

# Mickleover Surgery

## Quality Report

10 Cavendish Way, Mickleover, Derby, Derbyshire  
DE3 9BJ

Tel: 01332 519160

Website: [www.mickleoversurgery.co.uk](http://www.mickleoversurgery.co.uk)

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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?

Requires improvement 

# 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 Mickleover Surgery on 17 November 2015. Overall the practice is rated as good. Our key findings across the areas we inspected were as follows:

- Feedback from patients was consistently positive about the care and treatment they received, and the way staff treated them. Patients were treated with kindness, dignity and respect.
- Patients were able to access care and treatment when they needed it, and most people could access appointments and services in a way, and at a time that suited them.
- Staff worked in partnership with other services to ensure that patients' needs were met.
- Overall, systems were in place to keep patients safe, although the systems for identifying and managing safety incidents and significant events required strengthening.

- The practice had appropriate facilities and was well equipped to treat patients and meet their needs.
- There was an open, positive and supportive culture.
- Staff were actively supported to develop their knowledge and acquire new skills to provide high quality care.
- The practice was generally well-led. The leadership and culture promoted the delivery of high-quality, compassionate care. However, aspects of the governance systems required strengthening to further improve the services provided.
- The practice actively sought feedback from patients, which it acted on to improve the services.

Importantly, the provider must:

- Ensure effective systems are in place to assess, monitor and further improve the quality and safety of the services provided.

**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



- Patients told us they felt safe when using the service.
- There were enough staff to keep people safe.
- Overall, systems were in place to keep people safe and protected from abuse.
- Risks to patient safety were assessed and managed effectively.
- There was an open approach for reporting and managing safety incidents and significant events when things went wrong. The systems for identifying, recording and learning from safety incidents and significant events required strengthening, to further improve the services.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Data showed patient outcomes were mostly above or similar for the locality.
- Staff worked in partnership with other services to ensure that patients' needs were met.
- Importance was placed on improving patients' health by offering regular reviews and various screening checks.
- Clinical audits were carried out to improve patient care and outcomes. However, these need to include more completed audit cycles to demonstrate ongoing quality improvement and effective care.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

### Are services caring?

The practice is rated as good for providing caring services.

Good



- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Several patients referred to staff going the extra mile to provide a caring service.
- Data showed that patients rated the practice higher than others for most aspects of care.
- We observed a strong patient-centred culture.
- We saw that staff treated patients with kindness and respect, and maintained their confidentiality.

# Summary of findings

- Staff were motivated and inspired to offer kind and compassionate care. For example, a GP had spent a significant time with a patient to ensure they received emotional support following a significant event in their life.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The services were delivered in a way to ensure flexibility, choice and continuity of care.
- People were able to access appropriate care and treatment when they needed it, and most people could access appointments and services in a way and at a time that suits them.
- The practice worked closely with the local community and other organisations in planning how services were provided, to ensure that they meet people's needs.
- The practice actively implemented improvements and changed the way it delivered services, as a result of feedback from patients and the patient participation group.
- There was a culture of openness and people were encouraged to raise concerns. Complaints were listened to and acted on to improve the service, and were investigated and responded to in a timely way.

## Are services well-led?

The practice is rated as requires improvement for being well-led.

Requires improvement



- Staff were clear that the aims of the service was to deliver high quality care and good outcomes for patients. Whilst the practice did not have a formal business plan in place, a resilience plan was being completed, which will form part of the business plan.
- The practice had a highly motivated and committed staff team, to enable them to deliver well-led services.
- Staff were actively supported to develop their knowledge and acquire new skills to provide high quality care.
- The practice was generally well-led. The leadership and culture promoted the delivery of high-quality, compassionate care. However, aspects of governance arrangements required strengthening to further improve the quality and safety of the services provided.
- The practice actively sought feedback from patients and the patient participation group, which it acted on to improve the services.

