Longer appointments and home visits were available when needed.

Summary of findings

- In-house services were provided for patients with long term conditions. These included ECG testing (test that checks for problems with electrical activity of the heart) ambulatory BP (ongoing blood pressure monitoring) and spirometry (test used to assess breathing and to assist in diagnoses).

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.
- The practice had trained all its staff in safeguarding and had undertaken an audit to test staff knowledge of safeguarding matters.
- We saw that effective collaborative working took place between doctors in the practice and those attached staff involved in child welfare.
- Immunisation rates for all standard childhood immunisations ranged from 88% to 100%. This was comparable to CCG averages which ranged from 91% to 98%.
- We reviewed information which showed that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

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 available for patients up until 8pm two evenings of the week and telephone consultations were available.
- 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.

Good



Summary of findings

- A total of 83% of women aged over 25 but under 65 had received a cervical screening test in the previous 5 years. The practice was performing similar to the CCG average of 84% and national average of 82%.
- The practice offered NHS Health checks to its working age patients and those who had reached retirement age.

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. There were 98 patients on the learning disability register. All of these patients had been invited to attend for a review in 2015/16 and 66 of these patients had received a review during this time.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. Documentation supported that patients received ongoing care and support from the appropriate health care service(s).
- The practice had implemented a policy where it would follow up those vulnerable patients who had missed appointments at a hospital or clinic to understand reasons for non attendance. They then encouraged patients to attend a further appointment.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

Good



- A total of 78% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months. This was below the CCG average of 85% and below the national average of 84%.
- A total of 100% of patients with a mental health condition had a documented care plan in place in the previous 12 months. This

Summary of findings

was above the CCG average of 92% and above the national average of 88%. Exception reporting was 22% which was similar to the CCG average of 20.9% but above the national average of 12.6%.

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. The practice had access to an in-house counsellor and referred patients into this service.
- The practice had commenced an antipsychotic prescribing audit to establish current standards of monitoring. Antipsychotics are medicines usually prescribed for patients with mental health disorders.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice performance was mixed in relation to local and national averages. 284 survey forms were distributed and 116 were returned. This represented a 41% response rate.

- 47% of patients found it easy to get through to this practice by phone compared to the CCG average of 72% and national average of 73%.
- 82% 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 national average of 85%.
- 98% of patients had confidence and trust in the last GP they saw or spoke to compared to the CCG average of 96% and national average of 95%.
- 89% of patients said the last GP they saw or spoke to was good at giving them enough time compared to the CCG and national average of 87%.
- 75% of patients described the overall experience of this GP practice as good compared to the CCG average of 87% and national average of 85%.
- 63% 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 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 15 comment cards, 11 of which were positive about the standard of care received. Comments included that patients were treated with care and respect and were treated compassionately in difficult circumstances. Positive reference was made to individual staff and two patients said that the service they received was outstanding. We reviewed 4 negative comments which made reference to the difficulty in getting through to the practice by phone and obtaining a same day appointment.

We spoke with four patients during the inspection. We received mixed feedback. Whilst some positive comments were made about effectiveness of nursing staff and GPs who listened to patients, one patient stated they felt rushed during their appointments and two patients remarked about perceived rudeness of reception staff. The four patients we spoke with stated the appointment system was problematic.

The practice's results from the NHS Friends and Family test showed that in May, June and July 2016, 78 patients out of 94 would recommend the practice to their friends and family.

Areas for improvement

Action the service **SHOULD** take to improve

- The practice should continue in its efforts to improve the patient care experience in relation to access arrangements.

Derwent Valley Medical Practice

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 an Expert by Experience.

Background to Derwent Valley Medical Practice

Derwent Valley Medical Practice is located in Chaddesden, a large residential suburb in the city of Derby. It is approximately two miles east of the city centre. There is direct access to the practice by public transport from surrounding areas. There are parking facilities on site.

The practice currently has a list size of approximately 10,906 patients. The practice also has a branch surgery in Spondon which is located 3 miles from Chaddesden. We did not inspect the branch site during our inspection.

