The Park Medical Practice

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?	Outstanding ☆
Are services responsive to people's needs?	Outstanding ☆
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 The Park Medical Practice on 16 December 2014. Overall the practice is rated as outstanding.

Specifically, the practice was rated as good for providing safe services and outstanding for providing effective, caring, and responsive services and for being well led. In addition, it was rated as outstanding for providing services to the six population groups.

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

- Patients expressed a high level of satisfaction about all aspects of the care and services they received. They described the staff as friendly, helpful and caring and said that they were treated with dignity and respect.
- The practice was accessible and well equipped to meet patients' needs.
- Patients were able to access care and treatment when they needed it. They described their experience of making an appointment as good, with urgent appointments usually available the same day.
- There was a holistic and proactive approach to meeting patients' needs.
- Systems were in place to keep patients safe and to protect them from harm. Lessons were learnt and improvements were made when things went wrong.
- The practice had strong links with other providers to aid communication and multidisciplinary working, to meet patient's needs.
- The practice used innovative and proactive ways to improve outcomes for patients, working with other providers to share best practice.
- The practice actively sought feedback from patients in a variety of ways, which was acted on. The practice had an active Patient Participation Group (PPG) who worked in partnership with the practice to improve the services for patients.
- Staff were actively supported to continually develop their knowledge and skills to ensure the delivery of high quality care. The practice had a highly motivated and committed staff team with extensive experience and skills, to enable them to deliver well-led services. High standards were promoted and owned by all staff.
- The culture and leadership empowered staff to carry out lead roles and innovative ways of working to meet

Summary of findings

patients' needs, and drive continuous improvements. The management and governance of the practice assured the delivery of high-quality person-centred care.

We saw several areas of outstanding practice including:

- The practice held the Quality Practice Award from the Royal College of General Practitioners, which is the highest award attainable from the College**.** The accreditation process supports practices to deliver the highest quality of care to their patients.
- High importance was placed on patient empowerment, education and self-management of their health needs, with a focus on long-term conditions. Patients with diabetes received a copy of their review form and test results prior to attending reviews to enable them to prepare for this. They also received a written summary of their reviews, which helped them to self-manage their condition. They were also asked to share their experiences in staff meetings and patient groups as 'patient' experts.
- The practice was proactive in reaching out to patients who were reluctant to attend the surgery. This included men. The practice ran a male health and well being campaign, which encouraged men to see a GP or nurse about any health issues or advice on lifestyle changes. This resulted in an additional 286 men attending the practice between June to August 2014 compared to the same period for the previous year.
- There were high levels of engagement with patients and the patient participation group (PPG) to improve the services. The PPG was actively involved in the planning and delivery of services. The practice and the PPG held two health awareness events for all its patient population, involving various external organisations. A further event was planned in 2015.

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

The practice is rated as good for providing safe services. 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. Staff fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Risks to patients were assessed and well managed. The practice was open and transparent when things went wrong. Learning took place and appropriate action was taken to minimise incidents and risks.

There were enough staff to keep patients safe. Robust recruitment procedures were followed to ensure that new staff were suitable to carry out the work they were employed to do. Systems were in place to ensure that medicines were managed safely and appropriately. Arrangements were in place to manage emergencies. A business continuity plan was available to deal with a range of emergencies that may impact on the daily operation of the practice.

Are services effective?

Outstanding

The practice is rated as outstanding for providing effective services. The practice held the Quality Practice Award from the Royal College of General Practitioners, which is the highest award attainable from the College. The accreditation process encourages and supports practices to deliver the highest quality of care to their patients. Patients told us they received effective care and treatment.

The staff team were committed to working collaboratively with other providers to ensure that patients' received coordinated care and services. The practice was proactive in supporting patients to live healthier lives. High importance was placed on patient empowerment, education and self-management of their health needs. For example, patients with diabetes were asked to share their experiences and changes they had made to improve their wellbeing, in staff meetings and patient groups as 'patient' experts.