# 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 was rated as good for the care of older people.

Good



- The practice offered proactive, personalised care to meet older people's needs.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Patients over 75 years were invited to attend an annual health check, and had a named GP to provide continuity of care and ensure their needs were being met.
- The practice was mostly performing above or similar to local and national averages in respect of the management of clinical conditions commonly affecting older people. For example; the practice performance in relation to osteoporosis was 100%, which was 6.5% percentage points above the CCG average and 18.6% points above the national average.
- The 2014-2015 flu vaccination rates for the over 65s were 73.8%. Data was not available to compare this to local and national averages.

### People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and completing patient reviews, having received appropriate training.
- The practice offered proactive care. All patients had a named GP and received structured reviews, which included education and strategies to enable them to self-manage their condition and improve their health.
- Patients with long term conditions and other needs were reviewed at a single appointment where possible, rather than having to attend various reviews.
- Longer appointments and home visits were available when needed.
- Patients were sign posted to appropriate support groups.

### Families, children and young people

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

Good



# Summary of findings

- Priority was given to appointment requests for babies and young children; they were seen the same day if unwell.
- Appointments were available outside of school and college hours and the premises were suitable for children and young people.
- Systems were in place to identify and follow up children , for example children and young people who had a high number of A&E attendances.
- The practice provided maternity care and family planning services. We saw good examples of joint working with midwives and health visitors.
- Childhood immunisation rates were mostly above or similar
- The practice also provided advice and screening on sexual health for teenagers.

## **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 and flexible.
- Extended hours surgeries were available on Saturday mornings. Patients also had access to 'choose and book' when referred to secondary services, which provided flexibility over when and where their appointment took place.
- Patients were able to book appointments in person, by telephone or on line. They also had access to telephone consultations.
- 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. This included health checks to patients aged 40 to 74 years, which included essential checks and screening for certain conditions.

**Good**



## **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.
- It offered longer appointments or home visits where needed.
- Patients with a learning disability were invited to attend an annual health check.

**Good**



# Summary of findings

- The practice worked closely with multi-disciplinary teams in the case management of vulnerable people, and to safeguard children and adults from abuse.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. They were aware of their responsibilities to share information, record safeguarding concerns and how to contact relevant agencies.
- Sign language, a hearing loop and email appointments were available to people with hearing difficulties.

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

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

- The practice held a register of patients experiencing poor mental health (including people with dementia). Patients were invited to attend an annual health check.
- Patients were offered extended or same day appointments, where needed.
- The practice worked closely with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia, to ensure their needs were being met.
- Patients had access to counselling and psychological therapies.
- Staff had a good understanding of how to support people with mental health needs and dementia.
- The practice screened appropriate patients for dementia, to support early referral and diagnosis where dementia was indicated. All staff had or were due to attend dementia awareness training to assist them to identify early possible symptoms.

Good



# Summary of findings

## What people who use the service say

We spoke with eight patients during our inspection. Feedback from patients was consistently positive about the care and services they received and the way staff treat them. They said that they were treated with kindness, dignity and respect.

Patients said that they were able to access appropriate care and treatment when they needed it.

Most people described their experience of making an appointment as good, with urgent appointments usually available the same day. They also said that they felt listened to, and able to raise any concerns with staff if they were unhappy with their care or treatment at the practice, as the staff were approachable. They found the premises welcoming, clean and accessible.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 35 comment cards. Feedback overall was very positive about the care patients received. For example, seven patients described the staff team and the service as excellent, whilst three people said that they had experienced difficulty in booking appointments at times.

We also spoke with two members of the patient participation group (PPG). The PPG are a group of patients who work together with the practice staff to represent the interests and views of patients so as to improve the service provided to them. They told us they felt supported in their role to represent the views of patients to improve the service.

Three patients had completed a review of the practice on NHS Choices in the last 12 months. Healthwatch Derby had also received five comments about the practice. All comments about the care and services were very positive and aligned with the above views.