The practice holds a General Medical Services (GMS) contract with NHS England. The GMS contract is held between general practices and NHS England for the delivery of primary care services to the local communities. The practice provides GP services commissioned by NHS Southern Derbyshire Clinical Commissioning Group (CCG). A CCG is an organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services.

The practice is situated in an area with higher levels of deprivation. The practice has a higher than national average number of adults who have reached retirement age.

A lower number of patients registered at the practice are in paid work or full time education (55%) compared with the local CCG and national averages (60%).

The practice has undergone a number of partnership changes and practice management told us this had significantly impacted upon pressure and resource. Since January 2016, three partners had resigned to work abroad. The management advised us that they were now developing stability and had a vision for the future with their current partners. At the time of our inspection, there were four partners (3 male, 1 female). The current partnership is supported by one salaried male GP, one male advanced nurse practitioner, four female practice nurses and two female healthcare assistants. The practice also directly employs a pharmacist. The practice has a practice manager, assistant practice manager, office manager and a team of reception, clerical and administrative staff.

The practice is open on Mondays, Wednesdays, Thursdays and Fridays from 8am to 6.30pm and on Tuesdays from 8am to 8pm. The branch site at Spondon is open on Mondays, Tuesdays, Wednesdays and Fridays from 8am to 6.30pm and on Thursdays from 8am to 8pm. Appointments are available Mondays to Fridays from 8am to 12pm and from 3.30pm to 6pm on weekdays with evening appointments available on Tuesdays at Chaddesden and on Thursdays at Spondon. In addition, the practice also opened on some Saturday mornings to accommodate patient needs.

Detailed findings

Outside of this cover, out of hours service is provided by Derbyshire Health United. Patients can contact NHS 111.

The practice is a Learning Centre for the University of Nottingham and teaches a large number of medical students across all year groups. In addition, the practice has welcomed requests from students wishing to obtain work experience prior to submitting an application for medical school.

Two of the GP partners also work at the University of Nottingham, one as a Director of Clinical skills and one as a GP Teaching Fellow.

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 6 September 2016. During our visit we:

- Spoke with a range of staff including attached staff (GPs, nurses, practice manager, practice pharmacist, care co-ordinator, lead nurse for the community mental health team for older adults, local care home manager, reception and administrative staff) and spoke with patients who used the service.

- Observed how patients were being cared for and talked with carers and family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording 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 information, support and a verbal or written apology. They were 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 and annually audited its effectiveness in learning from identified incidents. This included both negative and positive significant events.

We reviewed safety records, incident reports, patient safety alerts including Medicines and Healthcare products regulatory Agency (MHRA) and minutes of meetings where these were discussed. We found that a process was in place for the receipt of alerts and subsequent actions taken in response.

We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, an incident regarding a fridge failure resulted in the practice making contact with the vaccine providers for advice regarding the appropriate action to take with any potentially affected vaccines. Advice was acted upon and safety risks were minimised as a result.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly

outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. The practice had also assessed the knowledge of its non clinical staff in their ability to identify any safeguarding concerns. GPs were trained to child protection or child safeguarding level 3.

- Notices placed around the practice building advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The last audit was undertaken in July 2016 and an action plan was produced. Issues identified included the requirement to replace swing bins with pedal operated ones and this had been actioned.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. We reviewed a sample of anonymised records which showed that appropriate monitoring of patients prescribed with high risk medicines was in place.
- The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams and their own practice pharmacist, to ensure prescribing was in line with best practice guidelines for safe prescribing.

Are services safe?

Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an independent prescriber and could prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are documents which permit the supply of prescription-only medicines to groups of patients without individual prescriptions.

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

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and staff had received training. The practice had up to date fire risk assessments and carried out fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). A risk assessment for legionella was undertaken in June 2016 and we saw that regular testing took place.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed

to meet patients' needs. The practice told us they were currently understaffed and were seeking to recruit additional staff including a GP partner and two nurse practitioners. Locum doctors and a locum nurse practitioner had been utilised to help meet patient demand.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice did not have a defibrillator available on the premises at the time of our inspection. We were informed that the practice had undertaken a risk assessment and had previously made a decision to contact the emergency services should an emergency arise. Following our inspection, we were advised that two defibrillators had since been purchased for the main site and branch location. Oxygen was available with adult and children's masks. A first aid and accident book were also available.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included arrangements for working elsewhere if the building was unfit for use and it contained emergency contact numbers for staff. Copies of the plan were accessible off site.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards.

