

# Macklin Street Surgery

## Quality Report

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

## Ratings

### Overall rating for this service

Outstanding



Are services safe?

Good



Are services effective?

Outstanding



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Outstanding



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Macklin Street Surgery on 19 April 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.
- Risks to patients were assessed and managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- 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, dignity and respect and they were involved in their care and decisions about their treatment.
- 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.

- Patients said it could be difficult to make a routine appointment with a GP but that urgent were appointments available the same day. The practice demonstrated an ongoing commitment to improving access to appointments and had recruited a new GP who was due to start with the practice soon.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw several areas of outstanding practice:

- The provider had a history of providing high quality medical education. They had demonstrated innovation in their approach to education including the development and hosting of courses for triage and clinical skills accessible to a range of clinicians. In addition the practice provided work experience opportunities for sixth form students who wanted to pursue a career in medicine. The practice was a

# Summary of findings

designated hub as part of the Community Education Provider Network and was working with other organisations locally to offer more placement opportunities for medical students and nurses.

- There was a commitment across all practice staff to providing high quality, compassionate end of life care for their patients and advanced care planning was in place for all palliative patients. An annual audit of palliative care had demonstrated that the 62.5% of

patients on the practice's palliative care register had achieved a comfortable death in their preferred place of death. The practice was one of only 14 nationally to have achieved accreditation from the Gold Standards Framework. This practice had been shared both regionally and nationally.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place to ensure significant events were reported and recorded.
- Lessons were shared internally and externally 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.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and managed within the practice.

Good



### Are services effective?

The practice is rated as outstanding for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. Data from 2014/15 showed the practice had achieved 99.7% of the total number of points available. This was 2.7% above the clinical commissioning group (CCG) average and 5% 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 ongoing 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.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. The practice triage nurse was the lead for multidisciplinary working and worked in partnership with the community trust employed care coordinator. Fortnightly multidisciplinary meetings were held to discuss patients, plans were made to reduce the risk of hospital admission.

Outstanding



# Summary of findings

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care. For example 92% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice was the first in the CCG area to receive a dignity award in recognition of their commitment to treating patients with dignity and respect.
- Views of external stakeholders were positive about the practice and aligned with our findings.
- We found positive examples to demonstrate how patient's choices and preferences were valued and acted on.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice had carried out improvement works in the main surgery and the branch surgery to ensure these were more accessible. This included the installation of automatic doors.
- Patients said urgent appointments were generally available the same day but a number of patients said they found it challenging to book routine appointments.
- We saw that the practice were aware of issues patients faced in respect of booking appointments and regularly reviewed their system. Improvements made included investing in a new telephone system and had recently recruited a new GP.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Interpretation services were used effectively to ensure communication with all patients was effective.
- Information about how to complain was available and easy to understand and evidence showed the practice responded

Good



# Summary of findings

quickly to issues raised. Learning from complaints was shared with staff and other stakeholders. The practice liaised with external stakeholders in their efforts to resolve complaints to the satisfaction of the complainant.

## 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 a clear practice ethos and a mission statement which was shared with patients throughout the practice.
- Staff were clear about the vision and mission and their responsibilities in relation to it. Staff were engaged with values of the practice.
- High standards were promoted and owned by all practice staff and teams worked together across all roles. In addition there was evidence of effective partnership working with external organisations to benefit patients.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The practice had an active patient participation group but numbers had recently dropped due to ill health and other commitments. The practice was working to increase membership.
- There was a strong focus on continuous learning and improvement at all levels. The practice had a well evidenced track record of a commitment to quality medical education. As well as being a teaching and training practice, the practice had been innovative in their approach to educating students and clinicians locally. For example, the practice had designed and delivered triage courses and had arranged and provided work experience for sixth form students wishing to pursue a career in medicines.

