Dr A. P. Harris & Partners

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We inspected this practice on 01 December 2014, as part of our new comprehensive inspection programme. The practice had not previously been inspected.

The overall rating for this service is good.

Our key findings were as follows:

- Patients expressed a high level of satisfaction about the way the services were provided. A system was in place to seek patients' views to improve the service.
- Patients received effective care and treatment. They were also treated with kindness, dignity and respect.
- Systems were in place to help keep patients safe and to protect them from harm.
- The practice responded to patients' needs. The appointment system was flexible and enabled patients to access care and treatment when they needed it.
- Staff worked well together as a team, and received appropriate support, training and an appraisal to enable them to carry out their work effectively.
- There was a commitment to improving the quality of care and services for patients. The governance systems had been strengthened and improvements had been made to ensure the practice was well led.

However, the provider should make the following improvements.

- Provide training for all staff on the Mental Capacity Act 2005, to ensure they understand the principles of the Act and the safeguards.
- Explore ways to further engage with all patient groups to seek their views to improve the service.

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

Good

The practice is rated as good for providing safe services. There were enough staff to keep people safe. Arrangements were in place to ensure that the practice was clean, safe and adequately maintained. Systems were also in place to keep patients safe and to protect them from harm.The practice was open and transparent when things went wrong. Staff understood and fulfilled their responsibilities to raise concerns, and report incidents and near misses. Learning took place and appropriate action was taken to minimise incidents and risks.

Are services effective?

GOOD

Good

The practice is rated as good for providing effective services. Staff worked with in partnership with other services to meet patients' needs. Patients' needs were assessed and their care and treatment was delivered in line with evidence based practice. Staff had key roles in monitoring and improving outcomes for patients. Completed clinical audits were carried out to monitor and improve the care and outcomes for patients. Staff received appropriate training, supervision and an appraisal to enable them to carry out their work effectively.

Are services caring?

GOOD

Good

The practice is rated as good for providing caring services. Patients described the staff as friendly and caring and said that they were treated with respect. Patients were involved in decisions about their health and treatment, and their wishes were respected. Staff supported patients to cope emotionally with their health and condition. We observed that patients' privacy, dignity and confidentially were maintained; staff were respectful and polite when dealing with patients.

Are services responsive to people's needs?

GOOD

Good

The practice is rated as good for providing responsive services. The services were flexible and were planned and delivered in a way that met the needs of the local population. The practice was well equipped to treat patients and meet their needs. The appointment

Summary of findings

system was flexible and enabled patients to access care and treatment when they needed it. There was a culture of openness and people were encouraged to raise concerns. Patients concerns and complaints were listened to and acted on to improve the service.

Are services well-led?
GOOD

Good

The practice is rated as good for being well-led. The practice had a clear vision to deliver high quality care and services for patients, which was shared by the staff team. There was a clear leadership structure and all senior staff held lead roles to ensure that the service was well managed. Staff were supported to maintain and develop their skills and knowledge.

Arrangements were in place for assessing and managing risks and monitoring the quality of services. Various improvements had been made in the last 18 months to ensure the practice was well led. A system was in place to obtain patients' views about the service. Although there was potential to further engage with all patient groups to seek their views to improve the service.

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

Good

The practice is rated as good for the care of older people. All patients 75 years and over were allocated a named GP to provide continuity of care, and were also offered an annual health check. Care plans were provided for patients over 75 years who had complex needs or were at high risk, to help avoid unplanned admissions to hospital. The practice kept a register of older people who were identified as requiring additional support, and monthly multi-disciplinary meetings were held to discuss patients' needs. Carers were identified and supported to care for older people. Home visits were carried out for elderly housebound patients.

People with long term conditions
GOOD

Good

The practice is rated as good for the care of people with long term conditions. All patients were offered an annual review including a review of their medication, to check that their health needs were being met. When needed, longer appointments and home visits were available. Where possible, patients' long term conditions and any other needs were reviewed at a single appointment, rather than having to attend various reviews. Patients were educated about their conditions to improve their compliance and self-management. Referrals to specialists and other secondary services were made in an appropriate and timely way.

Families, children and young people
GOOD

Good

The practice is rated as good for the care of families, children and young people. Systems were in place for identifying and following-up children and young people who were vulnerable or at risk. The practice provided maternity services and mother and baby checks, and worked in partnership with midwives, health visitors and school nurses. Immunisation rates were high for all standard childhood immunisations. Appointments were available outside of school hours to enable children to attend. The practice provides a family planning service.

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

Good

Summary of findings

The practice is rated as good for the care of working-age people (including those recently retired and students). The practice provided extended opening hours to enable patients to attend in an evening. Patients were also offered telephone consultations and were able to book non urgent appointments around their working day by telephone or on line. The practice offered a 'choose and book' service for patients referred to secondary services, which provided greater flexibility over when and where their test took place, and enabled patients to book their own appointments. NHS health checks were offered to patients aged 40 to 74 years, which provided an opportunity to review their health needs and to identify early signs of medical conditions. The practice also offered health promotion and screening appropriate to the needs for this age group.