The national GP patient survey results published in July 2015 showed the practice was mostly above or comparable with local and national averages. There were 114 responses and a response rate of 44%.

- 77% found it easy to get through to this surgery by phone compared with a CCG average of 75% and a national average of 73%.
- 93% found the receptionists at this surgery helpful compared with a CCG average of 87% and a national average of 87%.
- 92% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 87% and a national average of 85%.
- 71% said that they normally wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 69% and a national average of 65%.
- 69% with a preferred GP usually got to see or speak to that GP compared with a CCG average of 60% and a national average of 60%.
- 93% said the last GP they saw or spoke to was good at treating them with care and concern compared with a CCG average of 87% and a national average of 85%.



# Mickleover Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

### Background to Mickleover Surgery

Mickleover Surgery is a partnership between three GPs providing primary medical services to over 6,000 patients. The practice is at 10 Cavendish Way, Mickleover, Derby DE3 9BJ, which covers an area of lower deprivation.

The staff team includes reception and administrative staff, a practice manager, a reception and administrative leader, a nurse practitioner, three practice nurses including a senior nurse, and three GP partners. The practice team are female except for two male GPs and a male note summariser.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments times are largely from 8.30am to 12 mid-day and between 2pm and 6pm daily. Extended hours surgeries are available on Saturdays from 8.30am to 11.30 am.

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

The practice holds a General Medical Services (GMS) contract to deliver essential medical services.

### Why we carried out this inspection

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

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

### How we carried out this inspection

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 are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people

# Detailed findings

- 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)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 17 November 2015. We spoke with a range of staff including the practice manager, nurse practitioner, three practice nurses including the senior nurse, reception and administrative staff and the

three GP partners. We observed how people were being cared for and talked with carers and family members. We reviewed comment cards where patients and members of the public shared their views and experiences of the service. We also obtained feedback from several external staff who worked closely with the practice and senior staff at the two main care homes the practice supported.

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Safety was monitored using information from a range of sources, including the National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. The practice used the approved National Reporting and Learning System (NRLS) to report patient safety incidents.
- Staff told us that they were made aware of relevant safety alerts the practice received including medical devices, and that action was taken where needed. However, a clear audit trail was not available to show this.
- There was an open approach for reporting safety incidents and significant events. We reviewed records and incident reports where these were discussed.
- Five significant events were recorded for the 2014 to 2015 period. The records showed that they had been appropriately reviewed and shared with clinical staff. For example, one incident involved concerns regarding a child's welfare. The practice followed up their concerns with relevant persons, which resulted in the child receiving appropriate medical advice. The incident highlighted the need to update the practice's safeguarding procedures and guidance, which was addressed.
- The systems for identifying, recording and learning from all incidents required strengthening. For example, we identified certain incidents that had not been recorded as a significant event including delayed prescriptions, a medication error and a recent power failure.
- The partners assured us that the above incidents had been effectively managed and that appropriate improvements and learning had taken place. Following the inspection, the practice completed and sent us a significant event involving the recent power failure, which showed that appropriate action and learning had taken place.

The practice had systems in place to help keep patients safe. For example,

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and essential policies. The policies were accessible to all staff and outlined who to contact for further guidance, if staff had concerns about a patient's welfare.
- Staff demonstrated they understood their responsibilities to report concerns about a patient's welfare, and all had received training relevant to their role.
- Two GPs were the lead in safeguarding adults and children. They told us they had not been involved in any recent safeguarding concerns, or required to provide reports for meetings and other agencies, where required.
- Records showed that relevant professionals and partner agencies regularly met to share information about vulnerable children and adults.
- Systems were in place to ensure that patients were clearly identified and reviewed, and that all staff were aware of any relevant issues when patients contacted the practice or attended appointments. Several records we checked relating to vulnerable patients and those at risk of abuse were correctly coded, to clearly show this on the practice's electronic record. Also, the alert system to highlight vulnerable patients, those at risk of harm or on a child protection plan was reliably completed.
- A notice was displayed in the waiting area, consulting rooms and the practice's website, advising patients that a chaperone was available during an examination, if required.
- The nurses generally carried out chaperone duties. All staff who acted as chaperones had received a disclosure and barring check (DBS). (A DBS check identifies 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). Relevant staff had received guidance to carry out chaperone duties, although this did not include formal training.
- There were procedures and systems in place for monitoring and managing safety risks to patients, staff