Outstanding



# Summary of findings

- In addition to being a multi-professional learning organisation, the practice had recently been designated as a Community Education Provider Network hub and was keen to increase the availability of placements for students locally.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population. Fortnightly multidisciplinary meetings were held to review frail patients and those at risk of hospital admission to plan and deliver care appropriate to their needs. There was evidence that the actions taken had reduced hospital admissions and unnecessary GP appointments.
- The practice was responsive to the needs of older people, and provided home visits and urgent appointments for those with enhanced needs.
- Primary medical services were provided for older patients in 17 local care and nursing homes. We spoke with staff from three care homes who were positive about the level of care and treatment the practice provided.
- 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.

Good



### 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 actions were taken to minimise the risk of unnecessary hospital admissions for those patients at risk.
- Performance for diabetes related indicators was 99.3% which was 6.2% above the CCG average and 10.1% above the national average.
- Longer appointments and home visits were provided when needed.
- All patients with long term conditions had a named GP and were offered a structured annual review to check their health and medicines needs were being met.
- For patients with the most complex needs, practice staff worked with relevant health and care professionals to deliver a multidisciplinary package of care. Fortnightly multidisciplinary meetings were held and the practice worked in partnership

Outstanding





# Summary of findings

with the community trust employed care coordinator. Feedback from the care coordinator was positive about the level of engagement and commitment to their patients demonstrated by the practice.

- There was a commitment across all practice staff to providing high quality, compassionate end of life care for their patients and advanced care planning was in place for all palliative patients.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. The GP lead for safeguarding liaised with other health and care professionals to discuss children at risk.
- Immunisation rates were relatively high for all standard childhood immunisations and the practice worked with health visitors to follow up children who did not attend for immunisations.
- 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.
- Appointments were available outside of school hours and the premises were suitable for children and babies. There was a dedicated baby changing room available.
- Urgent appointments were available on a daily basis to accommodate children who were unwell.
- Rooms were offered to the community midwife free of charge within the practice to facilitate access for patients.

Good



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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Extended hours services were offered two evenings per week to facilitate access for working patients.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the

Good



# Summary of findings

needs for this age group. Uptake rates for screening were similar to or above the national average. For example, the uptake rate for breast cancer screening was 78.8% compared with the national average of 72.2%.

## 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 and those at risk of a fall.
- The practice offered longer appointments for patients with a learning disability and for those who required it.
- The practice has a significant number of drug using patients, and 4.5% of the practice population have been identified as admitting to drinking >30 units of alcohol per week or have problematic alcohol use recorded. The practice regularly worked with other health care professionals in the case management of vulnerable patients. Fortnightly multidisciplinary meetings were hosted by the practice.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. The practice liaised with the trust care coordinator to ensure vulnerable patients had the appropriate health and social care support in place and appropriate referrals were made to other organisations.
- 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 good for the care of people experiencing poor mental health (including people with dementia).

- 98.5% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was above the national and local averages. This was achieved with a lower than average exception reporting rate.
- 99.1% of patients with a mental health condition had a comprehensive care plan documented in their records in the

Good



# Summary of findings

last 12 months which was above the CCG average and national average. However, this was achieved with an exception reporting rate which was slightly above the CCG and 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 carried out advance care planning for patients with dementia. Feedback from care homes looking after patients with dementia was positive about the practice.
- The practice informed patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

We reviewed the results of the national GP patient survey published in January 2016. The results showed the practice was performing in line with local and national averages. A total of 292 survey forms were distributed and 123 were returned. This represented a response rate of 42% and represented 1.1% of the practice population.

Results showed:

- 60% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 74% and the national average of 73%.
  - 76% 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 86% and the national average of 76%.
  - 80% of patients described the overall experience of this GP practice as good compared to CGC average of 87% and the national average of 85%.
- As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 45 comment cards which were all positive about the standard of care received. Patients highlighted the caring and helpful staff and praised the level of compassion shown to them. Twelve of comment cards referenced difficulties with accessing appointments at the practice.

We spoke with 11 patients during the inspection. All of the patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. However, a number of patients told us it could be difficult to book convenient appointments.

