# Thornbrook Surgery

## Quality Report

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

## Ratings

| Overall rating for this service | Good |
|---|---|
| Are services safe? | Good |
| Are services effective? | Good |
| Are services caring? | Good |
| Are services responsive to people's needs? | Good |
| Are services well-led? | Good |

# Summary of findings

## Contents



## Overall summary

**Letter from the Chief Inspector of General Practice**

We carried out an announced comprehensive inspection at Thornbrook Surgery on 11 July 2016. Overall the practice is rated as good.

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

- There was a system in place for the reporting and recording of significant events. Learning was applied from events to enhance the delivery of safe care to patients.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. A regular programme of clinical audit reviewed patient care and ensured actions were implemented to improve services as a result.
- The practice planned and co-ordinated patient care with the wider multi-disciplinary team to deliver effective and responsive care to keep vulnerable patients safe.
- The practice was committed to staff training and development and the practice team had the skills, knowledge and experience to deliver high quality care and treatment. The practice had an effective appraisal system in place.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. The practice analysed and acted on feedback received from patients.
- Information about how to complain was available upon request and was easy to understand, although no details were displayed in the waiting area. Improvements were made to the quality of care as a result of any complaints received.
- Patients provided mixed views on their experience in making an appointment to see a GP. However, we saw that patient feedback on access had improved in the latest GP survey, and the practice was taking proactive steps to address this issue.
- Longer appointments were available for those patients with more complex needs. A nurse practitioner triaged calls and ensured that any patient requiring an urgent appointment was seen on the same day.

# Summary of findings

- Risks to patients were assessed and well managed. However, the practice needed to update their fire risk assessment.
- The practice had good facilities and was well-equipped to treat patients and meet their needs.
- The practice funded a specialist respiratory nurse who attended the practice once a fortnight to monitor and review patients with breathing difficulties.
- The practice had developed their own detailed chaperoning guidelines for staff which were designed around specific examinations. For example, when acting as a chaperone during a breast examination.
- The practice had developed robust contingency planning arrangements.
- There was a clear leadership structure in place and the practice had a governance framework which supported the delivery of good quality care. Regular practice meetings occurred, and staff said that GPs and managers were approachable and always had time to talk with them.
- The practice had a clear vision for the future and ensured that the whole practice team were included in reviewing and planning service delivery. The aspirations of the partners were in line with the CCG strategy of delivering high quality care closer to the patient's home.

We saw the following areas of outstanding practice:

- We received a number of examples demonstrating where staff had provided care above and beyond expectations. This included visiting patients at home during the weekend; organising a hospital discharge for a complex patient to comply with a patient's wishes; and providing a course of treatment outside of opening hours to enable a patient to attend work. We observed that patients would have had to be admitted into hospital, retained in the hospital, or attended the hospital to access treatment, without this level of commitment to care by practice staff.
- The practice provided access to a range of mental health support that included a psychotherapist; a counsellor; a consultant psychiatrist for older people; and a cognitive behavioural therapist to support patients with mental health needs. At least one of these professionals was present in the surgery each working day. These services were accessible to all people who resided locally. Outcomes for mental health care were above local and national averages.

The areas where the provider should make improvement are:

- Undertake an up to date fire risk assessment.
- Display information on the complaints procedure in the waiting area.

**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?

Good

- Staff reported all significant events, and learning was applied from incidents to improve safety in the practice. An annual review was undertaken for all incidents to ensure that the agreed actions had been satisfactorily completed.
- The practice had a designated infection control lead who undertook regular audits, and worked with the local infection prevention and control teams for advice when required.
- The practice had embedded systems, processes and practices in place to keep people safe and safeguarded from abuse. This included the development of clear written guidelines for staff who acted as chaperones.
- The practice adhered to written recruitment procedures to ensure all staff had the skills and qualifications to perform their roles, and had received appropriate pre-employment checks.
- Most risks to patients and the public had been identified with systems in place to control these. However, the practice did not have an up to date fire risk assessment in place.
- There were effective systems in place to manage medicines and prescriptions kept on site appropriately. Patients on high risk medicines were monitored on a regular basis, and uncollected prescriptions were monitored by practice staff. Actions were taken to review any medicines alerts received by the practice, to ensure patients were kept safe but recording to demonstrate actions taken could be strengthened.
- The practice had effective systems in place to deal with medical emergencies.
- The practice ensured staffing levels were sufficient at all times to effectively meet their patients' needs.
- The practice had robust contingency planning arrangements, supported by a comprehensive and up to date written plan.

### Are services effective?

Good

- The practice delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice used a web based electronic system to access the latest clinical information including local care pathways and the management of referrals.

# Summary of findings

- Data showed patient outcomes were slightly above average for the locality. The practice had achieved an overall figure of 99.5% for the Quality and Outcomes Framework 2014-15. This was 1.4% above the CCG average and 4.8% above the national average.
- A regular programme of clinical audit demonstrated quality improvement, and we saw examples of full cycle audits that had led to improvements in patient care and treatment.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- New employees received inductions, and all members of the practice team had received an appraisal in the last 12 months including a review of their training needs.
- The practice was committed to staff development at all levels and encouraged opportunities for individuals to enhance their skills within a supportive environment.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs, in order to deliver care effectively. This was supported by a rolling programme of weekly meetings attended by a range of health and care professional staff.
- The practice was able to demonstrate high achievement in terms of outcomes for patients experiencing mental health difficulties. This was assisted by the excellent access to mental health support within the practice. The practice was able to demonstrate that the interventions available had impacted positively – for example, lower referrals were made to the crisis support team.

**Are services caring?**

Good

- We observed a strong and visible patient-centred culture. Staff treated patients with kindness and respect, and maintained confidentiality throughout our inspection.
- Patients we spoke with during the inspection, and feedback received on our comments cards, indicated they were treated with compassion, dignity and respect and felt involved in decisions about their care and treatment.
- Data from the latest GP survey showed that patients generally rated the practice above or in line with local and national averages in respect of care.
- We were informed of many examples in which staff had provided personalised care and support for individual patients, in response to their needs. For example, exemplary care being delivered to an older patient to expedite their return to their

# Summary of findings

own home from hospital. This included taking responsibility for fully co-ordinating the patient's discharge, and visiting them at the weekend to ensure they were safe and receiving the care that was required.
- Feedback from community based health care staff and care home staff was consistently positive with regards to the high standards of care provided by the practice team.
- The practice had identified 2% of their list as being carers, which is in line with expected averages. Information was available on the various types of support available to carers, although we did not see any proactive measures being taken by the practice to address their ongoing health needs.
- The practice supported charities to help their local community. For example, assisting in the donation of old glasses for Africa, and promoting the 'message in a bottle' scheme in which vulnerable patients provided key information for use in times of emergency.