People whose circumstances may make them vulnerable

GOOD

Good

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including people with learning disabilities. Patients with a learning disability were invited to attend an annual health review. The practice worked with multi-disciplinary teams in the case management of vulnerable people to ensure they received appropriate care and support. When needed, longer appointments and home visits were available. Carers were identified and offered support, including signposting them to external agencies.

People experiencing poor mental health (including people with dementia)

GOOD

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The practice held a register of patients experiencing poor mental health. Patients were invited to attend an annual health check. The practice worked with mental health services to ensure that patients' needs were regularly reviewed, and that appropriate risk assessments and care plans were in place. Patients were supported to access emergency care and treatment when experiencing a mental health crisis.

Summary of findings

What people who use the service say

Prior to the inspection, we received comment cards from 40 patients. During our inspection we spoke with six patients.

Patients expressed a high level of satisfaction about the care they received. Their comments were positive about most aspects of the services, several commenting that the staff team and services were excellent. Patients told us they were involved in decisions about their care and treatment. Four patients said that access to urgent appointments to see a GP was difficult at times. A further four patients expressed concerns about the cost of calls when put through to the 0845 phone number, rather than the local landline.

Patients said that the premises were safe and hygienic and that the facilities were accessible.

Patients described the staff as friendly, caring and helpful, and felt that they were treated with dignity and respect. They also said that they felt listened to, and able to raise any concerns with staff if they were unhappy with their care or treatment at the service.

We also spoke with senior staff at two care homes where patients were registered with the practice. They were complimentary about the services generally, and said the practice staff were responsive to patients' needs.

The practice obtained feedback from patients through patient surveys, comment cards and complaints to improve the service. The practice had a Patient Participation Group (PPG). A PPG includes representatives from the population groups who work with the practice staff to represent the interests and views of patients to improve the service.

The practice and the PPG issued an annual satisfaction survey to patients, which 53 people completed in February 2014. We spoke with members of the PPG. They told us that they had agreed the action points from the last satisfaction survey. They acknowledged the support of staff, although they told us they did not always feel valued and supported in their role, to represent the views of patients to improve the service.

We looked at the 2014 national GP survey, which 104 patients completed. The practice scored above the Clinical Commissioning Group (CCG) average score in the following areas: 94% said that they were able to get an appointment to see or speak to someone the last time they tried, 93% said the last nurse they saw or spoke to was good at giving them enough time and 81% said that they would recommend this surgery to someone new to the area.

The practice scored below the area average score in the following areas: 73% said the last GP they saw or spoke to was good at treating them with care and concern, 70% said that they were good at involving them in decisions about their care and 45% said that they usually waited 15 minutes or less after their appointment time to be seen.

Areas for improvement

Action the service SHOULD take to improve

- Provide training for all staff on the Mental Capacity Act 2005, to ensure they understand the principles of the Act and the safeguards.
- Explore ways to further engage with all patient groups to seek their views to improve the service.

Dr A. P. Harris & Partners

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC inspector and included a GP, practice manager and an expert by experience. This is a person who has personal experience of using or caring for someone who uses this type of service.

Background to Dr A. P. Harris & Partners

Dr A. P. Harris & Partners is a partnership between five GPs providing primary medical services to approximately 10,600 patients. The main practice is in Alvaston in Derby, with a branch surgery at Weston-on-Trent in Derbyshire. Patients can attend either practice. We did not inspect the Weston-on-Trent branch.

The practice provides a range of services including the treatment of minor injuries, minor surgery, family planning, maternity care, vaccinations and clinics for patients with long term conditions. The practice is a training practice for doctors in training. It is also a dispensing practice for patients who live in the Weston-on-Trent area.

The staff team includes administrative staff, a practice manager, a business manager, a nurse practitioner, four practice nurses, dispensing staff, a health care assistant and five GPs.

The practice holds a General Medical Services (GMS) contract with the NHS to deliver essential primary care services. The practice opted out of providing the out-of-hours services to their own patients. Information was available on the website and on the practice answer phone advising patients of how to contact the out of hours service outside of practice opening hours, which was provided by Derbyshire Health United Limited.

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 practice had not previously been inspected and that was why we included them. This inspection was planned to check whether the provider was 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 data, this relates to the most recent information available to the CQC at that time.

How we carried out this inspection

Prior to our inspection we reviewed information about the practice and asked other organisations to share what they knew about the service. We also obtained feedback from three partner health and social care professionals who worked closely with the practice.

We carried out an announced visit on 1 December 2014. During our visit we checked the premises and the practice's records. We spoke with the nurse practitioner, a practice nurse, a healthcare assistant, four GPs, reception and

Detailed findings

clerical staff, and the practice and business manager. We also received comment cards we had left for patients to complete and spoke with patients and representatives who used the service.