## Outstanding practice

- The provider had a history of providing high quality medical education. They had demonstrated innovation in their approach to education including the development and hosting of courses for triage and clinical skills accessible to a range of clinicians. In addition the practice provided work experience opportunities for sixth form students who wanted to pursue a career in medicine. The practice was a designated hub as part of the Community Education Provider Network and was working with other organisations locally to offer more placement opportunities for medical students and nurses.
- There was a commitment across all practice staff to providing high quality, compassionate end of life care for their patients and advanced care planning was in place for all palliative patients. An annual audit of palliative care had demonstrated that the 62.5% of patients on the practice's palliative care register had achieved a comfortable death in their preferred place of death. The practice was one of only 14 nationally to have achieved accreditation from the Gold Standards Framework. This practice had been shared both regionally and nationally.

# Macklin Street Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a second CQC inspector and an Expert by Experience (an Expert by Experience is someone with experience of using GP services).

### Background to Macklin Street Surgery

Macklin Street Surgery provides primary medical services to approximately 10700 patients through a general medical services contract (GMS). The practice has a branch surgery; Park Farm Surgery, Park Farm Drive, Allestree, Derby, DE22 2RP.

The practice is located in purpose built premises close to Derby city centre. The practice has car parking, disabled parking and is accessible by public transport.

The level of deprivation within the practice population is above the national average. Income deprivation affecting children and older people is above the national average. The practice area covers a number of areas which fall within the most deprived areas nationally.

The clinical team comprises six GP partners (three male and three female), two associate GPs (both female), five practice nurses, a triage nurse and a healthcare assistant. At the time of the inspection there was a GP registrar working in the practice. (A GP registrar is a qualified doctor who is training to become a GP through a period of working and training in a practice)

The clinical team is supported by a full time business manager, an operations manager, a data analyst and a team of reception and administrative staff.

The main surgery opens from 8am to 6.30pm Monday to Friday. Consulting times vary from doctor to doctor but are generally from 8.30am to 11.30am each morning and from 3.30pm to 5.30pm each afternoon. Extended hours appointments were offered from 6.30pm to 7.30pm on Tuesdays and Thursdays.

The practice has opted out of providing out-of-hours services to its own patients. This service is provided by Derbyshire Health United (DHU) 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, including Healthwatch, to share what they knew. We carried out an announced visit on 19 April 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 report and record incidents and significant events.

- Staff told us they would inform their manager or one of the partners of any incidents in the first instance. There was a recording form 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 analysed to ensure any themes or trends were identified. This also enabled the practice to ensure that any learning had been embedded.
- Information related to significant events was shared with external stakeholders. For example, where incidents involved a local pharmacy the practice ensured that this was followed up. Additionally the practice flagged issues to the local clinical commissioning group (CCG) and hospitals where required.

We reviewed safety records, incident reports, safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice updated their locum induction pack to stress the importance of undertaking identity checks with patients following issues concerning locum GPs seeing the wrong patients.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse which reflected 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. There were lead members of staff for child and adult safeguarding. GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Meetings to discuss children at risk were held regularly within the practice and were attended by community based staff including health visitors and midwives. 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.
- Notices were displayed in the waiting area and in the consulting rooms to advise patients that chaperones were available if required. Male and female chaperones were offered by the practice. All staff who acted as chaperones had been trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- We observed the practice to be clean and tidy and saw evidence that systems were in place to maintain appropriate standards of hygiene. The practice had cleaning schedules in place and notices were displayed in each room detailing cleaning instructions. The senior practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There were infection control policies and protocols in place. Staff received annual training in infection control and it formed part of the induction for new members of staff. Regular infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and

## Are services safe?

there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

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

Action was taken immediately to address the following issues:

- Vaccine fridges within the practice did not have secondary thermometers in line with guidance. This meant the practice did not have mechanisms in place to ensure the internal fridge thermometers were calibrated correctly and displaying accurate readings.
- Emergency medicines were not stored in a secure area of the practice. Emergency medicines were stored in a clinical room close to the entrance door. In order for these to remain easily accessible in an emergency this room was not locked. The practice had not assessed the risk of these medicines being accessed inappropriately.