**Are services responsive to people's needs?**

Good

- Comment cards and patients we spoke with during the inspection provided mixed views about their experience in obtaining a routine appointment. However, the latest GP survey showed that patient satisfaction was generally in line with local and national averages with regards access to GP appointments.
- The practice was aware that patients had expressed some dissatisfaction with access arrangements. They kept the situation under ongoing review and strove to improve this, for example, a new telephone system was being introduced to allow 24 hour patient access to book, cancel, check or change appointments.
- Urgent appointments were available on the day. The practice offered an extended hours' surgery on one morning and one evening each week.
- Patients could book appointments and order repeat prescriptions on line. The practice participated in the electronic prescribing scheme, so that patients could collect their medicines from their preferred pharmacy without having to collect the prescription from the practice.
- The practice hosted a range of services on site which made it easier for their patients to access locally. This included a number of NHS out-patient clinics; a physiotherapy clinic; services for patients with mental health problems; and a Citizens Advice Bureau session to assist patients with benefits advice.

# Summary of findings

- The practice implemented improvements and made changes to the way it delivered services as a consequence of feedback from patients.
- The premises provided modern and clean facilities and were well-equipped to treat patients and meet their needs. The practice accommodated the needs of patients with disabilities, including access to the building through automatic doors.
- The practice provided care for residents at two local care homes. We spoke with representatives from each home who informed us that the practice was highly responsive to their patients' needs. Weekly visits by a named GP ensured patients were reviewed regularly, and urgent visits were undertaken as required.
- Information about how to complain was available, although this was not clearly displayed in the waiting area. Learning from complaints was shared with staff to improve the quality of service.
- If patients at reception wished to talk confidentially, or became distressed, they were offered a more private area to ensure their privacy.

**Are services well-led?**

Good

- The partners had a strong commitment to delivering high quality care and promoting good outcomes for patients. There was a focus on future delivery and the practice had a vision to develop a more integrated service based from the site, including more joined up working with the voluntary sector.
- Due to its location on the edge of the High Peak, hospital services were often quite remote for practice patients. The partners had instigated an independent provider service which relocated some NHS out-patient services into the community, making these more accessible for local residents. This approach was supportive of the local CCG strategy for 21st century patient care.
- An inclusive approach with the practice team led to the development of a set of values in being considerate, accurate, respectful and empathetic. These values were embedded into the practice culture and were used to underpin staff appraisals and referenced as ground rules for meetings and decision-making. Staff knew and understood these values.
- The partners worked collaboratively with the CCG and with other GP practices in their locality. A GP was the CCG's primary care lead and contributed to developments both within the practice and in the wider health community.

# Summary of findings

- The partners reviewed comparative data provided by their CCG and ensured actions were implemented to address any areas of outlying performance. A proactive audit programme sought to continually improve services for patients.
- Staff felt supported by management, and the practice held regular staff meetings.
- The practice had developed a range of policies and procedures to govern activity.
- The practice proactively sought feedback from patients, which it acted on to improve service delivery.
- The practice had an active Patient Participation Group (PPG). This group engaged well with the practice, and made suggestions to improve services for patients.
- The practice used innovation measures to shape service delivery. For example, the practice had submitted a successful bid to fund mental health and dementia support workers in partnership with a nearby practice.

# 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

Good

- The practice had higher numbers of older people registered with them compared to the national average (for example, 22.4% of patients were over 65, compared against a national average of 17.1%). The practice ensured that their services were tailored to meet the needs of their older patients, and 99% of patients over 75 had received contact from a health professional in the previous 12 months.
- The practice team knew patients and their families very well, and this helped them to provide responsive care and provide additional support if this became necessary.
- The practice had developed a number of in-house services to prevent older patients from travelling to hospitals in Macclesfield, Stockport and Chesterfield. The services included NHS out-patient clinics; a visiting consultant for older people's mental health; and a hearing assessment clinic.
- The practice had access to a local charitable domiciliary physiotherapy service which provided care for frail and vulnerable patients in their own home.
- The practice worked closely with other professionals to plan and deliver patient care. We observed a multi-disciplinary meeting on the day of our inspection and saw this effectively focused on addressing individual patients' needs.
- A local charitable service provided transport for the elderly and vulnerable to access surgery appointments. This was important due to the rural nature of some of the area served by the practice.
- Longer appointment times were available and home visits were available for those unable to attend the surgery. Appointments were offered to older patients earlier in the day during winter to prevent patients travelling home when dark.
- Named GPs provided weekly visits to two local care homes. The practice responded to any urgent patient needs on the same day. Staff at the care homes told us that they had a very good relationship with the practice and were highly satisfied with the service provided to patients. The practice held regular meetings with the home to review the service provided.
- Uptake of the flu vaccination for patients aged over 65 was 70% which was in line with local (73.9%) and national (70.5%) averages.

# Summary of findings

### People with long term conditions

Good

- The practice achieved 96.6% for diabetes related indicators, which was in line with the local average of 96.7% and above the national average of 89.2%. This was achieved with a lower exception reporting rate across the ten individual indicators for diabetes.
- The practice undertook annual reviews for patients on their long-term conditions registers. For example, 76% of patients with chronic obstructive airways disease (COPD) had received a review of their condition in the last 12 months.
- Annual reviews for diabetes consisted of coordinated appointments with the health care assistant, followed by an appointment with the nurse or GP in one visit to discuss patients' needs.
- The practice was establishing a pre-diabetes register with plans to expand the care provided to this cohort of patients. The majority of diabetes care was provided in-house and this included the initiation of insulin.
- The practice funded a specialist respiratory nurse to attend the practice each fortnight. Care plans had been created for these patients by this nurse and the arrangements in place had impacted on a reduced number of hospital admissions for these patients.
- The practice-employed care co-ordinator worked with other services and agencies to plan and deliver patient care, particularly for those patients being discharged following a hospital admission.
- The practice provided a range of services on site for patients with a long-term condition. This included spirometry (to assess breathing difficulties); memory testing; foot checks for patients with diabetes; and INR monitoring. INR testing measures the length of time taken for the blood to clot to ensure that patients taking particular medicines were kept safe.