The services were effective as all staff had clear roles in monitoring and improving outcomes for patients. The practice had a comprehensive audit programme, which provided assurances as to the quality of care, and demonstrated continual improvement to patients care and treatment. The practice also shared the findings of relevant audits with other providers to improve the outcomes for patients.

Summary of findings

Staff were actively supported to acquire new skills to ensure high quality care. The practice had a highly motivated staff team with extensive knowledge, skills and experience to enable them to carry out their roles effectively. All staff had received relevant training on the Mental Capacity Act and the Children Acts, to ensure they understood their responsibilities to apply the legislation and capacity and best interest decisions.

Are services caring?

Outstanding ☆

The practice is rated as outstanding for providing caring services. Patients expressed high levels of satisfaction with the care and the approach of staff. They described the staff as friendly, helpful and caring and said that they were treated with dignity and respect. They also said that they felt listened to and that their views and wishes were respected. Several patients said they felt the practice offered an excellent caring service. Staff and patients highlighted various examples of staff providing a caring approach.

The practice's 2014 survey showed high levels of satisfaction in how patients were treated; 600 patients completed this. The 2014 national survey was completed by 109 patients; 93% of patients rated their overall experience of the practice as good. Also, 89% said that the last GP they saw or spoke to was good at treating them with care and concern, 95% felt that they were good at listening to them and 89 % felt they were good at giving them enough time. These results were higher than the national and local averages.

Patients were involved in decisions about their care and treatment. Staff supported patients to cope emotionally with their health and condition. We observed a patient-centred and caring culture. Patients were treated with dignity, respect and kindness during interactions with staff. Reception staff were discreet and maintained patients' privacy and confidentially, where possible**.** Patients were informing that they could speak with staff in private. All reception staff had attended recent training on customer care. There were plans for all staff to attend this.

Are services responsive to people's needs?

Outstanding ☆

The practice is rated as outstanding for providing responsive services. Patients told us that they were able to access care and treatment when they needed it. They described their experience of making an appointment as good, with urgent appointments usually available the same day. Patients also said that they felt listened to and able to raise concerns about the practice. None of them had needed to make a complaint about the practice. The practice provided a wide range of services to meet patients' needs. The services were flexible and were planned and delivered in a way that

Summary of findings

met the diverse needs of the local population. A translation service and information was available in various languages, for patients whose first language was not English. The practice worked in partnership with other providers to meet patients' needs in a responsive way.

We found that the premises were accessible and had been adapted to meet the needs of people with disabilities, and were well equipped. The appointment system was flexible and enabled patients to access care and treatment when they needed it. Longer appointments were also available for people who needed them. There was a culture of openness and people were encouraged to raise concerns. Patients concerns were listened to, acted on and responded to in a timely and transparent way to improve the service.

Are services well-led?

Outstanding ☆

The practice is rated as outstanding for being well-led. The practice had a clear vision that had quality and safety at its top priority, which was shared by the staff team. The culture, leadership and governance arrangements were robust and ensured the delivery of high-quality person-centred care. High standards were promoted and owned by all staff. The practice had a highly motivated and committed staff team to enable them to deliver well-led services. There was effective teamwork, leadership, and commitment to improving patient experiences. The practice had an active Patient Participation Group and actively sought and acted on feedback from patients.

There was a open, positive and supportive culture. There were high levels of staff satisfaction and constructive engagement. The commitment to learning and the development of staffs' skills was recognised as essential to ensuring high quality care. Staff were actively supported to acquire new skills and further develop their knowledge. The culture and leadership empowered staff to carry out lead roles and innovative ways of working to meet patients' needs, and to drive continuous improvements. A business plan was in place, which set out the plans for future development and demonstrated a commitment to on-going improvement. This was monitored and regularly reviewed by the partners. Robust systems were in place to identify and manage risks, and to ensure the service was well managed.