### Monitoring risks to patients

Risks to patients were assessed and managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified the practice's health and safety lead. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control.

- 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. For example, there was a minimum number of staff working on the reception area at any time.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. In addition most of the consulting rooms had panic alarms fitted to enable staff to support help in an emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- 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.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and suppliers.
- Emergency medicines were easily accessible to staff and all staff knew of their location. All the medicines we checked were in date and stored in condition specific boxes to aid access the correct medicines in an emergency situation. For example, there was a box specific to asthma.
- Cue cards for a range of medical emergencies had been developed within the practice to support and aid staff dealing with specific emergencies.





# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Regular meetings were held within the practice for both GPs and nursing staff which helped to ensure staff were aware of changes and updates.
- The practice monitored that these guidelines were followed through risk assessments, 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 99.7% of the total number of points available. This was 2.7% above the clinical commissioning group (CCG) average and 5% above the national average.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was 99.3% which was 6.2% above the CCG average and 10.1% above the national average. The exception reporting rate for diabetes indicators was 14.5% which was above the CCG average of 13.4% and the national average of 10.8%.
- Performance for indicators related to hypertension was 100% which was 1.4% above the CCG average and 2.2% above the national average. The exception reporting rate for hypertension related indicators was in line with local and national averages.
- Performance for mental health related indicators was 100% which was 3.1% above the CCG average and 7.2%

above the national average. The exception reporting rate for mental health related indicators was 27.4% which was above the CCG average of 16.9% and the national average of 11.1%.

- 98.5% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was 13.1% above the CCG average and 14.5% above the national average. This was achieved with an exception reporting rate of 6.2% which was 3% below the CCG average and 2.1% below the national average.

The practice had an overall exception reporting rate within QOF of 12.7% which was 1.6% above the CCG average and 3.5% above the national average. (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). Exception reporting was above the local and national average for some indicators, for example mental health.

Discussions with practice staff and a review of records demonstrated that the practice was following guidance in line with exempting patients; for example in relation to patients not attending for reviews in spite of three invitations being issued. Additionally we saw evidence that the practice was aware of areas where their exception reporting rate was above local and national averages and was seeking to address this. In order to reduce exception reporting rates for patients who had failed to attend the practice had identified the patients at the start of the QOF year and was ensuring that these patients were contacted from the start of the year to increase the chances of them attending for a review.

There was evidence of quality improvement including clinical audit.

- There had been 12 clinical audits undertaken in the last two years, five of these were completed audits where the improvements made were implemented and monitored. Records showed that a range of full cycle and spot audits had been undertaken and where initial cycles of audits had been undertaken there were planned dates for follow up cycles.
- We saw that a dermatology audit was undertaken annually in respect of referrals for suspected skin cancer. This was undertaken by a GP within the practice



# Are services effective?

## (for example, treatment is effective)

who held a diploma in dermatology. Referrals were analysed and findings shared with clinicians. Audits over time demonstrated a general improvement in the quality of referrals.

- Findings from audits were used by the practice to improve services. For example, recent action taken as a result included an introduction of a robust recall system for patients fitted with a ring pessary to ensure they were reviewed in line with guidelines. Re-audit demonstrated a significant improvement in the number of patients being seen within recommended timescales.
- Regular medicines audits were undertaken with the support of the CCG pharmacist. Feedback from the CCG pharmacist was positive about the practice in respect of their prescribing performance and told us the practice were performing better than average for most indicators.
- As part of their work to achieve Gold Standards Framework accreditation the practice undertook regular palliative care audits. These demonstrated improvements in the quality of care received by patients nearing the end of their lives. For example a palliative care audit undertaken in 2015 demonstrated that 62.5% of patients had died in their previously identified preferred place of death.