### Families, children and young people

Good

- The health visitor attended a meeting with practice clinicians once a month to discuss any child safeguarding concerns, and there was effective liaison between these meetings regarding any issues.
- Child protection alerts were used on the clinical system to ensure clinicians were able to actively monitor any concerns.
- The midwife held an ante-natal clinic on site every week. The practice website had an information section about ante-natal care including local services and their contact details.

# Summary of findings

- Childhood immunisation rates were high with over 50% of the vaccinations provided achieving 100% uptake. Overall, childhood immunisation rates for the vaccinations given to infants aged five and below ranged from 94.8% to 100% (local average 95.2% to 98.9%).
- Requests for child consultations were prioritised. Telephone advice was offered to parents when required.
- Appointments were available outside of school hours
- A dedicated family planning clinic was provided to fit and remove intrauterine devices (coils) and implants. Clinician provided advice on all aspects of contraception. Chlamydia testing kits were readily available on site.
- The practice had baby changing facilities, and toys were provided for younger children. The practice welcomed mothers who wished to breastfeed on site, and their website provided information on local breastfeeding support groups and general advice.
- The practice engaged with local schools and colleges, for example regarding PPG membership, and the further development of the practice values. Children at a local school had painted a mural displayed in the main waiting area to represent practice values.

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

Good

- The practice offered on-line booking for appointments and requests for repeat prescriptions. The practice provided electronic prescribing so that patients on repeat medicines could collect them directly from their preferred pharmacy.
- Extended hours' GP consultations were available at the main site. Early morning and evening appointments were available on one day each week to accommodate the needs of working people.
- The practice provided a simple registration process for students who wished to temporarily return to the practice.
- The practice held twice-weekly 'drop-in' blood clinics.
- The practice provided examples of a flexible approach in seeing patients to accommodate their requirements. For example, a nurse received a CCG award having attended work early on a regular basis to provide treatment for a patient to enable them to get to work and also visited them at home during the weekend.
- The practice promoted health screening programmes to keep patients safe. For example, screening uptake for cervical, bowel and breast cancer was in line with local and national averages.

# Summary of findings

- The practice offered health checks for new patients and NHS health checks for patients aged 40-74.
- The practice referred patients to health trainer sessions for support and advice including weight management, smoking cessation, and alcohol consumption.
- The practice provided free Wi-Fi facilities for patients attending the practice. This was organised further to feedback received by Healthwatch.

**People whose circumstances may make them vulnerable**

Good

- The practice had undertaken an annual health review in the last 12 months for 70% of patients with a learning disability.
- Longer appointments and home visits were offered to vulnerable patients, including patients with a learning disability, when required.
- The practice ensured flexibility in their approach to individuals for specific needs, and provided examples to support this. For example, a patient with a learning disability could sit with their carer in the car whilst waiting for their appointment as they felt calmer in doing this. Staff made the clinician aware and would arrange to go and collect the person from the car park when their appointment was due.
- The practice provided high quality end of life care. Patients with palliative care needs were reviewed at a monthly multi-disciplinary team meeting, and had supporting care plans in place. Community nursing staff informed us that the GPs were caring and highly responsive to these patients, and ensured that any needs were acted upon promptly.
- Staff had received adult safeguarding training and were aware how to report any concerns relating to vulnerable patients.

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

Outstanding

- The practice achieved 100% for mental health related indicators in QOF, which was 1.9% above the CCG and 7.2% above the national averages. This was achieved with significantly lower levels of exception reporting.
- 97.4% of patients with poor mental health had a documented care plan during 2014-15. This was 4.1% higher than the CCG average and 9.1% higher than the national average.
- Access to a range of professionals for mental health support was provided on site each day. This included a counsellor, a

consultant psychiatrist for older people, and a cognitive behavioural therapist. CBT is a technique used to empower patients to resolve problems by changing their thinking and behaviours.

- A GP had been involved in developing the mental health strategy for the region as part of a role with the CCG. The practice had initially funded a psychotherapist to provide support for patients on site. This was successful and was expanded to all local patients and funded by the CCG, with the service still being delivered from the practice.
- Appointments were usually booked with the same GP to ensure continuity of care for patients experiencing mental health difficulties.
- 98.1% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months. This was 14% above local and national averages, but with exception reporting rates at 12% higher.
- Staff had undertaken dementia awareness training, and the practice had applied for 'Dementia Friends' status to enhance their knowledge of support available to patients and their carers.
- A community psychiatric nurse (CPN) worked with the practice, and usually attended weekly multi-disciplinary meetings to review and discuss any patients with ongoing mental health needs.

# Summary of findings

## What people who use the service say

The latest national GP patient survey results were published in July 2016. The results showed the practice was generally performing in line with local and national averages. A total of 220 survey forms were distributed and 111 were returned, which was a 50% completion rate of those invited to participate.

- 81% of patients found it easy to get through to this surgery by phone compared to a CCG average of 77% and a national average of 73%.
- 88% of patients were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 88% and a national average of 85%.
- 69% of patients described their experience of making an appointment as good compared to a CCG average of 76% and a national average of 73%.
- 86% of patients found the receptionists at this surgery helpful compared to a CCG average of 89% and a national average of 87%.
- 58% of patients usually waited 15 minutes or less after their appointment time to be seen compared to a CCG average of 71% and a national average of 65%.
- 83% of patients said they would recommend this surgery to someone new to the area compared to a CCG average of 84% and a 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 40 comment cards and the majority of patients provided personal comments about the high standards of care received from the whole practice team. Patients commented that they were listened to and were given sufficient time to discuss their health needs during consultations. Patients also said that they had observed staff adhering to high standards of hygiene and that the practice always looked clean. However, nine cards which stated overall satisfaction with the service and staff, also included negative feedback relating to the appointment system; and one comment card expressed a negative experience about booking appointments.

All of the 12 patients we spoke with during the inspection said that they were treated with dignity and respect by the practice staff. Patients reported a high level of satisfaction regarding their consultations, stating that they were provided with sufficient consultation time, and that they were treated as individuals. However, some patients stated that they were dissatisfied with the long waits for a routine GP appointment.

# Thornbrook 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 and an Expert by Experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service

## Background to Thornbrook Surgery

Thornbrook Surgery provides care to approximately 8,522 patients in Chapel-en-le-Frith, a small town in the High Peak area of North Derbyshire. The practice also has a branch site based in the nearby village of Chinley. It provides services to a combination of urban and rural populations. The surgery provides primary care medical services via a Personal Medical Services (PMS) contract commissioned by NHS England and North Derbyshire Clinical Commissioning Group (CCG). The practice operates from a refurbished purpose-built detached building.

