

Dr Young & Partners

Quality Report

Chapel Street Medical Centre
10 Chapel Street
Spondon
DE21 7RJ

Tel: 01332 680520

Website: www.chapelstreetmcderbymcderby.nhs.uk

Date of inspection visit: 10 Novemeber 2016

Date of publication: 08/02/2017

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	Outstanding	
Are services safe?	Outstanding	
Are services effective?	Good	
Are services caring?	Outstanding	
Are services responsive to people's needs?	Good	
Are services well-led?	Outstanding	

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10

Detailed findings from this inspection

Our inspection team	11
Background to Dr Young & Partners	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Young & Partners

on 10 November 2016. Overall the practice is rated as outstanding.

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

- There was an open and transparent approach to safety within the practice. Effective systems were in place to report, record and learn from significant events. Learning was shared with staff and external stakeholders where appropriate.
- The additional post of a safety lead had led to quarterly governance meetings and a full review of procedures to reduce risks and instil an ethos of safety and continuous development in this area with staff.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Outcomes for patients were generally above or in line with local and national averages.
- Training was provided for staff which equipped them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion and dignity, and staff were supportive and respectful in providing care, involving them in care and decisions about their treatment.
- Patients told us they were able to get an appointment with a GP when they needed one, with urgent appointments available on the same day.
- The practice had been ranked second in Derby city and 16th in the county in feedback from the GP patient survey, results showed that patients rated the practice highly. All questions were rated above the local and national average, For example 92% of patients stated they would recommend this surgery to someone new in the area, against a local average of 80% and a national average of 78%.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns and learning from complaints was shared with staff and stakeholders.

Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs. Services were designed to meet the needs of patients.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

We saw areas of outstanding practice:

- Staff had highlighted a potential weakness in the local safeguarding system and had taken it upon themselves to further enhance the safeguarding system to ensure safeguarded patients were proactively managed and potential risk was anticipated and treated appropriately. This was recognised as the responsibility of all staff and we saw several examples where a team approach had been

taken to work with community staff to maintain an effective approach to safeguarding. This included having failsafe systems to ensure children and vulnerable adults at risk of harm were not missed.

- Bespoke 'pop-up' warnings were set up on the computer system for high risk medicines for example ACE inhibitors and warfarin. These alerted clinicians to the latest guidance and areas to discuss with patients in terms of assessing risk of the medicines side effects versus benefits. This was part of a drive to reduce reliance on clinicians' memory of updates and ensure patient safety. This had derived from a review of an external significant event and the practice staff had implemented the learning outcomes to reduce the likelihood of prescribing error happening again.

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 outstanding for providing safe services.

- There were comprehensive systems in place to ensure significant events were reported and recorded.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. Staff were proactively involved in the case management and safeguarding process for patients and the computer system had been tailored to raise staff awareness and make communication with community teams effective to ensure patients at risk were well supported.

There was a whole team approach to reviewing and improving safety and safeguarding systems, and innovation was encouraged to sustain improvements and continual reduction in harm.

- Lessons were shared internally, and externally at a local practice group, when appropriate to make sure action was taken to improve safety in the practice.
- When things went wrong patients received support, information and apologies where appropriate. They were told about any actions to improve processes to prevent the same thing happening again.
- Staff were genuinely open and transparent and fully committed to reporting incident and near misses, an effective system was in place to ensure a realistic picture of safety within the practice.
- The practice had recognised the need for a role to lead in safety and governance. This additional post had led to quarterly governance meetings, develop the already rigorous safeguarding system and a full review of procedures to reduce risks; in addition this had instilled an ethos of safety and continuous development which had been embraced by the partners, management team and staff.
- Risks to patients were well assessed and managed within the practice.
- Appropriate recruitment checks had been carried out on recently recruited staff.

Outstanding



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the

Good



Summary of findings

national average. The most recently published results showed the practice had achieved 99.6% of the total number of points available. This was 2.4% above the clinical commissioning group (CCG) average and 4.3% above the national average.