### Overview of safety systems and processes

# Are services safe?

and visitors. These included regular checks of the building, equipment, medicines management and dealing with emergencies. A health and safety policy was available.

- All electrical and clinical equipment was checked to ensure the equipment was safe to use, and was working properly.
- Records showed that essential health and safety checks were carried out at the required intervals, including gas and electrical appliances and the maintenance of the building.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. A cleaning schedule was in place.
- One of the practice nurse's had recently taken on the infection control lead role from a senior nurse who had left. There was an infection control protocol in place. Staff were due to attend refresher training on infection control on 18 November 2015. Annual infection control audits were undertaken; recent audits showed that action was generally taken to address improvements identified as a result.
- Several patients told us that the system in place for obtaining repeat prescriptions, worked well to enable them to obtain further supplies of medicines.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security).
- The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacy team, to ensure prescribing was in line with best practice guidelines for safe prescribing. For example, the practice had reduced antibiotic prescribing to ensure patient safety.
- We reviewed three files relating to staff that had recently been employed. Overall, the records showed that appropriate recruitment checks and information had been obtained prior to their 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.

- The practice used a range of information to identify risks and improve patient safety.
- There were procedures in place for monitoring and managing risks to patient and staff safety.
- The practice had an up to date fire risk assessment. Records showed that a recent fire drill was carried out to ensure staff were aware of the procedure to follow in the event of a fire.
- The practice also 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.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.
- Following recent staff changes, senior managers had reviewed various roles within the team. The review had led to an increase in the staffing hours and skill mix to meet patients' needs and the growth of the services.
- Most staff we spoke with felt that there was generally sufficient staff on duty to meet patients' needs. However, several staff expressed concerns about the demands on the small staff team, following recent absences, changes and recruitment difficulties. The practice manager was actively trying to recruit to a new part-time administrative post, to further support the reception team.

## Arrangements to deal with emergencies and major incidents

The practice had appropriate arrangements in place to respond to emergencies and major incidents. For example:

- 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. We received confirmation that further training was planned on 25 November 2015.

## Are services safe?

- Emergency medicines and equipment were available to staff, including a defibrillator and oxygen with adult and children's masks. There was also a first aid kit.
- Emergency medicines were accessible to staff in a secure area of the practice. All staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.
- The premises had been converted and extended over previous years to accommodate the growth of the service. Following the inspection, we sought advice from Derbyshire Fire and Rescue Service regarding the fire detection and warning system. They visited the practice to review fire safety on 1 December 2015. Overall, they found that satisfactory systems were in place. However, they issued an informal advisory letter to the partners, regarding a few minor fire safety issues they needed to review. The partners sent us written assurances that they were addressing these.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

- Patients we spoke with told us they received appropriate care and treatment. Comment cards we received from patients, and feedback from senior staff at the two main care homes where patients were registered with the practice also supported this.
- The practice assessed needs and delivered care in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.
- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 indicated the practice had achieved 95.2% of the total number of points available, with low (4%) exception reporting. Data from the 2014 to 2015 QOF results showed they performed well in most areas;

- The percentage of patients with hypertension whose last blood pressure reading (measured in the preceding 12 months) was 150/90 mmHg or less was 85.5%. This was 4 percentage points above the CCG average and 5 points above the national average.
- Performance for mental health and dementia related indicators was 100%, which were above the CCG and national averages.
- The percentage of patients with a new diagnosis of depression in the preceding 1 April to 31 March, who had been reviewed within two months of the date of diagnosis was 72.4%, which was 5.5 points above the CCG average and 8.6 points above the national average.
- Performance for diabetes related indicators was 76.7%, which was 16.4 percentage points below the CCG average and 12.5 points below the national average.