The practice is run by a partnership of four GPs (two males and two females), and the partners employ a salaried male GP. Another GP is presently working in the capacity of a long-term locum.

The nursing team comprises of two nurse practitioners, two practice nurses, and two health care assistants. The practice directly employs a community matron and a care co-ordinator, who undertake dual roles within the practice. The clinical team is supported by a practice manager, a business manager and an information technology (IT) manager, with a team of nine administrative and reception staff including an office manager. The practice also employ a cleaner at their branch site.

The partnership is an established training practice and a GP registrar (a qualified doctor who is completing training to become a GP) works within the practice. It is also a teaching practice and accommodates placements for medical and nursing students.

The registered practice population are predominantly of white British background, with only 1.5% of patients recorded as being of non-white ethnicity. The practice is ranked in the second lowest decile for deprivation status, and is generally considered an area of relatively high affluence, with a deprivation score of 11.5 (England average is 21.8). The practice age profile has higher numbers of patients aged 45 and over. For example 22.4% of the practice population are aged 65 and above, which is comparable to the CCG average of 21.7%, but above the national average of 17.1%.

The practice opens from 8am until 6.30pm Monday to Friday. Scheduled GP morning appointments times are usually available from 8.30am (9am on Monday) until approximately 11.20am, and afternoon surgeries run approximately from 3.20pm to 5.40pm. The practice closes on one Wednesday afternoon each month for staff training. Extended hours opening is available on a Monday morning from 7.30am and Monday evening until 8pm.

The practice has opted out of providing out-of-hours services to its own patients. When the practice is closed, patients with urgent needs are directed via the 111 service to a locally based out-of-hours and walk-in urgent care centre in New Mills operated by Derbyshire Health United (DHU). This opens from 6.30pm to 10.30pm each weekday,

and from 9.30am until 10.30pm at weekends and bank holidays. Patients also have access to the minor injuries unit in Buxton. The nearest Accident and Emergency (A&E) units are based in Macclesfield and Stockport.

## 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.

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

## How we carried out this inspection

Before our inspection, we reviewed a range of information that we hold about the practice and asked other organisations including NHS England and NHS North Derbyshire CCG to share what they knew.

We carried out an announced inspection on 11 July 2016 and during our inspection:

- We spoke with staff including GPs, the practice manager, the business manager, IT manager, the office manager, a practice nurse, a health care assistant and members of the reception and administrative team. In addition, we spoke with representatives from two local care homes, a health visitor, a district nurse, and a member of the CCG medicines management team regarding their experience of working with the practice team. We also spoke with twelve patients who used the service, and two members of the practice patient participation group.
- We observed how people were being cared for from their arrival at the practice until their departure, and reviewed the information available to patients and the environment.
- We reviewed 40 comment cards where patients and members of the public shared their views and experiences of the service.
- We reviewed practice protocols and procedures and other supporting documentation including staff files and audit reports.

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
- 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)

Good

# Are services safe?

## Our findings

### Safe track record and learning

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

- A form was available to report incidents and this was readily accessible to staff. The practice had devised an additional template for the reporting of administrative incidents, which was simplified in acknowledgement that there was generally less information to be recorded than for clinical events, and the issues could be resolved quickly by those whom it directly impacted upon. This form also encouraged reporting at all levels as it was less onerous to complete.
- Incidents were reviewed to determine the level of risk and actions were taken immediately when required. The practice carried out an analysis of all their significant events and discussed relevant incidents at staff meetings which were held monthly.
- The practice team undertook an annual review of all incidents to ensure all actions had been completed and learning had been applied to enhance patient safety and experience.
- We observed that incidents forms were completed appropriately with evidence of any agreed actions being completed. However, details within minutes of meetings were limited and therefore did not provide evidence of the discussions held and any resulting outcomes.
- When there were unintended or unexpected safety incidents, people received support, information, an apology, and were told about any actions taken to prevent the same thing happening again.

A total of nine significant events had been recorded by the practice team over the preceding 12 month period. Learning points were identified to improve safety in the practice. For example, a GP attended a CCG clinical governance meeting which highlighted the importance of the six week baby check in ensuring the safety and well-being of the child. This was then used as a significant event by the practice to do a full review of the process including the midwife and health visitor. This led to changes which included updating information on the practice website, and designing a comprehensive leaflet for new parents providing details on immunisation schedules; postnatal check-ups; six week baby checks; and breastfeeding.

The practice had a process to review and cascade alerts received via the Medicines Health and Regulatory Authority (MHRA). When these raised concerns about specific medicines, the IT manager undertook computer searches to identify which patients may be affected. Effective action was then taken by clinicians to ensure patients were safe, for example, by reviewing their prescribed medicines. The practice had developed a protocol for this process, and we saw evidence of audits that had been instigated further to the receipt of MHRA alerts. The practice did not hold a log of alerts summarising the actions taken as a source of evidence or point of reference for other staff; however we were assured that the system in operation kept patients safe.

### Overview of safety systems and processes

The practice had defined systems and procedures in place to keep people safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to staff. Practice safeguarding policies were accessible and up-to date. Some staff were utilising a mobile phone application to have immediate access to key safeguarding information, such as who to contact with any concerns about an individual. There was a lead GP for safeguarding both children and adults, who had received training at the appropriate level (level 3) in support of these roles. The health visitor attended a monthly meeting with clinicians from the practice team to discuss any child safeguarding concerns. The cases discussed were documented in the patients' electronic record and minutes of the meeting were recorded. The health visitor informed us that the safeguarding lead GP was easily accessible to discuss any concerns, and that they responded appropriately to any concerns that were raised. Practice staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- A notice in the reception and the consulting rooms advised patients that a chaperone could be made available for examinations upon request. The health care assistant or practice nurse would usually act as a chaperone, but members of the reception and administration team had undertaken training in support of this role, and could also provide this service if

required. The practice had developed their own chaperoning guidelines for staff which were designed around specific examinations, for example, acting as a chaperone during a breast examination. Staff who undertook chaperoning duties had received a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- We observed that the practice was tidy and maintained to good standards of cleanliness and hygiene. A practice nurse was the appointed infection control lead role and additional training had been undertaken in support of this role. A good working relationship had been established with the local infection control and prevention team, and the practice provided a recent example of effective liaison with this team regarding the management of a patient with an infectious condition. There were infection control policies in place, which had been reviewed regularly. Practice staff had received infection control training including handwashing, and received information as part of new staff inductions. Annual infection control audits were undertaken regularly, and we saw evidence that recommendations had been made as a result of this, which were being formalised into an action plan. The practice used a contractor to provide cleaning services at their main site, and employed a cleaner for the branch site. Deep cleans were undertaken every six months. There was a written schedule of cleaning tasks, and we saw evidence that these checks were being recorded, and arrangements were in place to monitor cleaning standards. Documentation of clinical waste consignment notes was available and the clinical waste procedure in place was robust.
- We saw evidence that staff had received vaccinations to protect them against hepatitis B.
- We reviewed three staff files and found that recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.
- The practice had a robust system to manage incoming correspondence to ensure that any actions, such as a change to a patient's medicines, were completed promptly. Staff understood the process in place and we saw that all correspondence was up to date on the day of our inspection.