### 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 all newly appointed staff. These included induction packs for medical students and registrars. Inductions covered a range of topics such as safeguarding, infection control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. For example, staff had undertaken additional qualifications in spirometry and asthma. In addition one of the GP partners was undertaking a qualification in diabetes to enable them support the nursing work in this area.
- 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. Most staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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 were held on a fortnightly basis and led by the practice's triage nurse. The practice had a community trust employed care coordinator who worked at closely with the triage nurse and the wider community team to understand and meet the needs of the most vulnerable patients. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.

We saw evidence that the practice had worked closely with the care coordinator to develop the role and to ensure their skills were well utilised to maximise benefit to their patients. The care coordinator made regular contact with all patients identified as being at risk of admission to ensure that their needs had not changed and that no changes were required to their care plan. Seventy vulnerable patients have been identified and are receiving monitoring and support from the triage nurse to support the work of the care coordinator.



# Are services effective?

(for example, treatment is effective)

There was a commitment across all practice staff to providing high quality, compassionate end of life care for their patients and advanced care planning was in place for all palliative patients. An annual audit of palliative care had demonstrated that the 62.5% of patients on the practice's palliative care register had achieved a comfortable death in their preferred place of death. The practice was one of only 14 nationally to have achieved accreditation from the Gold Standards Framework. This practice had been shared both regionally and nationally. The practice had developed 'Palliative Packs' for each doctor to take on visits. This included drug sheets for the administration of controlled drugs / palliative anticipatory medication / medication for syringe drivers. DNAR forms and general palliative information and educational material.

For patients on the practice's palliative care register Gold Standard Framework meetings were held every four to six weeks. These meetings included GPs, palliative care nurses, the community matron and practice and district nurse representatives. The practice worked with local care home staff to support patients nearing the end of their lives.

## Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear clinical staff undertook assessments of capacity.
- The process for seeking consent was monitored through records audits.

## 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.
- Memory screening clinics were offered from the main surgery and the branch surgery on weekly basis to aid with the early identification of memory issues.

The practice's uptake for the cervical screening programme was 77.2%, which was below the CCG average of 83.5% and the national average of 81.8%. Telephone reminders were offered for patients who did not attend for their cervical screening test. The practice manager described how some patients don't participate in screening programmes as they choose other countries for the tests. 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 78.8% compared with the CCG average of 78.5% and the national average of 72.2%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 85.7% to 96.2% and five year olds from 81.4% to 99%.

Flu vaccination rates for over 65s and for patients at risk were in line with national averages. For example, 76% of patients at risk had received a flu vaccination compared with the national average of 73%.

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

During the inspection we saw 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.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 45 patient completed CQC comment cards we received were positive about the service experienced. Patients said they felt the practice staff were caring and helpful. Patients also said they felt listened to by staff and they were treated with dignity and respect.

We spoke with 11 patients including a member of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

In 2014 the practice was the first in the CCG to be awarded a dignity award. The award was made to the surgery in recognition of its commitment to respecting the dignity of its patients. The award also recognised the practice's commitment to respecting and protecting vulnerable people.

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

- 88% 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%.

- 92% of patients said the GP gave them enough time compared to the CCG average of 88% 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%.
- 84% 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%.
- 96% of patients said the nurse gave them enough time compared to the CCG average of 93% and the national average of 92%.
- 95% 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 marginally below local and national averages:

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

### 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 and well supported by staff and 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 in line or above with local and national averages. For example:

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 83% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 82%.

## Are services caring?

- 96% 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. Patients within the practice population spoke over 75 first languages other than English, 25% of all newly registering patients in the last year did not have English as their main spoken language. The practice used translation services on a regular basis to ensure effective communication. The practice also worked with British Sign Language interpreters. Double appointments were provided for patients where an interpreter was involved.