The above QOF data showed that the performance for several diabetes related indicators, were lower than the local and national averages. Senior managers acknowledged that the absence of the lead nurse for diabetes during most of this period; had meant that fewer patients had received an annual review and the required checks. On their return to work the lead nurse had increased their hours, to enable them to improve the performance for diabetes, and ensure that patients receive essential checks and an annual review, where able.

Four clinical audits were completed in the last two years. One of these was a completed audit cycle where the changes made were implemented and monitored, to demonstrate quality improvement and effective care and treatment. For example, following an initial audit of patients prescribed an adrenaline injector device to treat severe allergic reactions, their clinical records were updated to clearly show known allergies and history of anaphylaxis. They were also asked to attend a medication review to ensure they were receiving appropriate treatment.

A re-audit undertaken in August 2015 showed that the above improvements had been implemented and were being monitored. All patients had been reviewed, and the prescribing of adrenaline injector devices had been changed in line with current guidance. Clinical staff had also received refresher training in injection technique to advise patients on the correct use.

- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.
- Data for the period 1 September 2014 to 31 August 2015 showed that the practice had high outpatient referral rates to certain secondary care specialities such as dermatology and ear, nose and throat compared to other local practices. The practice was involved in a local CCG initiative involving a peer process, to help review the appropriateness of referrals. The outcome of the pilot had yet to be evaluated.

### Effective staffing

- The practice had a motivated staff team with extensive knowledge, skills and experience to enable them to deliver effective care and treatment.

# Are services effective?

## (for example, treatment is effective)

- There had been some increase in the staffing hours and skill mix to meet patients' needs and the growth of the service. For example, the practice had appointed a part-time nurse practitioner, and the practice nurses had received further training to take on additional roles to support the GPs and the expansion of the services.
- The practice had an induction programme for newly appointed members of staff, which was adapted to specific roles to enable them to carry out their work. The induction record on three files we checked, were not signed or dated to support that staff had completed the training. The practice manager informed us that the staff member kept the signed copy. They agreed to keep a copy on the staff files.
- The induction programme did not include issues such as safeguarding or infection control, to ensure that staff had been made aware of the procedures. The practice manager planned to update the induction to include all essential information.
- Staff we spoke with praised the level of training, personal development and support they received. They assured us that they had received essential training updates including safeguarding, basic life support, infection control and fire safety. Three staff files we checked supported this.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- Staff had access to appropriate training, supervision and support to meet their learning needs and to cover the scope of their work. The learning and development needs of staff were identified through a system of appraisals and meetings.
- Certain staff had not received an appraisal in the previous 12 months due to various issues. Senior staff had set out dates to complete appraisals for all staff during January and February 2016, including those who had not received an appraisal in the previous 12 months.

### 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 intranet system and patient records.

- This included 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 people to other services.
- The practice had strong links and worked in partnership with other services, to ensure that patients' needs were met.
- We saw evidence that various multi-disciplinary meetings took place at monthly to two monthly intervals, to discuss the care of children and adults, and that care plans were regularly reviewed and updated.

### Consent to care and treatment

Patients we spoke with told us that they were involved in decisions and had agreed to their 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. All staff were due to attend training on the Mental Capacity Act on 18 November 2015.  
When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through audits, and followed relevant national guidance, and met the requirements of legislation.

### Health promotion and prevention

- Health promotion information was available to patients and carers, on the practice's website and the waiting area.