**Medicines management**

- The arrangements for managing medicines in the practice, including emergency medicines and vaccinations, kept patients safe. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Prescriptions were rarely taken out of the practice for home visits, as these were generated on return to the practice to enable the computer to prompt any potential concerns. Monthly medicines stock checks including expiry dates were undertaken and we saw documented evidence of this. Signed and up-to-date Patient Group Directions were in place to allow nurses to administer medicines in line with legislation, and healthcare assistants administered medicines against a patient specific prescription or direction from a prescriber. Nurse prescribers received support and mentorship from a designated GP prescribing lead.
- We observed systems to regularly monitor patients prescribed high-risk medicines, and we were informed of a robust process to monitor any uncollected prescriptions and follow this up with the patients concerned.

**Monitoring risks to patients and staff**

- There was a health and safety policy available and there were some risk assessments in place to monitor safety of the premises such as the control of substances hazardous to health. Site inspections were undertaken approximately every six months to check the fabric of the building, security issues, or other potential health and safety matters.
- The practice was unable to provide a recently documented fire safety risk assessment, although a fire risk assessment had been undertaken in 2006. Staff had received regular fire training, and the practice had undertaken evacuations to ensure staff were aware of the procedure to follow in the event of a fire, although this was now requiring an update.
- A formal risk assessment for legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings) had been recently completed. The practice was in the process of working

through the full recommendations of their legionella report at the time of our inspection, and were undertaking regular running of infrequently used taps and water outlets at the branch site.

- All electrical equipment was regularly inspected to ensure it was safe to use, and medical equipment was calibrated and checked to ensure it was working effectively. We saw certification that this had been completed by external contractors in the last 12 months.
- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs. We were provided with examples of how the team worked flexibly to ensure adequate cover was available at all times.

**Arrangements to deal with emergencies and major incidents**

The practice had 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 and patient areas, which alerted staff to any emergency. An audible alarm was also available.
- All staff had received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. Arrangements were in place to relocate to other premises should this be required. The plan was reviewed regularly with the most recent update in June 2016. The practice provided an example of how the plan had been mobilised during adverse weather conditions with a GP being able to access patient information via the use of an iPad. A copy of the plan was kept off site in case access to the premises was not possible. The practice also assisted others with their own contingency planning – for example, the practice had provided temporary accommodation for some health care staff when remedial building work was required in their own unit to address asbestos.

Good

# Are services effective?

(for example, treatment is effective)

## Our findings

**Effective needs assessment**

The practice delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines, and local guidance, for example, in relation to prescribing. New guidance was cascaded to all clinicians with a lead GP highlighting the most relevant points for attention. The practice used a web based electronic system to access the latest clinical information and details on local care pathways and referral management to assist with patients consultations.

**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 were 99.5% of the total number of points available. This had been achieved with a low level of exception reporting rates at 7.3%, compared to a local average of 11% and national average of 9.2%. 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. Practice held data, which had not yet been verified, demonstrated that high QOF achievement had been maintained for 2015-16.

QOF data from 2014-15 showed:

- Performance for diabetes related indicators was 96.6% which was comparable to the CCG average of 96.7% and above the national average of 89.2%. Exception reporting for diabetes related indicators at 7.9% was below the CCG average of 13.4%, and the national average of 10.8%.
- 86.5% of patients with hypertension had regular blood pressure tests which was similar to the CCG average of 85.3%, and marginally higher than the national average of 83.6%.
- An achievement of 100% for indicators relating to breathing difficulties including asthma and chronic obstructive pulmonary disease was higher than local and national averages. Exception reporting levels for these conditions were in line with, or below, local and national averages.
- The practice achieved 100% for mental health (1.9% above local and 7.2% above national averages) with exception reporting rates at only 3.3% (local 14.5%; national 11.1%)

We observed that access to mental health support services in the practice on a daily basis contributed to positive outcomes for patients. For example, one of the mental health service providers attending the practice had seen 85 patients referred by the practice in the preceding six month period. Despite a small number of non-attenders, the majority of patients were assessed or completed a support programme with no recorded referrals to the crisis support team.

There was evidence of quality improvement including a comprehensive programme of clinical audit.

- There had been seven clinical audits undertaken in the last year. Two of these were completed full cycle clinical audits where changes were implemented and monitored with positive outcomes for patients.
- We reviewed a full cycle audit on the care pathway used for the diagnosis and treatment of deep vein thrombosis (Thornbrook Surgery is one of only four practices in North Derbyshire CCG to provide this service). Expert advice indicated that it was essential that care provided under this pathway needed to be wholly in accordance with protocols, and fully documented to evidence this. The initial audit demonstrated compliance at 26.7%, and the practice developed a specific protocol template and highlighted the importance of its use to the team via tasks on the computer system. A further audit demonstrated the usage of the template had actually reduced adherence to the protocol. This led to a full training session, with training being incorporated into inductions for all new registrars and locum GPs. This led to an increase usage of the protocol at 52%, and highlighted to the practice that passive dissemination of new protocols was insufficient and active measures, such as face to face training had significantly more impact.

Good

# Are services effective?

## (for example, treatment is effective)

- The practice worked closely with the CCG pharmacist and medicines management technicians and carried out medicines audits to ensure prescribing was cost effective, and adhered to local guidance.
- The practice participated in local benchmarking activities. For example, the practice undertook a review of quarterly data provided by their CCG including referral rates and hospital admissions.