- Staff used current evidence based guidance and local guidelines to assess the needs of patients and deliver appropriate care.
- There was an on-going programme of clinical audit within the practice. The audits undertaken demonstrated improvements in quality.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as outstanding for providing caring services.

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Results from the national GP patient survey showed patients consistently rated the practice higher than other locally and nationally. For example, 92% of patients would recommend this surgery to someone new to the area compared to a CCG average of 80% and a national average of 78%
- Information for patients about the services available was comprehensive, easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Outstanding



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Patients told us urgent appointments were available the same day with the GP of their choice and that reception staff were accommodating to patients' needs.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Patients could book some appointments and order repeat prescriptions online.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Summary of findings

- The practice had organised extended hours based on patient feedback every Saturday morning for pre bookable appointments with a nurse or a GP.
- Services were hosted within the practice to help meet the needs of patients including the citizen's advice bureau and talking therapies.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. This was underpinned by clear business development plans and regular monitoring of areas for improvement and development.
- There was a clear leadership structure and staff felt supported by management. The practice had a wide range of policies and procedures to govern activity and held regular partnership/business meetings to ensure oversight and governance was effective within the practice.
- The partners and management team had highlighted safety and governance as an area for development and to lead on this had created a role to ensure it was prioritised in the practice.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk through quarterly meetings led by the quality lead.
- The practice proactively sought feedback from staff and patients, which it acted on.

Outstanding



Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population. Regular multidisciplinary meetings were held with the CCG care coordinator to review frail patients and those at risk of hospital admission to plan and deliver care appropriate to their needs.
- Care plans were shared with out of hours services to ensure care was in line with patients wishes and assist in clinical decision when the practice was closed.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs which included nurse appointments and flu vaccinations.
- A designated GP visited a local care homes to allow for regular monitoring of patients.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people, including rheumatoid arthritis and heart failure were in line with or above local and national averages.
- The practice offered pessary fitting to reduce the need for travel to hospitals.

Outstanding



People with long term conditions

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

- Clinical staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority, the recall system had been reviewed and to increase the efficiency was to be linked to the patient's month of birth.
- Performance for diabetes related indicators was 99.8% which was 7% above the CCG average and 10% above the national average. The exception reporting rate for diabetes indicators was 16.1% which was above the CCG average of 13.4% and the national average of 11%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and were offered a structured annual review to check their health and medicines needs were being met.

Outstanding



Summary of findings

- For patients with the most complex needs, practice staff worked with relevant health and care professionals to deliver a multidisciplinary package of care. Regular multidisciplinary meetings were hosted by the practice. The practice worked closely with the CCG employed care coordinator.

Families, children and young people

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

- Systems were in place to identify children at risk. The practice had a child safeguarding lead and staff were aware of who they were.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. The GP and nurse lead for safeguarding liaised with other health and care professionals to discuss children at risk.
- Immunisation rates were higher than local averaged for all standard childhood immunisations and the practice worked with health visitors to follow up children who did not attend for immunisations.
- The practice offered a full range of contraception services including coil fitting and implants.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Urgent appointments were available on a daily basis to accommodate children who were unwell.

Outstanding



Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Appointments could be made and cancelled on line as well as management of repeat prescriptions.
- There was 24 hour blood pressure monitoring available.
- The practice had listened to patient feedback when organising extended hours appointment and as a result offered a Saturday morning clinic for those who were unable to attend in the week.