# Are services effective?

(for example, treatment is effective)

- The practice identified patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers, those requiring advice on their diet, smoking and alcohol cessation, or whose circumstances may make them vulnerable. Patients were signposted to the relevant services.
- Appointment times to review patients with long-term conditions had been extended, to enable the nurses to carry out a thorough review of their needs. For example, asthma review times had increased from 10 to 20 minutes, and diabetes and chronic obstructive airways disease times had increased from 20 to 30 minutes.
- The clinical staff were pro-active in using their contact with patients to help improve their health and wellbeing, including offering opportunist screening checks. For example, 79.1% of women aged 25 to 65 years had received a cervical screening test in the last 5 years, which was above the national average of 74.3% and local average of 77.7%.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The bowel and breast cancer screening rates were also above the CCG and national averages.
- Childhood immunisation rates for the vaccinations given were mostly above or comparable to the CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93.1% to 100%, and five year olds from 90.9 % to 97.6 %.
- The 2014-2015 flu vaccination rates for the over 65s were 73.8%. Data was not available to compare this to the local and national averages.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.



# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed that members of staff were courteous and helpful to patients and treated people 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 and that conversations taking place in these rooms could not be overheard.
- Reception staff responded to patients who wanted to discuss sensitive issues or appeared distressed, by ensuring their privacy was maintained.
- We found positive examples of staff going the extra mile to provide a caring service. For example, one of the GPs had collected and delivered essential medicines to an elderly couple who were unable to access them. A further GP had visited a patient in hospital who was unwell.
- Feedback from patients was very positive about the approach of staff. They said that they were treated with kindness, dignity and respect, and received personalised care from staff who were caring, supportive, and who understood their needs.
- Most patients described the staff as friendly and helpful, although a couple of people said that certain members of staff had not been entirely helpful or friendly on occasions.
- We also spoke with two members of the patient participation group. They also told us they were very satisfied with the care provided, and said their dignity and privacy was respected.
- Feedback from external staff who worked closely with the practice was consistently positive about the way staff treated people.
- Three patients had completed a review of the practice on NHS Choices in the last 12 months. Healthwatch

Derby had also received five comments about the practice. All comments about the way staff treated people were very positive and aligned with the above views.

The 2015 national GP patient survey results showed that patients felt they were treated with compassion, dignity and respect. The satisfaction scores on consultations with doctors and nurses were mostly higher than local and national averages, For example:

- 90% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 98% said they had confidence and trust in the last GP they saw (CCG average 96% and national average 95%)
- 93% said the last GP they spoke to was good at treating them with care and concern (CCG average 87% and national average 85%).
- 98% said the last nurse they saw or spoke with was good at giving them enough time (CCG average 92%, national average 92%).
- 93% said they found the receptionists at the practice helpful (CCG average 87%, national average 87%)

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

- Patients said that they were involved in decisions about the care and treatment they received, and that their views and wishes were respected. They also told us they felt listened to and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received were also positive and aligned with these views.

The 2015 national GP patient survey results showed that patients responded positively to questions about their involvement in decisions about their care and treatment. Results were similar to the local and national averages. For example:

- 83% said the last GP they saw or spoke to was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.

## Are services caring?

- 88% said the last nurse they saw or spoke to was good at involving them in decisions about their care (CCG average 87%, national average 85%)

Staff told us that translation services were available for patients who did not have English as a first language. We saw that information was available in the reception area and on the practice's website, informing patients this service was available.

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

Patients told us they received personal care; importance was given to their emotional and social needs as well as their physical needs.

The 2015 national GP patient survey results showed that patients responded positively to questions about the emotional support they received from staff.

Patients we spoke with during the inspection and comment cards we received were also consistent with the survey information. For example, a GP had spent a considerable time with a patient and had referred them to relevant services, to ensure they received empathy and emotional support following a significant event in their life.