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

Outstanding ☆

The practice is rated as outstanding for the care of older people. All patients over 75 years had a named GP to provide continuity of care to ensure their needs were being met. They were also offered an annual health check. There was a holistic and pro-active approach to meeting patients' needs. Patients were supported to remain active and help reduce the risk of falls. The practice was involved in pilots to improve the outcomes for patients. For example, a consultant geriatrician held regular clinics at the practice to review the needs of older people, including those with poor mental health.

Carers were identified and supported to care for older people. The practice kept a register of older people who had complex needs and required additional support. Care plans were in place to ensure that patients and families received coordinated care and support. The practice worked closely with other services to help reduce the risk of unplanned admissions to hospital, and enable patients to remain at home, where possible. Home visits were carried out for elderly housebound patients. Flu, pneumococcal and shingles immunisations were offered to patients. The practice had 3,530 patients aged 65 years and over, of which is 2,875 (81.4%) had received an influenza immunisation so far in the 2014/2015 period to reduce the risk of them developing flu.

People with long term conditions

Outstanding ☆

The practice is rated as outstanding for the care of people with long-term conditions. There was a holistic and pro-active approach to meeting patients' needs, with a focus on long-term conditions. Where possible, patients' condition/s and any other needs were reviewed at a single appointment, rather than having to attend various reviews. When needed, longer appointments and home visits were available. High importance was placed on patient empowerment, education and self-management of their conditions. For example, patients with diabetes received a copy of their planned review and test results prior to their review to enable them to prepare for this. They also received a written summary of the outcome of their reviews and results, which helped them to self-manage their condition effectively. They were also asked to share their experiences and changes they had made to improve their wellbeing, in staff meetings and patient groups as 'patient' experts. There were plans to involve further 'patient' experts with other long-term conditions.

Summary of findings

Clinical staff had lead roles in the management of long term conditions, having received appropriate training. For example, one clinician was a nurse specialist in diabetes and chronic obstructive pulmonary disease. Clinical staff attended specific meetings to discuss the management of patients with long-term conditions, involving other external professionals. The meetings provided a forum to share new developments and information, and ensure that patients care and treatment was effective and in line with current best practice.

Families, children and young people

Outstanding ☆

The practice is rated as outstanding for the care of families, children and young people. Priority was given to appointment requests for children and young people. Appointments were available outside of school hours. The practice had systems to manage and review risks to children and young people who were vulnerable or at risk of abuse. All staff had received relevant training on safeguarding vulnerable children, and knew how to recognise and respond to signs of abuse. The GP safeguarding lead and the health visitor met every six weeks to share information and discuss concerns and safeguarding issues, and best ways to support the families. This helped to ensure children were safe and protected from harm.

The practice hosted a parent's support group. However, due to recent funding cuts they were unable to continue this service. The practice provided maternity care and family planning services, and worked in partnership with midwives, health visitors and school nurses to meet patients' needs. The practice offered a full range of immunisations for children in line with current national guidance. The 2013/ 2014 data for all childhood immunisations showed that the percentage of children receiving vaccinations was significantly above the Clinical Commissioning Group rates. The practice achieved a vaccination rate of 98% and above for 17 out of the 18 childhood immunisations. The premises were equipped and suitable for children and young people. The practice provided advice on sexual health for teenagers, and screening for sexually transmitted infections.

Working age people (including those recently retired and students)

Outstanding ☆

The practice is rated as outstanding 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 and on Saturdays. Patients were also offered telephone consultations and were able to book appointments around their working day by telephone, on line or by text. The practice offered a

Summary of findings

'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.

The practice provided advice on sexual health and screening for sexually transmitted infections**.** The practice worked closely with the 'well-being' centre coordinator at Derby University, to ensure students received appropriate care and support. The practice offered health promotion and screening appropriate to the needs for this age group. NHS health checks were offered to patients aged 40 to 74 years, which included essential health checks and screening for certain conditions. The practice was proactive in reaching out to patients who were reluctant to attend the surgery. This included men. The practice ran a campaign promoting male health and wellbeing, which encouraged men to see a GP or nurse about any health issues, or advice on how to make lifestyle changes. This resulted in an additional 286 men attending the practice between June to August 2014, compared to the same period for the previous year. The campaign was being re-run in May 2015.