Outstanding



Summary of findings

People whose circumstances may make them vulnerable

The practice is rated as outstanding 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.
- The practice offered longer appointments for patients with a learning disability and for those who required it.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. Regular multidisciplinary meetings were hosted by the practice. In addition the practice held regular meetings to discuss patients on their palliative care register.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Outstanding



People experiencing poor mental health (including people with dementia)

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

- Performance for mental health related indicators was 97.3% which was 1% above the CCG average and 4.5% above the national average. The exception reporting rate for mental health related indicators was 12.2% which was below the CCG average of 17% and in line with the national average of 11%.
- The number of patients with a diagnosis of dementia who had their care reviewed in a face-to-face review in the last 12 months was 81.3% which was 4% below the local average and 2.5% below the national average. This was achieved with an exception reporting rate of 6.8%, 1.1% lower than the CCG average and the same as the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations and a memory clinic was hosted at the practice.
- Staff had a good understanding of how to support patients with mental health needs and dementia and could organise bespoke appointment reminders depending on the needs of the patient.

Outstanding



Summary of findings

What people who use the service say

We reviewed the results of the national GP patient survey published in July 2016. The results showed the practice was generally performing in line with local and national averages. A total of 246 survey forms were distributed and 127 were returned. This represented a response rate of 52%.

Results showed:

- 82% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 72% and the national average of 73%.
- 96% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 85% and the national average of 85%.
- 97% of patients described the overall experience of this GP practice as good compared to CCG average of 87% and the national average of 85%.
- 92% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 80% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 15 completed comment cards which were all positive about the standard of care received. Patients highlighted the caring and helpful staff and said that nothing was too much trouble when it came to their care.

We spoke with eight patients (in addition to five members of the patient participation group) during the inspection. Patients we spoke with told us that they were always able to get an appointment and thought staff were friendly, committed and caring.

Dr Young & Partners

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.

Background to Dr Young & Partners

Dr Young & Partners provides primary medical services to approximately 13000 patients through a general medical services contract (GMS).

The practice covers a three mile area east of Derby comprising the suburbs of Chaddesden and Spondon. The main practice is located in purpose built premises in Spondon, with the branch surgery in Chaddesden. The inspection team did not visit the branch surgery during this inspection.

The level of deprivation within the practice population is in line with the national average with the practice falling into the 5th most deprived decile. The level of deprivation affecting older people is slightly above the national average.

The clinical team is comprised of six GP partners (two female, four male) three female salaried GPs and five practice nurses, including a nurse manager. The clinical team is supported by a practice manager an assistant practice manager, reception and administrative staff. The practice is a teaching practice for medical students.

The main surgery is open from 8am to 6.30pm on Monday to Friday. Consulting times vary but are usually from 8.15am to 12.30am each morning and 3.30pm to 6pm each

afternoon. The branch surgery holds clinical sessions at similar times however is closed between 12pm and 3.30pm and on a Wednesday afternoon. Appointments at both sites are available to all patients and can be booked through either reception for convenience.

Appointments are also available on a Saturday mornings to accommodate working age patients and those with caring responsibilities during the week between the hours of 8.15am and 11.30am. These appointments are available with a GP or nurse by prior appointment only at the main practice site.

The practice has opted out of providing out-of-hours services to its own patients. This service is provided by Derbyshire Health United and is accessed via 111.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 10 November 2016. During our visit we:

Detailed findings

- Spoke with a range of staff (including GPs, nursing staff, the practice manager and a range of reception and administrative staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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



Are services safe?

Our findings

Safe track record and learning

The practice had systems and processes in place to enable staff to report and record incidents and significant events.

- Staff informed their manager or one of the partners of any incidents and completed a form detailing the events. Copies of the forms were available on the practice's computer system. Reported events and incidents were logged and tracked until the incident was closed. The incident recording system supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- When things went wrong with care and treatment, patients were informed of what had happened and offered support, information and apologies. Affected patients were also told about actions taken to improve processes to prevent the same thing happening again.
- Incidents and significant events were discussed on a regular basis and learning was disseminated across different staffing groups. A lead GP attended an external local practice group which had been set up to increase communication within the area and significant events were reviewed and learning shared at these meetings.