Notices on the practice's website and the waiting area told patients and carers how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 68 patients as carers. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs, and/or by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

- The practice reviewed the needs of its local population and actively engaged with the NHS England Area Team and Clinical Commissioning Group (CCG), to secure improvements to services where these were identified. For example, they were involved in a recent CCG dementia pilot, where weekly memory clinics were held at the practice over a 12 month period to support early diagnosis and intervention.
- The practice had limited space and facilities to meet the increasing list size. The GP partners had attended a preliminary discussion with the CCG regarding options to support the future needs of the service.
- The practice worked closely with the local community and other organisations in planning how services were provided, to ensure that they meet people's needs. There were innovative approaches to enabling people to access services locally.
- The practice was part of a collaborative working group involving three other local GP practices. The group were working to combine community services, to enable patients to access more services locally. For example, patients could be referred to a local GP practice providing certain minor surgery that this practice did not provide, rather than having to attend the acute hospital. Alternatively, weekly physiotherapy clinics were held at Mickleover Surgery. A local GP practice could refer their patients to the clinics to enable them to be treated locally.
- The practice provided medical services to 73 patients in nine local care homes. The nurse practitioner and GPs had established a minimum of monthly 'ward rounds' to all the care homes to review patient's needs. The pro-active approach had resulted in more effective use of resources, improved communication and continuity of care for patients.
- The practice actively implemented improvements and changed the way it delivered services, as a result of feedback from patients and the patient participation group. For example, the group carried out a recent survey to obtain patients experiences of booking and

attending an appointment. In response to feedback, the reception staff had changed the way they asked questions and responded to patients requesting an appointment.

### Access to the service

Patients told us that they were able to access appropriate care and treatment when they needed it, and most people could access appointments and services in a way and at a time that suited them. A small number of patients said that experienced difficulty in booking appointments at times or sometimes had to wait a long time to be seen, by certain clinicians after their appointment time.

We found that the services were delivered in a way to ensure flexibility, choice and continuity of care.

- The practice was open between 8am and 6.30pm Monday to Friday. Appointments times were largely from 8.30am to 12 mid-day and between 2pm and 6pm daily.
- An extended hours surgery was available on Saturdays from 8.30am to 11.30 am for working patients who could not attend during normal opening hours.
- In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them.
- Same day appointments were available for children and those with urgent health issues.
- Longer appointments were available for patients where required, including people with complex needs, who were vulnerable, frail or elderly.
- Patients were encouraged to see the same clinician for re-current issues such as wound care, to ensure continuity of care.
- Home visits were available for frail, elderly, vulnerable or disabled patients who were unable to attend the surgery.
- Disabled facilities, a hearing loop and translation services were available.

The practice had experienced a significantly higher demand for registration and access to the service over the last 12 months. The list size had increased by 550 patients in just over a year. To meet the increased demand, the

# Are services responsive to people's needs?

## (for example, to feedback?)

number of clinical appointments had increased from around 380 to 392 a week. In addition, the capacity for telephone consultations had increased from around 20 to 40 a week compared to 12 months ago.

The national GP patient survey results published in July 2015 showed that patients mostly responded positively to questions about access to the service. For example:

- 92% of patients said that they were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 87% and national average of 85%.
- 77% of patients said they could get through easily to the surgery by phone compared to the CCG average of 75% and national average of 73%.
- 68% of patients described their experience of making an appointment as good compared to the CCG average of 74% and national average of 73%.
- 72% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and national average of 75%.
- 71% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 69% and national average of 65%.

### Listening and learning from concerns and complaints

Patients said they felt listened to and were able to raise concerns about the practice as the staff were approachable.

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the responsible person who handled complaints in the practice.
- We saw that information about how to complain was available and easy to understand.
- The practice had received three complaints in the last 12 months. Records showed that they had been acknowledged, investigated and responded to, in a timely and transparent way in line with the practice's policy.
- Complaints were reviewed as to how they were managed, to ensure that appropriate learning and improvements had taken place to prevent further concerns. The learning points from three recent complaints received, were shared with the staff team.
- Staff told us where possible, concerns were dealt with on an informal basis and promptly resolved. A system was in place to record incidents and informal concerns, which was separate to the practice complaints procedure. Staff completed an incident form and action taken where appropriate.
- Staff told us that the practice was open and transparent when things went wrong, and that patients received an apology when mistakes occurred. Complaint records we looked at supported this.