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

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 153 patients as carers. This was equivalent to 1.4% of the practice list. The practice had a dedicated carers champion and there was a range of information available in the waiting area and on the website to support carers.

Staff told us that if families had experienced bereavement, their usual GP contacted them where this was considered appropriate. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. Information about local bereavement support organisations was displayed in the waiting area.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice had made recent improvements to premises including internal refurbishment and new windows and doors. Additionally the practice was considering options for the future including the possibility of relocating to new premises or moving some administrative functions out of the main building to an adjacent building.

In addition:

- Extended hours services were offered two evenings per week to facilitate access for working age patients.
- There were longer appointments available for patients with a learning disability and for those who needed them.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice employed a triage nurse who coordinated requests for home visits and triaged requests for same day appointments to ensure that patients were seen by the appropriate clinician.
- There were disabled facilities, including dedicated disabled parking; disabled access and disabled toilet. Corridors and doors were accessible to patients using wheelchairs.
- A hearing loop was available in the reception area.
- Translation and interpretation services were available for those who required them and longer appointments were provided to facilitate communication.
- Customer service training had been provided to staff within the practice with the involvement of a patient to enable the team to receive live feedback.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 11.30am every morning and from 3.30pm to 5.30pm each afternoon. Extended hours appointments were offered from 6.30pm to

7.30pm on Tuesdays and Thursdays. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment had improved but remains slightly lower than local and national averages.

- 70% of patients were satisfied with the practice's opening hours compared to the clinical commissioning group average of 77% and the national average of 78%.
- 60% of patients said they could get through easily to the practice by phone compared to the CCG average of 74% and the national average of 73%.

Twelve of the 45 comment cards we received referenced difficulties in accessing appointments within the practice. In addition, a number of patients we spoke with during the inspection told us it could be difficult to get an appointment with the practice. Over the past 12 months the practice had experienced challenges to clinical staffing levels due mainly to illness. Although sickness had been covered by locum staff; this had impacted on the availability of appointments. We saw evidence which demonstrated a commitment to review and improve the appointment system. For example, in early 2015, the practice had trialled a new triage based appointment system. Learning from this trial phase helped the practice with capacity planning and determine the number of pre bookable and on the day appointments required.

### 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 leaflets and 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.

## Are services responsive to people's needs? (for example, to feedback?)

The practice had logged 60 complaints and concerns in the last 12 months including verbal complaints. We reviewed a range of complaints and found that these were dealt with in a timely manner in accordance with the practice's policy on handling 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. Where required the practice liaised with external agencies such as the Parliamentary and Health Service Ombudsman (PHSO) to resolve complaints.

Meetings were held every three months to review complaints received and to identify any themes or trends. Lessons learned from complaints and concerns and from trend analysis were used to improve the quality of care. For example, a complaint was received relating to the approach taken by a member of clinical staff when asking sensitive questions. This resulted in a mentoring session focused on handling similar questions in future.

# 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 clear ethos which centred on the delivery of high quality medical education to support high quality medical care for patients. The practice told us they continuously strived to improve which they considered an area of strength.

- The practice had a mission statement which underpinned their ethos. The mission statement was displayed widely throughout the practice in staff and patient areas.
- A patient charter had been developed and was available on the practice's website. This outlined what patients could expect from the practice.
- Staff knew and understood the values of the practice and were engaged with these.

In addition to regular partnership meetings, the partners and practice manager held annual strategy meetings to facilitate planning for the future. Actions from the latest meeting included:

- A review of how nursing care is deployed which included implementing condition specific clinics and improving the patient recall system. Work is in progress to develop health care assistants to undertake more delegated responsibilities to release some capacity for the nursing team.
- A full team approach was taken to embedding the practice mission statement.
- A review of the management of incoming correspondence, followed by a four month pilot of a new system. It was identified that additional capacity was required and a new member of staff will be recruited.
- Appointed of an additional GP for 2.5 days a week.
- Further plans are in progress to extend and develop the service.