**Effective staffing**

- The practice had established a good clinical and non-clinical skill mix within their team. Advanced nurse practitioners and a nurse practitioner complimented the work of the GPs, and provided autonomy for these nurses to see patients with a wider range of presentations and to prescribe some medicines directly. The former practice manager had remained with the practice in a part-time role as business manager. This gave some capacity for specific projects whilst initially also providing mentorship for the new practice manager. The practice employed a designated IT manager which had helped them utilise the functionality of their IT system to best effect, and help with data analysis and clinical coding to ensure accurate records and monitored that patients received the right care.
- The practice had developed induction programmes for all newly appointed staff. This incorporated relevant topics for new staff, and we saw evidence of completed induction programmes in staff files.
- The practice ensured role-specific training with updates was undertaken for relevant staff e.g. administering vaccinations and taking samples for the cervical screening programme.
- There was encouragement and a commitment to develop and support staff to enhance their skills and knowledge. Staff had received an appraisal within the last 12 months. We spoke to members of the team who informed us of how learning opportunities had been discussed during the appraisal and supported by the practice. For example, two health care assistants been supported to complete level three national vocational qualifications (NVQs) in healthcare, and the office manager had undertaking a management course. Another member of the team had taken on additional responsibilities as a care co-ordinator.
- Staff received training that included safeguarding, fire safety awareness, and basic life support. Staff had access to and made use of e-learning training modules and in-house training. The practice had protected learning time on one afternoon each month, and in-house training was arranged for the practice team. GPs attended training events organised by their CCG on some of these months.
- Nurses had support for their roles. For example, the advanced nurse practitioners were able to access mentorship and advice from GPs in respect of their roles, and particularly in relation to their independent prescribing status.
- The GP registrar provided a statement praising the practice for their support, and the commitment given to support their ongoing professional development.

**Coordinating patient care and information sharing**.

- The information needed to plan and deliver care and treatment was available to clinicians in a timely and accessible way through the practice's electronic patient record system. This included care plans, medical records, and investigation and test results.
- The practice team worked collaboratively with other health and social care professionals to assess the range and complexity of patients' needs, and plan ongoing care and treatment. The practice had appointed their own care co-ordinator who provided a pivotal role in these meetings. A rolling four week programme of multi-disciplinary meetings were held with representation from a wide range of professionals including district nurses, the community psychiatric nurse for older patients, social services, and the community palliative nurse. The rolling programme focused upon vulnerable patients (including those at high risk of hospital admission); patients with end of life needs; patients in care homes; and child safeguarding concerns. We observed one of these meetings which took place on the day of our inspection, and we saw that this was a very effective means of communication on key issues with clear evidence of decision-making to keep patients safe and well. Minutes were produced from these meetings, and electronic patient records were updated to reflect discussions and any agreed action points.
- Clinical staff met together informally at the end of each morning, and this offered an opportunity to discuss any

Good

# Are services effective?

## (for example, treatment is effective)

issues which required action. It also meant that community staff had easy access to the clinical staff during this time if they wished to discuss any patient concerns.

- The practice worked with their allocated CCG pharmacist and two medicines management facilitators who attended the practice regularly to offer advice and support on prescribing issues. We spoke to a member of this team who was extremely complimentary with regards to her experience of working with the practice team.

**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. Staff were able to say how this applied in individual cases, and the actions they would take. For example, staff followed national guidelines to assist clinicians in deciding whether or not to give sexual health advice to young people without parental consent.
- Where a patient's mental capacity to consent to care or treatment was unclear, the clinician assessed the patient's capacity and, recorded the outcome of the assessment.
- Consent was recorded for any invasive procedures including coil fittings and minor surgical procedures. Consent was usually sought verbally but always documented within the patient record.

**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 relevant patients to a health trainer to provide advice on healthier lifestyles, and signposted patients to community based support programmes, including services to help patients stop smoking.

The practice's uptake for the cervical screening programme was 83%, which was in line with the local CCG average of 84.1%, and national average of 81.8%. The practice had lower exception reporting rates, indicating an inclusive approach. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening and uptake was generally in line with local and national averages.

Childhood immunisation rates for the vaccinations given to children aged up to five years of age were high. Many immunisations had been completed on 100% of eligible children. The overall childhood immunisation rates for the vaccinations given to under two year olds ranged from 94.8% to 100% (local average 95.2% to 98.9%) and five year olds from 98.7% to 100% (local average 96.5% to 99.1%).

The practice provided health checks for new patients and NHS health checks for patients aged 40–74. A total of 56% of patients offered this assessment had attended the practice to receive the check since its introduction five years ago. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

# Are services caring?

## Our findings

**Respect, dignity, compassion and empathy**

Consultation and treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard. Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations and treatment.

Throughout our inspection, we observed that members of staff were courteous and helpful to patients and treated them with dignity and respect. A caring and patient-centred approach was demonstrated by all staff we spoke with during the inspection.

The rural setting of the practice provided the opportunity to deliver a high level of personalised care to patients. Many staff lived within the local community and understood the needs of patients and their families. This meant the team were able to respond effectively in times of crisis, and provide appropriate support to help keep patients safe and well. Patients we spoke with told us they were listened to and supported by staff, and felt they were treated with compassion, dignity and respect by clinicians. Results from the national GP patient survey in July 2016 showed the practice was mostly in line with local and national averages for its satisfaction scores on consultations with doctors and nurses. For example:

- 92% of patients said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 91% of patients said the GP gave them enough time compared to the CCG average of 90% and national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%.
- 92% of patients said the last GP they spoke to was good at treating them with care and concern which was in line with the CCG average of 90%, and slightly above the national average of 85%.

Staff at two local care homes covered by the practice informed us that their residents were extremely well-cared for by the practice. They said that residents were treated as individuals and their needs were respected and addressed. We also spoke with a health visitor and a member of the district nursing team who reported that the GPs and the whole practice team were patient-centred, and always did their best for their patients. All the community based staff we spoke with stated that the GPs were approachable, accessible and respectful of their opinions.

We were provided with examples of how individual patients' needs were assessed and met. For example, practice staff had been nominated for awards and had won two categories for patient focus and responsiveness. This included the directly employed community matron who had provided exemplary care in supporting a patient to return to their own home from hospital. This included going to see the patient during the weekend and taking responsibility for fully co-ordinating the patient's discharge to ensure they received the care that was required. Other examples demonstrated how the practice team had stopped patients going into hospital by adopting a patient centred approach, and working in different ways to deliver care.

The practice supported charities to help their local community. For example, assisting in the donation of old glasses for Africa, and supporting the 'message in the bottle' initiative which meant vulnerable patients kept accessible key information to be used by care professionals in an emergency situation.