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

- 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

Patients told us they felt safe when using the service. The practice used a range of information to identify risks and improve patient safety. For example, reported incidents, safety alerts as well as comments and complaints from patients.

Staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses. For example, a staff member had reported concerns about an open sharps box, which someone had left outside the surgery. Appropriate action was taken to minimise the risk of injury and to prevent further incidents.

A system was in place to ensure that staff were aware of national patient safety alerts and relevant safety issues, and where action needed to be taken. Records showed that safety incidents and concerns were appropriately dealt with. Risks to patients and staff were assessed and appropriately managed. We reviewed incident reports from the last 18 months and minutes of meetings where incidents were discussed. This showed the practice had managed incidents consistently over time, and so could evidence a safe track record.

Learning and improvement from safety incidents

Staff told us that the practice was open and transparent when things went wrong. We saw that a system was in place for reporting, investigating and monitoring incidents and significant events. Records were kept of incidents and events that had occurred during the last 10 years.

We looked at six recent significant events. These were completed in a comprehensive and timely way, and included action taken. Records showed that appropriate learning and improvements had taken place, and that the findings were communicated widely to all relevant staff. For example, it was highlighted that a patient had been prescribed a medication, which they were allergic to. This was investigated and the learning was shared with relevant staff to prevent further incidents.

Reliable safety systems and processes including safeguarding

Systems were in place to manage and review risks to vulnerable children, young people and adults. All staff we spoke with said that they had received recent safeguarding training specific to their role. For example, all clinical staff had completed level 3 training. Staff knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities to share information, record safeguarding concerns and how to contact the relevant agencies. Contact details were accessible. We received assurances that all staff had received the above training.

A system was in place to highlight vulnerable patients on the practice's electronic records, including children and young people who were looked after, or on a child protection plan. The alert system ensured they were clearly identified and reviewed, and that staff were aware of any relevant issues when patients attended appointments or contacted the practice.

The practice had two dedicated GPs as leads in safeguarding vulnerable adults and children. They had the necessary training to enable them to fulfil this role, and were aware of vulnerable children and adults. Records showed that they attended regular meetings with relevant professionals to discuss vulnerable patients, and worked with partner agencies such as the police and social services. Essential information was recorded in patient's records. All staff we spoke to were aware of who to speak to in the practice if they had a safeguarding concern.

A chaperone policy was in place, which was visible in the waiting area and consulting rooms.

All nursing staff, including the health care assistant had been trained to be a chaperone and understood their responsibilities, including where to stand to be able to observe the examination. Two non-clinical staff were also booked on relevant training to enable them to carry out chaperone duties. They were not undertaking this role until they had received the training.

Medicines management

Patients told us that the system for obtaining repeat prescriptions generally worked well, to enable them to obtain further supplies of medicines.

Systems were in place to ensure that medicines were managed safely and appropriately. We found that medicines were stored securely. Policies and procedures were in place to protect patients against the risks associated with the unsafe use of medicines. For example,

regular checks were carried out to ensure that medicines were within their expiry date and appropriate for use. All the medicines we checked were in date. Expired and unwanted medicines were disposed of in line with waste regulations. A policy was in place for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a potential failure. The practice staff followed the policy.

Arrangements were in place to ensure the security of prescription forms. The practice held a limited supply of controlled drugs, (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had procedures in place that set out how they were managed. Staff followed the procedures in practice. For example, controlled drugs were stored in a controlled drugs cupboard, and access to them was restricted and the keys held securely. Staff were aware of how to raise concerns with the controlled drugs accountable officer in their area.

A system was in place to oversee the management of high risk medicines, which included regular monitoring in line with national guidance. The practice worked with the Clinical Commissioning Group (CCG) medicines team, to ensure that medicines were managed safely. A member of staff from the medicines team carried out regular audits, to check that medicines were prescribed appropriately.

The surgery was a dispensing practice for patients who lived in the Weston-on-Trent area. Records showed that all dispensing staff had received appropriate training and their competence was checked regularly. The surgery was signed up to the Dispensing Services Quality Scheme, which rewards practices for providing high quality dispensary services to patients. A system was in place to assess the quality of the dispensing service.

Cleanliness and infection control

We observed the premises to be clean and tidy. Cleaning schedules were in place and cleaning records were kept, to ensure that the practice was hygienic. Patients we spoke with told us they found the practice clean and had no concerns about cleanliness or infection control.

One of the practice nurses was appointed as the lead for infection control. Staff we spoke with said that they had received training on infection control and hand washing, specific to their role. They also had access to the policy and procedures to enable them to apply infection control measures. For example, personal protective equipment including disposable gloves, aprons and spillage kits were available for staff to use to comply with the practice's infection control policy.

Records showed that regular infection control audits were carried out and that any improvements identified for action were completed. The findings and any remedial actions were shared with the staff team.

We checked various stock supplies of clinical and medical items; all items were in date. Records showed that relevant staff checked the supplies at regular intervals to ensure they remained in date, were sealed where required, and were used appropriately.