We reviewed 11 safety records, incident reports, safety alerts reported in the previous 12 months and minutes of meetings where these were discussed, this included complaints which had been reviewed as significant events where appropriate. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example the practice reviewed procedures for contraceptive fittings following a patient safety incident. The community sexual health team was also contacted for advice and a review of best practice was conducted. The consent form was updated to include advice to patients following a procedure.

Overview of safety systems and processes

Comprehensive and well embedded systems, processes and practices were in place to help keep patients safe and safeguarded from abuse. These included:

- Effective arrangements were in place to safeguard children and vulnerable adults from abuse which

exceeded local requirements and relevant legislation. Policies were accessible to all staff and identified who staff should contact if they were concerned about a patient's welfare.

The practice had been aware of situations in which discharge letters had stated a social services referral had been made and subsequently found out that it had not been actioned. The practice reviewed these as significant events, took learning from external events by studying serious case reviews and took the decision to pro-actively manage patients throughout the safeguarding process by further enhancing the safeguarding system to centralise the data and ensure that critical services were in place to respond to children and adults who were at risk or who had been harmed. Personalised templates were created on the computer system which ensured such patients, and if appropriate family members, were correctly coded allowing staff to be flexible with appointments and make additional time available if required.

As a development feature the leads had become aware that clinicians might become desensitised to seeing numerous icons so the computer system not only alerted staff that a patient had been referred under safeguarding arrangements with an icon but it also displayed the number of times a potential risk had been put on the system to give a clearer view of the safeguarding history. For example the figure would include interactions once discharged from an accident and emergency department, children who had failed to attend secondary care appointments and referrals, and meetings with school nurses social services or health visitors. If the external agencies were unable to directly apply a note on the record, the administration team would add one from letters received, therefore keeping an accurate account of that patient's care, however all children with safeguarding concerns had their file automatically shared with other agencies to ensure awareness.

Patients could only be taken off the safeguarding database following a full review with the safeguarding leads and named GP to ensure accidental removal did not occur. The template used also included icons for patients whom staff were concerned about, and for patients that had previously been safeguarded as staff told us they did not want to overlook patients if there could be additional support put in place for them to prevent their situation worsening. These additional systems were being constantly reviewed



Are services safe?

in practice meetings and the leads worked with all staff to ensure the information was easily available and to ensure relevance, as well as looking at ways in which to improve and develop the processes and procedures.

There was a lead GP for child safeguarding and a separate adult safeguarding lead GP in addition to a safeguarding nurse lead, and staff were aware of who these were. There was evidence of regular liaison through monthly meetings with the safeguarding administrative lead and community based staff including school nurses and health visitors to discuss children at risk. Quarterly safeguarding meetings were held with wider attendance including GPs and the midwife. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level 3. Lead staff were committed to ensuring their knowledge was up to date.

- Partners and management had recognised that the safety and governance of the practice should be developed in line with the safeguarding system to ensure further areas were improved and subsequently reduce the chance of harm to patients and staff. To prioritise this to the level the partners wished the additional post of a quality lead was developed and recruited for. This role had led to quarterly governance meetings and a full review of procedures to reduce risks and instil an ethos of safety and continuous development in this area; this had been embraced by the partners, practice manager and staff.
- Patients were advised through notices in the practice and information in the patient booklet that they could request a chaperone if required. Nursing staff acted as chaperones. All staff who acted as chaperones had been provided with training for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- We observed the practice to be clean and tidy and this aligned with the views of patients. A practice nurse was the lead for infection control within the practice. There were mechanisms in place to maintain high standards of cleanliness and hygiene. The practice had effective communication with the cleaning staff who were contracted to clean the practice. Effective cleaning

schedules were in place which detailed cleaning to be undertaken daily and weekly for all areas of the practice. There were infection control protocols and policies in place and staff had received up to date training.

Infection control audits were undertaken on a regular basis and improvements were made where required.

- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. Action was taken when updates to medicines were recommended by the Medicines and Healthcare Products Regulatory Agency (MHRA) and patients were recalled to review their medicines when appropriate.
- The GPs had worked closely with the CCG pharmacist to complete audits and ensure prescribing safety. Bespoke 'pop-up' warnings were set up on the computer system for high risk medicines for example ACE inhibitors and warfarin. These alerted clinicians to the latest guidance and areas to discuss with patients in terms of assessing risk of the medicines side effects versus benefits. This was part of a drive to reduce reliance on clinicians' memory of updates and ensure patient safety and had been developed following learning from an external significant event.
- There was effective management and procedures for ensuring vaccination and emergency medicines were in date and stored appropriately. The practice carried out regular medicines audits, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- We reviewed four personnel files for clinical and non-clinical staff and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and managed.

- There were procedures in place to manage and monitor risks to patient and staff safety. The practice had up to date fire risk assessments and carried out regular fire alarm checks. All electrical equipment was checked to ensure the equipment was safe to use and clinical



Are services safe?

equipment was checked to ensure it was working properly. The practice had other risk assessments in place to monitor safety of the premises such as legionella.

- Arrangements were in place to plan and monitor staffing levels and the mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. There were effective arrangements in place to ensure there was adequate GP and nursing cover. The practice regularly reviewed historic appointment demand and took account of summer and winter pressures when planning minimum staffing requirements as well as daily checks on capacity against the demand. Additional capacity could be created on the day through extending sessions or the duty doctor taking on more consultations to ensure patients were seen in a timely manner.

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 rooms and treatment rooms had additional alarm buttons for ease of access which alerted staff to any emergency.
- Staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were accessible to staff and all staff knew of their location. All the medicines we checked were in date.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan had been updated in October 2016 in addition to copies held within the practice; copies were also kept off site by key members of staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- Systems were in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and local guidelines electronically. Relevant updates to these were discussed in clinical meetings and through educational sessions. Copies were also made available through the computer system to ensure part time staff, or those on leave when an update was initially distributed, were kept up to date.
- Staff attended regular training which supported their knowledge about changes and updates to guidelines.
- The practice monitored that these guidelines were followed through audits and checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recently published results showed the practice had achieved 99.6% of the total number of points available. This was 2.4% above the clinical commissioning group (CCG) average and 4.3% above the national average.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was 99.8% which was 7% above the CCG average and 10% above the national average. The exception reporting rate for diabetes indicators was 16.1% which was in line with the CCG average of 13.4% and the national average of 11%.
- Performance for indicators related to hypertension was 100% which was 1.3% above the CCG average and 2.7% above the national average. The exception reporting rate for hypertension related indicators was 3.3% which was below the CCG average of 4.1% and the national averages of 3.8%.

- Performance for mental health related indicators was 97.3% which was 1% above the CCG average and 4.5% above the national average. The exception reporting rate for mental health related indicators was 12.2% which was below the CCG average of 17% and in line with the national average of 11%.
- The number of patients with a diagnosis of dementia who had their care reviewed in a face-to-face review in the last 12 months was 81.3% which was 4% below the local average and 2.5% below the national average. This was achieved with an exception reporting rate of 6.8%, 1.1% lower than the CCG average and the same as the national average.
- Performance for asthma related indicators was 99.6%, which was 2.4% above the CCG average and 4.4% above the national average. This was achieved with an exception reporting rate of 3.5% which was below the CCG average of 10% and the national average of 6.8%.

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. During the inspection we looked at the rate of exception reporting and found it to be in line with agreed guidance.

Comprehensive arrangements were in place to ensure patients were recalled for reviews of their long term conditions and medication. Patients were recalled at least three times for their reviews using a variety of contact methods including letters, telephone calls and text messages. The variety of contact methods reduced the risk of patients not receiving a reminder.

There was evidence of quality improvement including clinical audit.