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening 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 99% of the total number of points available with 9.4% overall 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 2014/15 showed:

- Performance for overall diabetes related indicators was 98% which was above the CCG average of 93% and national average of 89%. 88% of patients with diabetes had a record of a foot examination and risk classification. This was slightly below CCG average of 89% and same as national average of 88%. Exception reporting was 5.7% which was better than the CCG average of 9.9% and national average of 7.6%.
- The percentage of patients with hypertension having regular blood pressure tests was 87% which was above the CCG average of 85% and above national average of 84%. Exception reporting was 1.3% which was better than the CCG average of 4.1% and better than the national average of 3.8%.

- 97% of patients with chronic obstructive pulmonary disease (COPD) had received a confirmed diagnosis close to when they were entered on to the register. This was above the CCG average of 92% and the national average of 90%. Exception reporting was 9.9% which was better than the CCG average of 11.5% but similar to the national average of 9.8%.
- A total of 76% of patients diagnosed with asthma had received a review in the previous 12 months. This was below the CCG average of 78% and similar to the national average of 75%. Exception reporting was 1.4%, which was better than the CCG average of 11.1% and national average of 7.5%.

There was evidence of quality improvement including clinical audit. The GP partners told us that the practice was a full member of PRIMIS, which is an audit support group at the University of Nottingham. We were told that this ensured a high standard of audit programme was consistently delivered within the practice.

- There had been 13 clinical audits completed in the last twelve months. We reviewed six of these audits where improvements were implemented and monitored. For example, the practice audited its prescribing of a pain relief medicine, tramadol, to ensure any risks of inappropriate prescribing were minimal. A number of audit outcomes were identified which included the review of seven patients who had been given repeat prescriptions for the medicine and 11 patients who were taking other medicines which could result in adverse health impacts.
- The practice had undertaken an audit to identify if any patients prescribed with a medicine used to prevent blood clots had also been prescribed with other medicines which may increase the risk of patient bleeding. Completed audit outcomes showed that there were no patients identified as taking a combination of medicines.
- The practice had undertaken a diabetes audit which sought to compare its achievement in individual QOF indicators to best practice NICE guidelines. Audit outcomes were identified and action plan formulated for improving compliance to QOF targets and accepted best practice.

Effective staffing

Are services effective?

(for example, treatment is effective)

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. One of the practice nurses had updated her skills in diabetic insulin training.
- 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 could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months. The practice had also engaged with a HR company to assist with staff management issues.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. The practice utilised the skills of a care co-ordinator who was funded by the CCG over a three year programme. Her role involved managing patient unplanned admissions into hospital and co-ordinating community support team meetings and palliative care meetings. We saw documents which supported that these meetings took place with other health care professionals regularly when care plans were routinely reviewed and updated for patients with complex 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. We were provided with examples which demonstrated staff knowledge and understanding.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or one of the practice nurses assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits. The practice had audited its minor surgical operations undertaken which included whether consent had been appropriately obtained and recorded. Outcomes included that valid consent had been obtained.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example, patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service. The practice referred patients who would benefit to Livewell, which was a healthy lifestyle service designed for Derby residents registered with a GP. Its

Are services effective?

(for example, treatment is effective)

programme included helping patients with weight management (including child weight management), smoking cessation and increasing physical activity. Patients with diabetes were encouraged to self refer to Diabetes UK, a charity which provided help and support to those affected.