The practice had a policy for the management and testing of legionella (bacteria found in the environment which can contaminate water systems in buildings). However, the practice was not carrying out regular checks in line with their policy to reduce the risk of infection to staff and patients. Following the inspection, we received written assurances that the practice had arranged for a Legionella risk assessment to be completed on 5 February 2015, to identify actual risks within the water system, and all measures that needed to be in place to minimise the risks.

A policy was available relating to the immunisation of staff at risk of the exposure to Hepatitis B infection, which could be acquired through their work. The records stated that relevant staff were protected from Hepatitis B infection. The practice manager agreed to update the records to show that all relevant staff were up to date with their vaccinations, and had received a 5 yearly booster, where required.

Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. All portable electrical equipment was routinely tested, and displayed stickers indicating the last testing date. A schedule of testing was in place. We saw evidence of calibration of relevant equipment; for example weighing scales.

Staffing and recruitment

Good

Are services safe?

The recruitment policy ensured that information required by law was obtained prior to new staff commencing employment at the practice. We found that robust recruitment procedures were generally followed in practice to ensure that new staff were suitable to carry out the work.

We checked the files of three staff that had been employed in the last four months. The files did not contain all information required by law prior to staff commencing employment at the practice, to ensure they were suitable to work with vulnerable adults or children. For example, they did not contain satisfactory information about any physical or mental health conditions, which are relevant to the person's ability to carry out their work. The practice manager showed us a new occupational health assessment form they planned to complete for all staff by 1 February 2015. On completion, this would provide satisfactory information about any physical or mental health conditions.

The staff files did not contain evidence that a satisfactory disclosure and barring (DBS) check had been obtained. The practice manager assured us that the information had been obtained. A DBS check helps prevent unsuitable staff from working with vulnerable people, including children. Following the inspection, we received written assurances that a satisfactory DBS check had been obtained in regards to all three staff.

A policy for checking nurses and GPs qualifications and registration to practice was available, which was followed in practice. Records showed that the practice manager carried out appropriate checks, to ensure that the nurses and the GPs remained registered to practice with their relevant professional bodies.

Various staff had worked at the practice for a number of years, which ensured continuity of care and services. Arrangements were in place for ensuring the required skill mix and enough staff were on duty, to maintain the smooth running of the practice to keep patients safe.

The practice manager told us that it had been difficult to maintain the staffing cover over recent months due to staff changes, vacancies and sickness. However, the team had continued to provide cover to ensure sufficient staff were available to meet patients' needs. Additional staff had and were being recruited. We saw that the system for monitoring staff sickness had been strengthened. We were assured that the staffing situation was improving. Records showed that the staffing levels and skill mix were in line with planned requirements.

Monitoring safety and responding to risk

The practice had systems and procedures in place to manage and monitor risks to patients, staff and visitors to the practice. These included annual and monthly checks of the building, the environment, medicines management, staffing, dealing with emergencies and equipment. Records showed that the equipment was regularly tested and maintained to ensure it was safe to use. Arrangements were also in place to ensure that the premises were appropriately maintained and safe.

We saw that staff were able to identify and respond to changing risks to patients including deteriorating health and well-being or medical emergencies. For example, emergency procedures were in place to deal with patients that experienced a sudden deterioration in health. Arrangements were also in place for patients experiencing a mental health crisis, to enable them to access urgent care and treatment. The practice also monitored repeat prescribing for patients receiving high risk medicines.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. Records showed that all staff had received recent training in basic life support. Emergency equipment was available including access to oxygen and an automated external defibrillator (used to attempt to restart a person's heart in an emergency). Staff we spoke with knew where the equipment was located, and records showed that it was checked regularly.

Emergency medicines were available including those for the treatment of cardiac arrest, anaphylaxis and hypoglycaemia. Processes were also in place to check whether emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and appropriate for use.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily running of the practice. Actions were recorded to reduce and manage the

Good

Are services safe?

various risk. Risks identified included power failure, adverse weather, unplanned sickness and access to the building. The document contained relevant contact details for staff to refer to.

The practice had carried out a fire risk assessment that included actions required to maintain fire safety. Arrangements were in place to ensure that staff were up to date with fire training and that they practised regular fire drills, to ensure they knew what to do in the event of a fire.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Patients we spoke with told us they received appropriate care and treatment. Comment cards we received from patients, and feedback from senior staff at two care homes where patients were registered with the practice also supported this.

The practice knew the needs of their patient population well. The GPs lead in specialist clinical areas such as diabetes, mental health, learning disabilities and asthma. The practice nurses supported this work, which allowed the practice to focus on specific conditions to help drive improvements.

The GPs and nursing staff we spoke with could clearly outline the rationale for their approaches to providing treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence and from local commissioners. Staff told us that they discussed new guidelines and agreed changes to practice at weekly team meetings. The minutes of meetings we looked at confirmed this.