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

Patients told us that they were involved in decision making about the care and treatment they received, and feedback on the patient comment cards we received aligned with these views.

Results from the national GP patient survey showed results were in line with local and national averages in relation to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 91% and national average of 86%.
- 86% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 82%.
- 90% of patients said the last nurse they saw was good at explaining tests and treatments in line with the CCG average of 92% and national average of 90%.

Good

# Are services caring?

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

The practice identified patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers, and those at risk of developing a long-term condition.

Notices in the patient waiting room told patients how to access a number of support groups and organisations, and a range of literature was available for patients.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 2% of the practice list as carers, and identified new carers upon registration. Leaflets and posters directed carers to the support services available to them, and information was available for carers on the practice website. The practice had not appointed a designated 'Carers' Champion' to champion carers' needs, and there were no services specifically geared around the needs of carers such as an annual health check.

The practice worked to recognised high quality standards for end of life care to ensure that patient wishes were clear, and that they were involved in the planning of their own care. The practice would send a bereavement card to relatives after a patient's death and GPs would often contact relatives or carers to offer condolences, and signpost them to appropriate services such as counselling, if required.

Good

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**Responding to and meeting people's needs**

- The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG), to secure improvements to services where these were identified. For example, the practice had contributed to a bid which had led to the piloting of a dementia support worker being based in a nearby GP practice.
- The practice had formed an independent company with two other local GP practices that provided a range of out-patient and diagnostic services locally. This included NHS out-patient clinics such as dermatology, rheumatology, gynaecology and an ultrasound diagnostic service. This facility enabled patients to access high quality health care within the High Peak area and avoided long journeys to hospitals, which were located several miles away. Patients we spoke to during the inspection valued local access to these services.
- The practice funded a specialist respiratory nurse who attended the practice once a fortnight to monitor and review patients with breathing difficulties, such as those with chronic obstructive airways disease and patients with more complex asthma problems. The nurse consulted with approximately 40 patients each month, and saw patients with breathing problems discharged from hospital within a month. This helped to improve the outcomes achieved for these patients.
- The premises were purpose built. A branch surgery was provided in the nearby village of Chinley.
- The waiting area contained a wide range of information on services and support groups. Notice boards were well-maintained and included useful information.
- A television screen was available in the waiting area displaying information for patients. A touch screen log in facility was available for patients to book in upon arrival at the surgery. A range of seating was available and this had been introduced in response to a patient with a disability who was noted at having difficulties manoeuvring in the previous seating.
- The layout of the reception area provided an area where patients could talk more confidentially. In addition, patients could be moved patients into a nearby free consulting room if necessary for private discussions.
- The practice hosted a number of services on site to facilitate better access for patients. This included physiotherapy; ante-natal clinics with the midwife; the Citizens Advice Bureau; hearing assessments; and substance misuse services.
- Support for patient with mental health difficulties was enhanced by regular clinics held by a counsellor, cognitive behavioural therapist, and a psychotherapist. These services could be accessed by self-referral, or by a GP referral, and were available to any local resident, and not just those who were registered at the surgery.
- Longer appointments could be booked for those patients with more complex needs. Home visits were available for older patients and others with appropriate clinical needs which resulted in difficulty attending the practice. Same day appointments were available for children and those patients with medical problems that required them to be seen urgently.
- The practice provided care for residents at two local care homes. We spoke with representatives from each home who informed us that the practice was highly responsive to their patients' needs. A named GP visited each home weekly to review patients and any urgent requirements were responded to on the day.
- Patients could book appointments and order repeat prescriptions on line. The practice participated in the electronic prescribing scheme, so that patients could collect their medicines from their preferred pharmacy without having to collect the prescription from the practice.
- The premises provided good accessibility for patients in wheelchairs, or those with limited mobility. The entrance had automated doors and a disabled toilet was available. Patient services were accessed on the ground floor. A hearing loop was available.
- Patients had access to a charitable transport service which meant they were able to access cheaper transportation to attend the practice. This was particular important due to the semi-rural location and limited public transport.
- Translation services were available for patients whose first language was not English.

**Access to the service**

The practice opened between 8am and 6.30pm Monday to Friday, apart from one Wednesday afternoon each month for staff training.

Good

# Are services responsive to people's needs?

## (for example, to feedback?)

Scheduled GP morning appointments times were available from 8.30am (9am on Monday) until approximately 11.20am, and afternoon surgeries ran approximately from 3.20pm to 5.40pm. Patients requiring to be seen on the day were triaged by a nurse practitioner and any patient needing to see a GP urgently was booked directly into designated appointments slots at the end of the morning surgery.

Extended hours appointments with GPs and nurses were available on Monday mornings between 7.30am and 7.50am. Evening appointments were available each Monday until 7pm with a GP, and until 7.30pm with a nurse. These were primarily intended for working patients who could not easily attend the surgery during normal opening hours.

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

- 81% of patients said they could get through easily to the practice by phone which was slightly above the CCG average of 77%, and the national average of 73%.
- 77% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and national average of 76%.
- 51% of patients said they usually got to see or speak to a preferred GP compared against a higher CCG average of 60% and higher national average of 59%.

Staff informed us that patients could book ahead up to two weeks in advance to see a GP, and four weeks for a nurse appointment. On the day of our inspection, we saw that the next available routine GP appointment was available in ten days' time. Some patients we spoke with on the day, and feedback received on a number of comment cards, expressed some dissatisfaction with the appointment system. However, the practice was aware of this issue and was taking actions to address the situation. For example, changes were being introduced to the telephone system to allow 24 hour access to book, cancel, check or change appointments. We also observed that the latest GP survey in July 2016 showed an 8% increase in patient satisfaction from January 2016, with regards the ease of getting through to the surgery by telephone.

**Listening and learning from concerns and complaints**

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

- The practice's complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated person who dealt with complaints in the practice.
- We saw that information was available to help patients understand the complaints system on the practice website. No information was on display in the waiting area, although reception staff would provide patients with information on the complaints procedure if requested.

We looked at 17 complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way with openness and transparency. The practice offered to meet with complainants to discuss their concerns whenever appropriate. Complaints were considered at the weekly partners meeting, and when appropriate these were reviewed as a significant event. Lessons were learnt and shared with the team following concerns and complaints, and action was taken to as a result to improve the quality of care. Some complaints had been identified for discussion at the next GP's appraisal to ensure these were being used to reflect on the events fully with their appraiser.