- There had been two completed audits undertaken in the last 12 months. These covered areas relevant to the practice's needs and areas for development. A further eight had been undertaken to ensure latest guidance was being followed and highlight changes which could be made to practice.
- We reviewed clinical audits where the improvements made had been implemented and monitored. For example the practice had undertaken an audit of patients with an irregular heartbeat. The repeated audits showed that patients had been recalled and time was taken to ensure prescribing was in line with best

Are services effective?

(for example, treatment is effective)

practice. The number of patients requiring further review had significantly reduced and the second audit included more recent NICE guidelines; plans were put in place to recall the remaining patients.

- Regular medicines audits were undertaken when updates were received and the CCG pharmacist had worked closely with the practice staff to ensure all changes to medicines were actioned and patients recalled when appropriate.

Effective staffing

We saw that staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had comprehensive, role specific, induction programmes for newly appointed clinical and non-clinical staff. These covered areas such health and safety, IT, fire safety, infection control and confidentiality. Staff were well supported during their induction and probation periods with opportunities to shadow colleagues and regular reviews with their line manager.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. Staff were encouraged and supported to develop in their roles to support the practice and to meet the needs of their patients. Staff were also supported to undertake training to broaden the scope of their roles.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice nurse meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to training to meet their learning needs and to cover the scope of their work. This included ongoing support, meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses.
- Staff received training that included: safeguarding, fire safety, and information governance. Staff had access to and made use of e-learning training modules and in-house training, however when a subject could be

taught as a team the opportunity would be taken for a team based approach and an external trainer would attend to teach the subject such as CPR and safeguarding.

Coordinating patient care and information sharing

Information needed to plan and deliver care was available to staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and investigation and test results. The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

There was a strong emphasis on multidisciplinary working within the practice. Multidisciplinary meetings with other health and social care professionals held on a regular basis. These included palliative care meetings and safeguarding children and adult meetings which were attended by all leads. The practice had engaged with the CCG care coordinator and all GPs and lead nurse would attend the meeting to discuss those patients at risk of admission and those recently discharged to ensure appropriate support was available in timely manner.

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 their capacity to consent in line with relevant guidance.
- Where a patient's capacity to consent to care or treatment was unclear clinical staff undertook assessments of mental capacity.

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.

Are services effective? (for example, treatment is effective)

The practice's uptake for the cervical screening programme was 82.1%, which was in line with the CCG average of 83.1% and above the national average of 81.4%. Reminders were offered for patients who did not attend for their cervical screening test. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening and screening rates were comparable to local and national averages. For example, the practice uptake rate for breast cancer screening was 64% compared with the CCG average of 61% and the national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates (2014/15) for the vaccinations given to under two year olds averaged 85% against a local average of 84%. For five years olds the practice rates averaged 91% against a local average of 89%.

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



Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed during the inspection that members of staff were polite, friendly and helpful towards patients.

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

- Curtains were provided in consulting rooms to maintain dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- The reception layout was optimised to ensure confidentiality to those patients at the reception desk, in addition to which, reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

We received 15 completed comments cards as part of our inspection. All of the comment cards were positive about the service provided by the practice. Patients said that staff were polite, understanding and helpful. Patients also said they felt listened to by supportive staff and treated with dignity and respect.

We spoke with eight patients in addition to five members of the patient participation group (PPG). They told us they were happy with the care provided by the practice and said their dignity and privacy was respected. Feedback from all patients, and stakeholders was continually positive about the way staff treat people.

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

- 97% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.

- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 92% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%.

The practice was also above local and national averages for its satisfaction scores on consultations with nurses. For example:

- 98% of patients said the nurse gave them enough time compared to the CCG average of 93% and the national average of 92%.
- 98% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.

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

- 95% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Feedback from patients demonstrated that they felt involved in decision making about the care and treatment they received. Patients told us they felt listened to, were made to feel at ease and well supported by all staff, who would do their best to accommodate their needs. They also told us they were given time during consultations to make informed decisions about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We saw evidence that care plans were personalised to account of the individual needs and wishes of patients.

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

- 96% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.



Are services caring?