We found from our discussions with the GPs and nurses that staff completed thorough assessments of patients' needs in line with NICE guidelines. These were reviewed when appropriate, together with the effectiveness of their care and treatment.

Management, monitoring and improving outcomes for people

The team was making use of clinical audit tools, clinical supervision and staff meetings to assess the performance of clinical staff. Staff spoke positively about the culture in the practice around audit and quality improvement. Staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included data input, scheduling clinical reviews, and medicines management.

The GPs told us clinical audits were often linked to medicines information, safety alerts or as a result of information from the quality and outcomes framework (QOF). QOF is a national incentive performance measurement tool. The QOF data for 2013/14 showed that the practice achieved a total score of 98.1%, which was above the average score for other practices in the local Clinical Commissioning Group and England.

We saw evidence that audits were used effectively to improve the outcomes for patients, and provide assurances as to the quality of care.

We looked at six clinical audits that had been undertaken in the last two years. Three of these were completed audits where the practice was able to demonstrate the changes resulting since the initial audit. For example, a GP had completed an audit in regards to physiotherapy referrals they made. The GP undertook relevant training to enable them to treat more patients at the practice rather than referring them to secondary care. This resulted in a significant reduction in the number of patients they subsequently needed to refer, reducing the cost of treatment and enabling patients to be treated locally.

Other examples included an audit to confirm that the GPs were referring patients appropriately to hospital radiology department in line with clinical guidance.

The GPs told us clinical audits were often linked to medicines management information, safety alerts or as a result of information from the QOF. For example, we saw that an audit had been completed in response to the practice not meeting the QOF percentage target of patients with diabetes, whose last measured cholesterol was 5 mmol or less. The audit highlighted issues in patients not being recalled effectively for annual reviews and blood tests. Following the audit, more robust recall systems were put in place.

There was a protocol for repeat prescribing which was in line with national guidance. In line with this, staff regularly checked that patients receiving repeat prescriptions had been reviewed by the GP.

They also checked that all routine health checks were completed for long-term conditions such as diabetes and that the latest prescribing guidance was being used. The IT system flagged up relevant medicines alerts when the GP was prescribing medicines. We were shown evidence that, after receiving an alert, the GPs had reviewed the use of the medicine in question and, where they continued to prescribe it, outlined the reason why they decided this was necessary and the best treatment for the patients.

Good

Are services effective?

(for example, treatment is effective)

Staff told us that the outcome of audits was communicated through the clinical meetings. The meetings enabled the staff to discuss clinical issues and peer review each other's practice, driving improvements in care.

Effective staffing

The staffing skill mix included medical, nursing, managerial and administrative staff. Staff told us they worked well together as a team. A considerable number of staff had extensive knowledge and skills to carry out their roles effectively, having worked at the practice for a number of years. There had been several GP changes in the last 18 months to replace partners that had retired or left.

Staff said that that they had received an appropriate induction to enable them to carry out their work. Two staff files we checked supported this. We saw that an induction programme was in place, which was relevant to specific roles to ensure that staff received essential information to carry out their work.

Staff told us that they were supported to maintain and develop their skills and knowledge. For example, the health care assistant had attended training and had been assessed competent to carry out ECG's (an ECG machine records the rhythm and the electrical activity of a patient's heart) and flu vaccinations. They were also booked on training to carry out B12 injections. We reviewed staff training records and saw that all staff were up to date with attending mandatory courses such as annual basic life support.

Records showed that staff received supervision through peer support and regular team meetings they attended. They also received an annual appraisal to review their performance and learning and development needs. Two completed appraisals we looked at showed that a robust appraisal system was in place to enable staff to carry out their work effectively.

GPs told us that they were up to date with their continuing professional development requirements, and had either been revalidated or had a date for revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by NHS England can the GP continue to practise and remain on the performers list with the General Medical Council).

One of the GP partners told us that they had completed relevant training to enable them to be an approved trainer to support registrars in training. The practice had recently been approved as a training practice for GP registrars, and the first registrar was due to start on 9 December 2014.

Working with colleagues and other services

The practice worked with other service providers to meet people's needs and enable them to remain at home, where possible. They held multidisciplinary team (MDT) meetings each month to discuss the needs of complex patients, for example those with end of life care needs or children on the at risk register. These meetings were attended by the palliative care team, midwife, health visitor, district nurse, social worker, community matron and care co-ordinator. Decisions about patients' needs were documented in a shared care record.

The practice had a policy outlining the responsibilities of all relevant staff in passing on, reading and acting on any issues arising from communications with other care providers on the day they were received. Data showed that patient emergency admission rates to hospital were slightly higher than the average for other practices in the CCG.

Information sharing

A system was in place to enable essential information about patients to be shared in a secure and timely manner. We saw that patients test results, information from the out-of-hours service and letters from the local hospitals including discharge summaries were promptly seen, coded and followed up by the GP, where required. Electronic systems were also in place for making referrals to ensure these were made promptly.