The practice's uptake for the cervical screening programme was 83%, which was similar to the CCG average of 84% and the national average of 82%. One of the practice nurses was the lead for cervical screening and there was a policy to offer three reminders for patients who did not attend for their cervical screening test. The practice ensured a female sample taker was available.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data showed that uptake for bowel cancer screening in the previous 30 months was 59% which

was slightly lower than the CCG average of 61%. Data from 2015 showed that uptake for breast cancer screening in the previous 36 months was 79% which was similar to the CCG average of 78%.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 88% to 96% within the practice. The CCG rates varied from 94% to 98%. Five year old vaccinations ranged from 93% to 100% within the practice. The CCG rates ranged from 91% to 98%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

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 area to discuss their needs.

We reviewed 15 patient Care Quality Commission comment cards we received and found the majority were positive about the service experienced. These patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with a member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards 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 mixed in its satisfaction scores on consultations with GPs and nurses. For example:

- 87% 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%.
- 89% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 98% 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%.
- 76% 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 national average of 85%.

- 89% 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 national average of 91%.
- 82% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

We discussed the feedback obtained from the survey with practice management and GP partners. The practice provided us with a comparison of data obtained from the national patient survey undertaken in January and July 2016 which they had analysed. The latter survey showed:

- A 6% increase in patients stating that the GP was good at listening to them.
- A 6% increase in patients who stated that the GP gave them enough time.
- A 4% increase in patients who stated that the GP was good at treating them with care and concern.
- A 6% increase in patients who stated that the nurse was good at treating them with care and concern.
- A 3% increase in how patients perceived reception staff helpfulness.

The practice told us that they considered clinical understaffing had accounted for lower patient satisfaction scores. We were informed that the practice management had invited an external organisation to attend the practice and help them identify areas for improvement, particularly within front of house arrangements. This had taken place following the July 2016 survey results and had involved discussions held with administrative and reception staff. These staff were given opportunities to identify how the service could be improved. An action plan was produced as a result which involved changes in staff tasks and duties to improve overall efficiency and patient experience.

The practice told us they had made a decision that patient appointments should not focus on one medical problem only and patients should be invited to discuss more than one concern during a consultation. The partners considered that the previous approach had impacted negatively on the overall patient care experience and in feedback received by the practice. The practice had organised communication skills training for its staff which

Are services caring?

had been delivered. The practice management team informed us that they anticipated the national survey results to consistently improve with some of these changes implemented.

Care planning and involvement in decisions about care and treatment

Three out of four patients we spoke with 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. One patient told us that whilst they considered nursing staff to be attentive, they felt rushed by GPs and that they did not listen. Patient feedback from the comment cards we received was positive. We also saw that care plans were personalised.

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

- 81% 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%.
- 73% 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 national average of 82%.
- 82% 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 national average of 85%.

The practice provided us with a comparison of data obtained from the national patient survey undertaken in January and July 2016 which they had analysed. The latter survey showed:

- A 1% increase in patients who said that the last GP they saw was good at explaining tests and treatment.
- A 4% increase in patients who said their last GP was good at involving them in decisions about their care.
- A 6% increase in patients who said that the nurse they saw was good at involving them in decisions about their care.

The practice management and partners told us they anticipated the national survey results to continually improve as they had now achieved a more stable GP workforce following a number of changes in the previous partnership structure. The practice also had plans to implement greater clinical support for its GPs by holding daily meetings to discuss clinical issues and share knowledge, skills and experience. We were informed that all clinical staff were committed to improving the patient care experience.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. There was a sign at reception informing patients this service was available.
- One of the practice GPs spoke a number of languages including Lithuanian, Russian and Polish.
- Easy-read information leaflets were provided to patients with a learning disability.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified a high number of carers, 523 patients. (4.8% of the practice list). The practice clinicians had accessible templates for use when identifying carers during patient consultations. Carers were offered the flu vaccination and were given longer appointment times to see clinicians if required. Written information was also available to direct carers to the various avenues of support available to them. This included an information board for carers and information contained on the practice website.

Staff told us that if families had suffered bereavement, the practice sent them a sympathy card. Patients were then invited to attend a consultation at a flexible time to meet the family's needs or they were given advice on how to find a support service.

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.