- 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 82% and the national average of 82%.
- 97% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and the national average of 90%.
- 93% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care. Although patients within the practice population spoke English in a majority of cases, the practice used translation services to ensure effective communication with other patients when required and preferred to have a pre booked interpreter on site to assist in communication where possible.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient had caring responsibilities. The practice had identified 225 patients as carers which was equivalent to 1.8% of the practice list. The practice had information displayed in the waiting area and on the practice website to inform carers about the support that was available to them and to encourage them to identify themselves to practice staff.

Staff told us that if families had experienced bereavement, they were contacted by the practice by a telephone call or a visit if appropriate. Information about support available to patients who had experienced bereavement was provided where required.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example the practice was working as part of a small local practice group to ensure efficiencies in staffing and administration were looked at and as a forum for ideas.

In addition:

- Telephone appointments were available if appropriate to meet the needs of the patient.
- There were longer appointments available with a named clinician for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Extended hours appointments were available on a Saturday morning as this was when patients had said they would be most convenient.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Contraceptive coils and implants could be fitted at the practice.
- Phlebotomy services were available every Monday, Tuesday and Thursday morning.
- The practice undertook annual patient surveys asking questions around the journey a patient takes, from making an appointment through to the consultation at the practice.
- There were practice hosted clinics available for patients such as citizen's advice bureau, talking therapies, memory clinic and midwife led clinics at both sites.
- Appointments could be booked online and prescriptions reordered.
- 24 hour blood pressure monitoring was available
- To ensure continuity of care the local practice group led an initiative to allocate specific care and nursing homes to each practice. This led to regular visits by the same clinical staff and better relationships with the care home team, improving access to appointments and reviews. Although a majority of patients adopted the allocated practice they were always given the option to remain with their original practice.

- There were facilities for patients with a disability including nearby parking, accessible toilets and a lowered hearing loop. Corridors and doors were accessible to patients using wheelchairs.

Access to the service

The main surgery was open from 8am to 6.30pm Monday to Friday. Consulting times were from 8.15am to 12.30am each morning and 3.30pm to 6pm each afternoon. The branch surgery held clinical sessions at similar times however was closed between 12pm and 3.30pm and on a Wednesday afternoon. Appointments at both sites were available to all patients and could be booked through either reception for convenience.

Appointments were also available on a Saturday mornings between the hours of 8.15am and 11.30am to accommodate working age patients and those with caring responsibilities during the week. These appointments were available with a GP or nurse by prior appointment only at the main practice site.

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

- 81% of patients were satisfied with the practice's opening hours compared to the clinical commissioning group average of 77% and the national average of 76%.
- 82% of patients said they could get through easily to the practice by phone compared to the CCG average of 72% and the national average of 73%.

The comment cards we received and the patients told us the levels of satisfaction with access to the practice were good. Patients told us they were able to get appointments when they required them and that urgent appointments were always available if needed. Appointments could be booked online and up to two weeks in advance if required. A review of the appointments system demonstrated that there were two appointments available for booking the following day in addition to the ones that would be released in the morning. The practice aimed to keep the waiting for appointments to less than seven days with anyone who had an emergency need being seen on the day. Routine pre-bookable appointments were available two weeks in advance for GP's and four weeks in advance for nurses. Telephone and home visit appointments were also available.

Are services responsive to people's needs?

(for example, to feedback?)

There were effective arrangements in place to monitor patient access to appointments. Audits and reviews of the appointments system was reviewed daily and capacity altered to meet demand. The appointment system was designed to enable the practice to plan for and cope with demands caused by summer and winter pressures.

Listening and learning from concerns and complaints

The practice systems in place to handle complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system including posters.
- Staff we spoke with were aware of the complaints procedures within the practice and told us they would direct patients to practice manager if required.

The practice had logged 35 complaints and concerns in the last 12 months including verbal complaints. We reviewed a range of complaints, the practice provided people making complaints with explanations and apologies where appropriate as well as informing them about learning identified as a result of the complaint. The practice met with complainants and included the relevant team leader to assist the complaints lead where this was required to resolve complaints.