The practice used SystmOne electronic system to coordinate records and manage patients' care. All staff were trained to use the system, which enabled scanned paper communications, such as those from hospital, to be saved for future reference. The practice was also signed up to the electronic Summary Care Record, which provides faster access to key clinical information for healthcare staff treating patients in an emergency or out of normal hours.

Consent to care and treatment

Patients told us that they were involved in decisions and had agreed to their care and treatment. They also said that they had the opportunity to ask questions and felt listened to.

Good

Are services effective?

(for example, treatment is effective)

Staff told us that they obtained patients consent before they provided care or treatment. There was a policy for obtaining written consent for specific interventions such as minor surgical procedures, together with a record of the possible risks and complications.

Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Clinical staff demonstrated a clear understanding of Gillick competencies. These help clinicians to identify children aged under 16 who have the legal capacity to consent to medical examination and treatment.

Staff gave examples of how a patient's best interests were taken into account if a patient did not have capacity. Patients with learning disabilities and those with dementia were supported to make decisions through the use of care plans, which they were involved in agreeing.

Staff we spoke with were aware of the Mental Capacity Act (2005) and their responsibilities to act in accordance with legal requirements. However, they had not received formal training to ensure they understood the principles of the act and the safeguards. The practice manager confirmed that there were no plans to provide the training.

Clinical staff said that patients receiving end of life care had a care plan in place to ensure that their wishes were respected, including decisions about resuscitation and admission to hospital. This information was available to the out-of-hours service, ambulance staff and local hospitals

Care plans were reviewed regularly and in response to clinical changes in their condition.

Health promotion and prevention

We saw that various health promotion information was available to patients and carers

on the practice's website, and the noticeboards in the waiting area. Patients had access to a 'livingwell' health trainer service, which provided support with weight loss or smoking cessation.

New patients completed a form, which provided some information about their lifestyle and health. It was also practice policy to offer a health check with the health care assistant to all new patients registering with the practice. The GP was informed of all health concerns detected and these were followed up in a timely way.

The practice also offered NHS Health Checks to all its patients aged 40-75. Practice data showed that 35% of eligible patients in this age group took up the offer of the health check. Data also showed that the cervical smear uptake was 84%, which was above the target set by the area CCG. There was a system in place for following-up patients who did not attend health screening.

The practice offered a full range of immunisations for children, as well as travel vaccines, shingles and flu vaccinations in line with current national guidance. The 2013/14 data for childhood immunisations showed that the practice was achieving above the average vaccination target set by the area CCG. A system was in place for following up patients who did not attend their immunisation vaccine.

A system was in place to recall older people, those in vulnerable circumstances, with long term conditions and experiencing poor mental for an annual health review, including a review of their medication.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

All patients we spoke with and received comment cards from expressed high levels of satisfaction with the care provided by the practice, with a considerable number describing the care and the attitude of staff as excellent. Patients described the staff as friendly, helpful and caring, and felt that they were treated with dignity and respect. They also said that they felt listened to and that their views and wishes were respected.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a suitable room. We observed this and noted that conversations could not be overheard. We observed that patients were treated with dignity, respect and kindness during interactions with staff. Patients privacy and confidentially was also maintained.

Senior staff at two care homes we spoke with where patients were registered with the practice, also said that the staff were caring and considerate, and treated patients with respect.

We reviewed the latest data available for the practice on patient satisfaction. This included information from the national patient survey, which 104 patients completed, and the practice's patient satisfaction survey, which 53 people completed. The results of the surveys showed that patients were treated with compassion, dignity and respect.

The national patient survey results showed that 81% of patients said that the last GP they saw or spoke with was good at listening to them, and 73% said that they were good at treating them with care and concern. 90% also said that the last nurse they saw or spoke to was good at listening, and 89% said that they were good at treating them with care and concern.

A notice was visible in the reception area stating that the practice did not tolerate abusive behaviour. Staff told us that if they had any concerns or observed any instances of discriminatory behaviour or where patients' privacy and dignity was not being respected, they would raise these with the practice manager.

Care planning and involvement in decisions about care and treatment

Patients said that they felt listened to, and were involved in making decisions about their care and treatment. The national patient survey scores showed that 70% of people surveyed said that the GP was good at involving them in decisions about their care, and 75% felt they were good at explaining treatment and results.

Clinical staff told us that patients at high risk of being admitted to hospital, including elderly patients and those with complex needs, or in vulnerable circumstances, had a care plan in place to help avoid this. The care plans included patient's wishes, including decisions about resuscitation and end of life care.

Clinical staff told us that patients with a learning disability received an annual health review using a health check template. At the end of the review the patient was provided with a health action plan which was agreed with them. This was provided in an easy read form so that patients understood it. Patients experiencing poor mental health were also offered an annual health review. A plan was recorded in regards to their health needs, which was agreed with them.