# Are services well-led?

Requires improvement 

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

## Our findings

### Vision and strategy

Feedback from patients was consistently positive about the way the service was managed.

- Staff were clear that the aims of the service was to deliver high quality care and promote good outcomes for patients, although the vision was not clearly set out and available to people.
- The partners held weekly meetings to discuss the business and review on-going improvements. They were clear as to the short and long term plans for the service, and were able to demonstrate a commitment to on-going improvements. Whilst the practice's business plan was not formally set out, a resilience plan was being completed, which will form part of the plan.

### Governance arrangements

Overall, the governance systems supported the delivery of good quality care. The procedures in place ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.

However, effective governance systems were not in place in regards to the following:

- A robust clinical audit programme was not in place to ensure on-going quality improvement and effective care, through completed audit cycles.
- Not all safety incidents and significant events were analysed and managed in a systematic and detailed way, to determine the overall quality of care and improvements made.
- Various internal and external meetings took place to aid communication and continually improve how the practice delivered services to patients. However, there were limited opportunities for all staff to meet as a full team, and for clinical staff to discuss best practice guidelines and changes.

- A formal training plan was not set out, to plan future staff training needs. Whole team and mandatory training records were kept in a spread sheet. The GPs and nurses also held their own training records, in addition to that recorded in the spread sheet.

### Leadership, openness and transparency

- There was a clear leadership structure in place. The findings of this inspection showed that the partners and the practice manager had the experience, skills and ability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care.
- The senior managers were visible in the practice and staff told us that they were approachable, and take the time to listen to all members of staff.
- Staff were clear about their roles and responsibilities, and felt that the practice was well-led.
- Following recent changes within the nursing team, clinical staff were taking on further lead responsibilities to ensure that the service was well led.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so, and felt supported if they did.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty.

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and an apology.

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

The practice encouraged and valued feedback from patients, the public and staff. It actively sought patients' feedback through:

# Are services well-led?

Requires improvement 

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

- The patient participation group (PPG), comment cards, complaints and various surveys. The PPG planned to carry out a survey to obtain the views of children and young people in the New Year.
- There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG took part in a recent survey to obtain patients views about extended surgery hours. The PPG fed back the survey findings that people would like a surgery on a Saturday morning, and the changes were implemented.
- The practice had also gathered feedback from staff through meetings, appraisals and general discussion. Staff told us they would not hesitate to give feedback, and discuss any concerns or issues with colleagues and management. Staff said that they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The commitment to learning and the development of staffs' skills was recognised as essential to ensuring high quality care.

Staff told us that they were actively supported to acquire new skills, and obtain further qualifications to improve the services. For example, the lead nurse for diabetes had recently completed advanced training to further improve outcomes for patients.

The practice team took part in local pilot schemes to improve outcomes for patients in the area. For example, they were involved in a CCG project to promote early cancer referral, diagnosis and appropriate treatment. The practice and the CCG had yet to review the outcomes of the project.

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 (2)– Good Governance</p> <p><b>How the regulation was not being met:</b></p> <p>Effective governance systems were not in place to assess, monitor and improve the quality and safety of the services provided in regards to the following:</p> <p>A robust clinical audit programme was not in place to ensure on-going quality improvement and effective care, through completed audit cycles.</p> <p>Not all safety incidents and significant events were analysed and managed in a systematic way, to determine the overall quality of care and improvements made.</p> <p>There were limited opportunities for all staff to meet as a full team to aid communication.</p> <p>A formal training plan was not set out, to plan future staff training needs.</p> <p><b>Regulation17 (2)</b></p>