- The practice offered appointments on three weekday evenings up until 6.30pm and on two evenings until 8pm. This enabled flexibility for working age patients to attend. The practice had also opened on most Saturday mornings since June 2016 when requests for appointments were high in demand.
- Same day telephone consultations were available.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- The practice had access to an in-house counsellor, and could refer patients experiencing mental health problems to this service.
- The practice could refer its patients for in-house electrocardiogram (ECG) testing. An ECG is a test that checks for problems with the electrical activity of a patient's heart. In-house spirometry was also offered. Spirometry is a test of how well you can breathe and can help in diagnosis of different lung diseases. In addition, patients could also have their blood pressure monitored as they lived their normal daily life. (Ambulatory BP).
- The practice offered phlebotomy (blood testing) services to those patients who required this.
- The practice offered a range of minor surgical procedures.
- The practice provided facilities for a self help group of patients to enable them to attend a monthly weight clinic.

- The practice offered a range of online services which included appointment bookings and ordering repeat medicines. The practice had over 20% of its patients registered to use at least one of the available online features. The target set by NHS England was 10%.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open on Mondays, Wednesdays, Thursdays and Fridays from 8am to 6.30pm and on Tuesdays from 8am to 8pm. The branch site at Spondon was open on Mondays, Tuesdays, Wednesdays and Fridays from 8am to 6.30pm and on Thursdays from 8am to 8pm. Appointments were available Mondays to Fridays from 8am to 12pm and from 3.30pm to 6pm on weekdays with evening appointments available on Tuesdays at Chaddesden and on Thursdays at Spondon. The practice operated an emergency clinic on a daily basis led by an on-call doctor. This service was offered to patients when all same day appointments had been booked. Patients were allocated a telephone appointment and then attended a face to face consultation if this was considered necessary by the GP.

In addition, the practice also opened on most Saturday mornings to accommodate patient demand. Pre-bookable appointments could be booked up to six weeks in advance to see a nurse and two weeks in advance to see a GP.

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

- 74% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 76%.
- 47% of patients said they could get through easily to the practice by phone compared to the CCG average of 72% and national average of 73%.
- 38% of patients were able to get an appointment to see or speak to their preferred GP compared to the CCG average of 55% and national average of 59%.

The practice provided us with a comparison of data obtained from the national patient survey undertaken in January and July 2016 which they had analysed. The latter survey showed:

Are services responsive to people's needs?

(for example, to feedback?)

- A 2% decrease in patients who said they were satisfied with the practice's opening hours.
- A 3% increase in patients who said they could get through easily to the practice by phone.
- A 14% increase in patients who said they could see or speak to their preferred GP.

The practice had also undertaken its own patient survey in August 2016 with assistance from the patient participation group (PPG). Findings from the survey showed:

- 70% patients were unhappy with contacting the practice at 8am to obtain a same day appointment.
- 75% patients preferred booking advance appointment times.
- 100% patients found the emergency clinic provided was beneficial.
- 100% patients found a telephone consultation useful.

We discussed feedback from the surveys with the practice management and partners. They told us that their consultation rates were up to 25% higher than national average, but they were continuing to strive to meet patient demand for appointments. The practice management had held discussions with an external agent to redesign its phone system to increase capacity of lines into the practice at peak times of the day. They told us that a new system had been ordered and would be implemented in January 2017. The practice had also recruited two new members of staff within the reception team.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

The practice telephoned the patient or carer in advance of a home visit request to gather information. This allowed for an informed decision to be made on prioritisation according to clinical need. Home visits were undertaken by a GP or nurse practitioner. 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. The practice had audited its home visits undertaken to identify those which had been clinically necessary and those which could have been addressed in other ways such as a visit by community based staff. The audit had identified the requirements for educative training for nursing homes staff and improved coding of house bound patients on the practice's computer system.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. This included a complaints leaflet handed to patients and information contained on the practice's website.