Patient/carer support to cope emotionally with care and treatment

The survey information we reviewed showed patients were positive about the emotional support provided by the practice and rated it well in this area. Patients we spoke with during the inspection and comment cards we received were also consistent with the survey information. Where able, patients were supported to manage their own care and health needs, and to maintain their independence.

The practice's computer system alerted staff if a patient was also a carer to enable them to offer support. The practice also had a dedicated member of staff who sign posted carers to available services and support.

Staff we spoke with demonstrated that importance was given to supporting carers to care for relatives, including patients receiving end of life care. Bereaved carers known to the practice were supported by way of a personal visit or phone call from the GP, to determine whether they needed any practical or emotional support. Patients we spoke to who had had a bereavement confirmed they had received this type of support and said they had found it helpful.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the practice was responsive to people's needs, and had systems in place to maintain the level of service provided. The services were flexible, and were planned and delivered in a way that met the needs of the local population, with involvement of other services. For example, regular clinics were held for patients who had diabetes, including a chiropody service.

The NHS England Area Team and Clinical Commissioning Group (CCG) told us that the practice engaged with them, and other practices to discuss local needs and further service improvements.

We spoke with senior staff at two care homes where patients were registered with the practice. They told us that patients were promptly seen when required. As part of the enhanced service to provide a weekly surgery at the care homes, they now had a designated GP to carry out the weekly visits. This pro-active approach will provide continuity of care and treatment and will ensure that patients are regularly reviewed, to help prevent health issues from becoming more serious.

The practice worked in partnership with midwives, health visitors and school nurses. Antenatal care and support to younger children was provided by the designated midwife and health visitor.

Regular multidisciplinary meetings were also held to discuss patients with complex needs or at risk of harm or admission to hospital, including people with poor mental health, learning disabilities or receiving end of life care. This helped to ensure that patients and families received coordinated care and support, which took account of their needs and wishes.

Staff told us that the practice had a high number of patients who had a learning disability or experienced poor mental health. They worked closely with the local learning disability and mental health teams to ensure that patients received appropriate care and treatment, and were regularly reviewed. Where there were signs of acute deterioration or risk, patients were supported to access urgent care and treatment. External staff we spoke with confirmed that the practice worked with them to meet individuals' needs.

Tackling inequality and promoting equality

The practice had recognised the needs of different groups in the planning of its services. Staff informed us they operated an open list culture, accepting patients who lived within their practice boundary. Home visits and longer appointments were available for patients who needed them, including people in vulnerable circumstances, experiencing poor mental health, with complex needs or long term conditions.

The practice provided equality and diversity training for all staff. Members of staff we spoke with confirmed that they had completed the training, and that equality and diversity issues were discussed at team meetings.

The practice had a 98% white British population. Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patents this service was available.

The premises and services available met the needs of people with disabilities. The facilities were accessible for people in a wheelchair, and mothers with young children in a pushchair.

Access to the service

Patients told us they were generally satisfied with access to the service. They were able to get an appointment or were offered a telephone consultation, where needed. However, a few patients reported difficulty in getting through to the practice by phone, or booking an appointment at times. A few patients also expressed concerns about the cost of the phone calls when put through to the 0845 number, or having to wait over 30 minutes after their appointment time to be seen by certain GPs.

The 2014 national satisfaction survey showed that 94% of patients surveyed, were able to get an appointment to see or speak to a clinician the last time they tried, and that 67% found it easy to get through to the practice by phone.

Patients were able to book an appointment in person, by telephone or on line. However, members of the Patient Participation Group told us that not all GPs made appointments available online.

They also said that in response to feedback from patients the practice had provided a local phone line to help reduce

Good

Are services responsive to people's needs?

(for example, to feedback?)

the cost of calls. The practice confirmed that four of the five phone lines were 0845 numbers, which were more costly. They were unable to improve the phone line system due to a current contract agreement.

The practice opened from 8am until 6:30pm on weekdays, with extended opening hours from 8:am until 8:pm on Tuesday and Thursday. This enabled children and young people to attend appointments after school hours. It also enabled working age patients and those unable to attend during the day, to attend in the evening.

We found that systems were in place to prioritise urgent and home visit appointments, or phone consultations for patients who were not well enough to attend the practice. For example, one person phoned requesting an appointment having developed complications to a wound. The person was given an urgent appointment to be seen that day.

Longer appointments were also available for people who needed them, including those with long-term conditions, a learning disability or experiencing poor mental health. This also included appointments with a named GP or nurse. Information about the appointment system, opening times and the out-of-hours service was available in the reception area and on the practice's website. If patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances.

Discussions with staff and records showed that the appointment system and telephone response times were regularly checked, to ensure that the practice responded to patients' needs.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The practice manager was responsible for handling complaints in the practice, with involvement of the GP partners.

Patients we spoke with said that they felt listened to and able to raise concerns about the practice. They were aware of the process to follow should they wish to make a complaint. One patient told us that they had made a recent complaint. They said that their concerns were investigated and responded to, although they were not entirely happy with the practice's response. They choose not to take the issue further.