Meetings were held regularly to review complaints and an annual review of all complaints received was undertaken. This enabled the practice to identify any themes or trends and all relevant staff were encouraged to attend. Lessons learned from complaints and concerns and from trend analysis were used to improve the quality of care staff were informed of outcomes.

Are services well-led?

Outstanding



(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 mission statement which was to be proud to provide a patient centred service within a supportive and friendly environment.
- The service had defined aims and objectives to support their registration with the Care Quality Commission.
- Staff were engaged with the aims and values of the practice to deliver high quality, accessible patient care.
- The partners and management team met every two weeks to discuss key business issues and the long term strategy of the practice. Succession planning had been implemented as two partners were to retire in over the next 14 months and a salaried GP had already been recruited to maintain a good level of access for patients in the long term.

Governance arrangements

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

- A comprehensive understanding of the performance of the practice was maintained which involved the whole practice team. Any dip in performance was identified, discussed and mitigating actions were put in place.
- The partners and management team had taken the decision to develop a role which would include the review and development of policies, procedures, safeguarding processes and audits. This had led to a quarterly meeting in which the governance of the practice and other relevant issues led by the quality lead were reviewed.
- A systematic approach had been taken to working closely with other organisations to improve outcomes for vulnerable patients.
- There was a clear staffing structure and staff were aware of their own roles and responsibilities. Clinical and non-clinical staff had lead roles in a range of areas such as diabetes, prescribing, human resources and recalls.
- Practice specific policies were implemented and were available to all staff. Policies were available electronically or as hard copies and staff knew how to access these.

- A programme of clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements in place to identify record and manage risks within the practice and to ensure that mitigating actions were implemented.
- Management/partnership meetings were held within the practice. This ensured that partners retained oversight of governance arrangements within the practice and achieved a balance between the clinical and business aspects involved with running the practice.

Leadership openness and transparency

- The partners and management within the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. Clinical and non-clinical staff had a wide range of skills and experience. Staff told us they prioritised safe, high quality and compassionate care.
- The partners and practice manager told us they prioritised safe, high quality and compassionate care. Staff told us the partners and practice manager were approachable and always took the time to listen to and involve all members of staff.
- There were high levels of staff satisfaction, staff were proud to be part of the organisation.
- Regular meetings were held within the practice for all staffing groups. In addition to the partnership/management meetings, there was a rolling programme of meetings including clinical meetings and wider staff meetings which involved all staff.
- There was a nurse manager to co-ordinate the nursing care between the two sites and lead on safeguarding and nurse meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners and management within the practice. Staff felt involved in discussions about how to run and develop the practice and the partners encouraged staff to identify opportunities to improve the service delivered by the practice.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal

Are services well-led?

Outstanding



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

requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people support, information and apologies where appropriate.
- The practice kept records of verbal interactions as well as written correspondence.

Practice seeks and acts on feedback from its 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 the patient participation group (PPG) and through surveys and compliments, concerns and complaints received. Feedback from the practice survey remained positive when compared to previous years and the practice had acted on feedback for example; the television was removed and replaced with a radio following comments made in the survey.

- The PPG was in the whole virtual and communicated through email, however there was an annual meeting once a year and recruitment for further members was ongoing.
- The PPG and practice were positive about their working relationship and ideas and changes were reviewed by email to gauge on the benefit of implementing them versus feedback.
- The practice had gathered feedback from staff through meetings, appraisals, staff surveys, a staff suggestion box and general discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Management lead through learning and improvement

- The practice was involved in developing local services within the local practice group for conditions such as diabetes. This was an area the group, and specifically this practice saw as important for the future of care in the community and reducing the demand on secondary care.
- Continuous improvement was encouraged and there was a clear proactive approach to seeking out and embedding new ways of providing care and treatment.