We looked at four complaints received in the last 12 months. We found these were satisfactorily handled and dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends. Action was taken as a result to improve the quality of care. For example, a complaint involving a perceived lack of helpfulness from a member of the reception team resulted in investigation of the event, interview with the member of staff concerned and subsequent training. The practice had a policy of recording telephone calls for training purposes and used the recording of the particular conversation to identify where customer service could be improved.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice objectives included providing patients with a high standard of modern primary care, listening to their needs and being flexible in trying to meet their needs. The practice's statement of purpose was available on its website. Staff we spoke with knew and understood the practice values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored. The GP partners met on a weekly basis to discuss strategy and operational matters. There was documented recording of these meetings.

Governance arrangements

- The practice had an overarching governance framework which supported the delivery of the strategy. There was a clear staffing structure and that staff were aware of their own roles and responsibilities. Staff were supported through regular one to one sessions, meetings, training programmes and appraisals. For example, the pharmacist employed had received support in her training to undertake this role.
- Practice specific policies were implemented and were available to all staff. Discussion of policies took place through induction, training and staff meetings. The practice had held annual safeguarding training events for all its non clinical and clinical staff since 2013.
- A comprehensive understanding of the performance of the practice was maintained. This was demonstrated in the practice's review of patients at risk of hospital admission and assessment of its performance against QOF data and CCG statistical information. The practice monitored its prescribing and could demonstrate its effectiveness, for example in antibiotic prescribing.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. The practice told us they had conducted 140 audits since 2012. The practice had completed 13 audit cycles within the last 12 months. Audit results were shared amongst relevant staff in monthly

educational and training meetings and via audit noticeboards. In addition, the practice had a dedicated room set aside for clinical governance and audit. We were provided with clinical audit data which focussed on patient safety and identified improved patient outcomes. Other audits were conducted to measure the practice's effectiveness. These included safeguarding and home visits.

- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. This was demonstrated in the practice's management of significant events, complaints and trends analyses. We were provided with records of trends analyses of complaints which included subsequent review of the previous 11 years. We noted that whilst the practice did not have access to a defibrillator on its premises at the time of our inspection, a decision was taken after our inspection to immediately purchase equipment.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, information and a verbal and written apology when appropriate.
- The practice kept written records of all correspondence which was reviewed annually to ensure corrective measures implemented had been effective.

Are services well-led?

Good 

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

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

- Staff told us the practice held regular team meetings. We were provided with documented records which supported staff engagement.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected and supported by practice partners and management. The practice provided a confidential employee assistance programme to benefit its staff. Staff were involved in discussions about how to develop the practice. For example, reception staff had met to discuss how front of house arrangements could be improved. The practice management encouraged members of staff to identify opportunities to improve how the service was delivered by the practice.
- The practice management had introduced an employee of the month award to reward staff excellence.

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.

- The practice had delivered a presentation to members of its PPG in May 2016 which provided them with updated results of the national patient survey, friends and family test and NHS Choices data. The practice identified areas where the PPG could continue to assist them, such as undertaking surveys to specialised groups such as those with mental health problems, learning disabilities and working age people.
- The PPG had carried out a patient survey in August 2016 and discussed proposals with the practice to improve

some of the services delivered. These included access arrangements. It was agreed that a PPG noticeboard would be placed in both sites for information to be cascaded.

- A monthly patient newsletter had been in operation since May 2016 and this was initiated by one of the practice partners.
- The practice had introduced patient feedback notes which were handed to patients requesting their views on the service they had received from individual staff.
- The practice had gathered feedback from staff through surveys. The 2016 survey identified that staff satisfaction levels were reasonably high, support was provided from management and colleagues and staff engagement took place.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. This was evidenced in the practice's approach to continuous clinical audit activity.

The practice was a learning centre for the University of Nottingham and taught a large number of medical students across all year groups. In addition, the practice had welcomed requests from students wishing to obtain work experience prior to submitting an application for medical school.

Two of the GP partners also worked at the University of Nottingham, one as a Director of Clinical Skills and one as a GP Teaching Fellow.

One of the GP partners who was employed at the Royal Derby hospital had been undertaking a project to improve communication over Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) between secondary care at the local hospital and primary care locally.

The practice had directly employed its own pharmacist since March 2004 after supporting her training as a supplementary prescriber. The practice told us they were the first practice locally to undertake this employment.