### 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:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. The areas

of responsibility within the practice had recently been reviewed and clinical and non-clinical staff had lead roles in a range of areas such as information technology and diabetes care.

- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. For example, audits of telephone call volume and appointments were reviewed on a regular basis and adjustments made where required.
- There were arrangements in place to identify, record and manage most risks within the practice and to ensure that mitigating actions were implemented. There was a health and safety lead within the practice and a dedicated GP partner responsible for health and safety.
- Weekly management meetings were held within the practice in addition to monthly partnership meetings. This ensured that partners retained oversight of governance arrangements within the practice.

### Leadership and culture

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. For example, one GP had undertaken a diploma in dermatology to support the patients of the practice and provide internal expertise in this area. Additionally one of the GP partners was due to commence a lead role within the local CCG to ensure the practice had an opportunity to influence decision making locally. Staff told us they prioritised safe, high quality and compassionate care. Staff told us the partners and management were approachable and always took the time to listen to all members of staff.

- Staff told us the practice held regular meetings. In addition to partnership and management meetings, nursing and clinical meetings were held regularly within the practice. Informal meetings were held on a monthly basis for all staff with formal meetings being held quarterly.



# Are services well-led?

Outstanding



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

- 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.
- Monthly letters were sent from the lead GP partner to all staff updating them on events and changes within the practice. For example, these covered topics such as the retirement of staff, staff absences and QOF achievement.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). 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.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- Feedback was gathered from patients through the patient participation group (PPG) and through surveys and complaints received. The practice had a long history of an active PPG who had supported the practice to fund a defibrillator and a screen for the reception area. The PPG had also supported the annual flu clinics.
- The practice and the PPG had developed a constitution which members had signed. Due to other commitments and ill health, a number of members had recently left the PPG. The practice was working with a patient who had considerable experience in health and social care to

consider how best to rebuild the PPG and to ensure they were as effective as possible. Plans were in place to recruit further members to ensure the PPG was representative of the practice population.

- The practice gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, following the pilot of the new triage appointment system staff had provided feedback about what had worked well and what had not worked well. This was taken into consideration when making decisions about the future appointment system. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice had supported another practice in the area who were experiencing staffing problems. This had been achieved through offering managerial support from the practice manager and clinical support from in the form of clinics run by three of the GP partners.

The practice was committed to the delivery of high quality medical education. The practice had been involved with the provision of medical education for 20 years. This had included involvement in the development of clinical skills course for medical school at Derby.

The practice became a Multi Professional Learning Organisation (MPLO) in 2008 and expanded its provision of medical education. For example:

- The practice designed and delivered training courses for clinicians, including nurses and urgent care practitioners, from other healthcare establishments in undertaking patient triage. These courses were provided free of charge.
- Additionally the practice had hosted a clinical skills assessment course for GP registrars approaching their MRCGP examinations. This was attended by registrars from programmes in Derby, Mansfield and Nottingham.
- In response to a number of requests from sixth form students the practice decided to pilot sixth form work experience at the practice. Work experience was

# Are services well-led?

Outstanding



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

provided for three sixth form students in 2015 and the pilot proved successful. More work experience placements for sixth form students were planned for this year.

- In 2015 the practice was successful in their bid to become a Community Education Provider Network hub. The bid was made collaboratively with a local surgery and a GP provider company in South Derbyshire. Their aim was to work with spoke organisations to increase the number of educational placements available across the area, particularly for nurses and medical students.

The practice had achieved accreditation from the Gold Standards Framework in 2015 for quality end of life care.

The practice was one of only 14 GP practice nationally to have achieved this award since its inception. To achieve accreditation the practice had undertaken a thorough training programme and undergone a quality assurance and accreditation process where they were required to demonstrate their improvements in delivering high quality end of life care.

Work was ongoing with other practices in the locality with regard to healthcare provision for patients with mental health conditions in the locality. This project aimed to provide specialist care locally to avoid these patients being admitted to hospital.