We looked at the records of complaints received in the last 12 months, which showed that concerns had been acknowledged, investigated and responded to in a timely way in line with the practice's policy. Complaints received were reviewed to identify any themes or trends, and to ensure they had been responded to appropriately.

Staff told us that there was a culture of openness and that they were encouraged to raise concerns. They also said that lessons learned from complaints were shared with the team, and acted on to improve the service for patients. Records of meetings we looked at supported this.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and services for patients, which was shared by the staff team. Records showed that regular business meetings were held, where future plans were discussed. A strategic planning day was also held in May 2014, which the GP partners and the practice manager attended. An action plan was set out of plans for future development, which was reviewed at the business meetings.

Governance arrangements

The practice had a range of policies and procedures in place to govern the practice. These were available to staff electronically. A system was in place to ensure that the policies were regularly reviewed and were up-to-date, and that these were shared with staff. Several policies we looked at had recently been reviewed and were up to date. We found that the procedures were followed in practice.

Records showed that the GP partners and the practice manager held monthly meetings to discuss the practice's business, finances, governance and performance. Regular meetings were also held to discuss clinical issues and to share best practice. The practice had an on-going programme of clinical audits, which showed that appropriate action was taken to improve the quality of the service, and to ensure that patients received appropriate care and treatment.

The practice used performance data to measure their service against other practices and identify areas for improvement. This included the use of Quality and Outcomes Framework (QOF), which is a national incentive performance tool designed to reward good practice. The 2013/14 data for this practice showed it was performing above local and national standards. Records showed that the QOF data was discussed at team meetings, and action plans were produced to maintain or improve outcomes.

Senior managers demonstrated a commitment to improving the quality of care and services for patients. Various improvements had been made in the last 18 months to ensure the practice was well led. For example, a new intranet system had been put in place, which enabled staff to effectively manage and access all essential documents, including policies and procedures.

Most staff we spoke with felt that the leadership and the running of the business had improved.

We saw that the practice had robust systems in place for assessing and managing risks and monitoring the quality of services, including complaints, incidents, the control of infection, safeguarding, and medicines management.

Leadership, openness and transparency

There was a clear leadership structure. In the last 18 months there had been several GP changes to replace partners that had retired or left. The provider's registration has been updated to reflect the changes. Senior staff held lead roles to ensure that the service was well led. For example, there was a lead for finance, governance and commissioning.

All members of staff we spoke with were clear about their own roles and responsibilities. They told us they felt valued, well supported and largely involved in decisions about the practice. They said that morale had been low due to various staff changes and absences due to sickness, although this was improving.

Staff described the culture of the organisation as supportive and open, and felt able to raise any issues with senior managers as they were approachable. The practice manager had an 'open door' policy to discuss any concerns or suggestions. A whistleblowing policy was in place and staff were aware of this, but they had not had cause to use it.

Records showed that regular team meetings were held, which enabled staff to share information and to raise any issues.

Seeking and acting on feedback from patients, public and staff

The practice obtained feedback from patients through patient surveys, comment cards and complaints. Patients said that they felt able to raise concerns, compliments or complaints with the staff.

The 2014 survey results and action plan were available on the practice website and at the surgery. The results showed that patients were mostly satisfied with the services provided. The practice had made changes to the way it delivered services in response to patient feedback. For example, patients at Aston on Trent and Alvaston surgeries were now able to book appointments on-line.

Are services well-led?

Good

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

The practice had a Patient Participation Group (PPG), which is group of patients who work with the practice to represent the interests and views of patients, to improve the service provided to them. We saw that the PPG had a dedicated section on the practice's website, and the notice board at the surgery promoting their work. Efforts had been made to recruit additional members to the group, to ensure it represented the practice population as far as possible. However, no one had expressed an interest in joining.

We spoke with several members of the PPG. They said that they had agreed the action points from the 2014 patient survey. The provider may find it useful to note that although the PPG members acknowledged the support of staff, they told us they did not always feel valued and supported to represent patients views to improve the service. Senior staff told us they worked to support the PPG and promoted their role as a voice for patients, and a critical friend of the practice. They had provided opportunities for the PPG to be more involved in the running of the practice, such as assisting at flu clinics and welcoming patients in reception. Although they had yet to be taken up by the PPG members.

Discussions with staff and records we looked at showed that the practice obtained feedback from staff through team meetings and appraisals. Most staff said that they felt involved in decisions about the practice, and were asked for their views about the quality of the services provided.

Management lead through learning and improvement

Staff told us that they were supported to maintain and develop their skills and knowledge. Records showed that staff received on-going training and development and an annual appraisal to enable them to carry out their work effectively.

Records showed that accidents, incidents and significant events were reviewed to identify any patterns or issues, and that appropriate actions were taken to minimise further occurrences. Minutes of practice meeting showed that appropriate learning and improvements had taken place, and that the findings were communicated widely.