We saw an example of how learning had been undertaken following a complaint which had arisen regarding confusion about booking a medicines review appointment with a GP. This led to a change to the wording being used by the reception team with regards to such appointments, to ensure that patients were fully aware of the options available to them. Additionally, staff had developed slips for patients to bring to reception following a face to face GP consultation in which the GP specified the follow up required to avoid any misinterpretations as to what was being said.

# Are services well-led?

Good

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

## Our findings

**Vision and strategy**

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

- The practice team had developed a set of values termed CARE (considerate, accurate, respectful and empathetic), which had been endorsed by the PPG. These values were embedded into the practice culture and were used to underpin staff appraisals and referenced as ground rules for meetings and decision-making. Most staff referred to these within feedback provided, demonstrating these to be central to the practice ethos. Local schoolchildren had designed artwork for the surgery to represent the values and the practice were looking to establish closer linkages with local schools.
- The service had clear aims and objectives. These included a focus on a patient centred approach; quality service provision by a skilled team; multi-disciplinary team working; and continuous staff development.
- The practice held a partners' meeting each week. This reviewed key issues relating to the daily operation of the practice. These meetings were documented.
- The practice had previously held formal business meetings, but these had been deferred further to recent unforeseen circumstances within the practice which had impacted significantly upon the staff. However, strong leadership in the practice had ensured that the practice continued to work effectively throughout this period. The meetings were planned to be re-instated in the near future.
- Whilst the practice did not have a formal business plan the practice team were able to articulate their aspirations for the future. The practice had submitted a capital bid in order to progress their vision of an integrated care provider, working particularly closely with the voluntary sector.
- The partners and practice management encouraged an inclusive and facilitative approach with staff regarding service development. All of the practice team had participated in the development of an action plan in March 2016 focussing on continual improvement and quality.
- The practice participated in local community meetings with other GP practices to work collaboratively and share best practice.

**Governance arrangements**

The practice had a governance framework which supported the delivery of good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear team structure in place, and staff were aware of their own roles and responsibilities. GPs had clinical lead areas of responsibility including diabetes and prescribing, and acted as an expert resource for their colleagues.
- Systems were mostly in place for identifying, recording and managing risk, and implementing mitigating actions.
- A wide range of practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained. This included analysis and benchmarking of QOF performance, and referral and prescribing data. Actions were undertaken when any variances were identified.
- A programme of clinical audit was used to review services and to drive improvements when necessary to enhance outcomes for patients.
- Internal processes ensured staff were kept updated on new guidance. Access to a web based tool assisted clinicians to deliver best practice and reduce clinical variations.

**Leadership and culture**

- The partners engaged regularly with their CCG and worked with them to enhance patient care and experience. One partner was the primary care clinical lead for the CCG, with a remit for quality improvement including input to a range of CCG workstreams. This GP also visited other practices as an adviser with CCG representatives as part of a bi-annual practice quality visit. The practice manager attended the local practice managers' meetings and the nurse practitioner had established a network group for others in the area. The business manager was part of the Local Medical Committee's 'General Practice Task Force' which provided help and guidance for practices, and shared best practice.

# Are services well-led?

Good

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

- The partners and practice management demonstrated they had the experience and capability to run the practice effectively to ensure high quality care. Staff told us there was an open culture within the practice and said the partners and practice manager were approachable, and always took the time to listen to all members of staff. Staff told us that they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Support was provided to the branch surgery site as staff rotated between sites, and reported any concerns back to the practice management.
- Staff told us the practice held monthly practice team meetings. These were held when the practice closed for training on one afternoon each month. Minutes of this meeting were documented.
- The practice had a low turnover of staff, and the staff we spoke with told us that it was a good place to work, and the team supported each other to complete tasks. Occasional social events throughout the year helped support a strong team spirit within the practice.
- Staff said they felt respected, valued and supported, by the partners and managers in the practice. We were provided with examples of how staff had been supported to develop within their roles, and how individuals had received personal support, for example, being given a phased return to work duties following illness.
- The practice demonstrated they valued their staff by nominating them for CCG awards, and two staff had won categories demonstrating patient focus and responsiveness.
- The practice had received a silver award from Manchester University for their work with GP medical students, and reflected their commitment to supporting medical education.

**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 gathered feedback from patients through patient surveys and on the NHS Choices website; via complaints received; a suggestion box; and responses received as part of the Families and Friends Test (FFT). The FFT is a simple feedback card introduced in 2013 to assess how satisfied patients are with the care they received.
- The practice provided free Wi-Fi facilities for patients attending the practice. This was organised further to feedback received by Healthwatch.
- The PPG met bi-monthly, and had a membership of approximately 12 members who regularly attended meetings. The PPG were making significant efforts to attract representatives from all groups, for example, by liaising with local schools and the university. The PPG had organised annual patient surveys and made suggestions to improve patient experience. For example, changes had been made to the appointment system further to PPG feedback.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

**Continuous improvement**

- The practice actively contributed to the CCG's 21st Century work plans which facilitated new ways of working and promoted a shift of some services into the community from a traditional hospital base. The practice had established an independent health provider unit with two other local practices which enabled access to a range of local services for patients, thereby avoiding long journeys to units at Stockport, Macclesfield or Chesterfield. This included a number of NHS out-patient clinics including dermatology and rheumatology, along with ultrasound diagnostic clinic. Practice data for the last three months indicated that on average 18 patients per week were able to avoid a journey to the hospital and to access out-patient care locally, and to be seen within a shorter timescale.
- The practice worked with another local practice to gain CCG funding for two pilot support workers to be based within the practice to work with specific patient groups. The bids for a dementia support worker and a mental health worker were successful, and each practice was allocated one of the workers. Thornbrook Surgery had the mental health worker, but unfortunately the funding was withdrawn prior to the individual's appointment. However, the practice contributed to the dementia

# Are services well-led?

Good

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

support worker's appointment at a neighbouring practice and it was hoped that if this service evaluates well, the role may be rolled out more widely across other GP practices.

- The practice had initially funded the input of a psychotherapist on site to help patients with mental health problems. This was promoted on the Royal College of GPs website in May 2016 as a good example to demonstrate the future of collaborative working. This service proved to be very successful and was expanded and funded by the CCG to enable patients registered with other practices to access this service.
- Debrief session took place with the practice team after projects to considering learning points for the future. For example, the previous flu campaign was reviewed and it was decided that more satellite clinics would be provided in rural areas the following year to enhance patient experience.