People whose circumstances may make them vulnerable

Outstanding ☆

The practice is rated as outstanding for the care of people whose circumstances may make them vulnerable. There was a holistic and pro-active approach to meeting patients' needs. All staff had received relevant training on safeguarding vulnerable people, and knew how to recognise and respond to signs of abuse. The practice held a register of patients living in vulnerable circumstances including people with a learning disability. Patients had an allocated GP to provide continuity of care to ensure their needs were being met. Patients were invited to attend an annual physical health check. The staff took time to listen to patients. They also discussed patients in vulnerable circumstances at joint meetings with relevant professionals, to ensure they received appropriate care and support.

Patients had access to drug and alcohol support services. The practice provided extended opening hours for patients who may not attend during the day. When needed, longer appointments and home visits were available. Carers were identified and offered support. Information was available to patients and carers signposting them to support groups and external agencies.

People experiencing poor mental health (including people with dementia)

Outstanding ☆

The practice is rated as outstanding for the care of people experiencing poor mental health (including people with dementia). There was a holistic and pro-active approach to meeting patients' needs. The practice held a register of patients experiencing poor

mental health. Patients were invited to attend an annual physical health check. The practice worked closely with other services to ensure that patients' needs were regularly reviewed, and that appropriate risk assessments and care plans were in place. Patients had access to counselling services at the practice. They were also supported to access emergency care and treatment when experiencing a mental health crisis.

A consultant geriatrician from a local trust held regular clinics at the practice to review the needs of patients with poor mental health.

Patients had access to a local memory clinic. The practice screened appropriate patients for dementia, to facilitate early referral and diagnosis where dementia was indicated. The practice hosted a cafe for people with dementia and their carer's. However due to recent funding cuts they were unable to continue this service.

Records showed that all staff had received appropriate training to meet patients' needs, ranging from dementia awareness and mental health issues including depression and suicide. The GP lead for mental health chaired specific meetings to discuss mental health issues, involving other providers. The meetings provided a forum to share new developments and information, and ensure that patients treatment was effective and in line with current best practice.

Summary of findings

What people who use the service say

Prior to the inspection, we received comment cards from 48 patients. During our inspection we spoke with eight patients.

Patients expressed a high level of satisfaction about the care and services they received, several commenting that the service and staff team were excellent. Patients told us they were able to access care and treatment when they needed it. They described their experience of making an appointment as good, with urgent appointments usually available the same day.

Patients said that they were treated with dignity and respect, and described the staff as friendly, helpful and caring. 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. They found the premises welcoming, clean and accessible.

We spoke with senior staff at three care homes where patients were registered with the practice. They were very complimentary about the services provided, and said the practice staff were responsive to patients' needs. They also felt that the practice was well managed.

The practice had an active Patient Participation Group (PPG) and actively sought feedback from patients, which it acted on. 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. We spoke with members of the PPG. They told us that they worked in partnership with the practice and had their full support, to ensure that patients' views were listened to and acted on to improve the service.

The practice and the PPG issued an annual satisfaction survey to patients; 600 people completed this in 2014. The findings showed high levels of patient satisfaction. The PPG and the practice had agreed the action points from the last survey, which was available to patients.

We looked at the 2014 national GP survey, which 109 patients completed. In most areas the practice's results were higher than the local and national averages. For example, 89% said that they would recommend this surgery to someone new in the area, 94% said that they were able to get an appointment to see or speak to someone the last time they tried, 79% said that they usually waited 15 minutes or less after their appointment time to be seen and 95% said that the last GP they saw or spoke to was good at listening to them.

Outstanding practice

- The practice held the Quality Practice Award from the Royal College of General Practitioners, which is the highest attainable award available from the College**.** The accreditation process encourages and supports practices to deliver the highest quality of care to their patients.
- High importance was placed on patient empowerment, education and self-management of their health needs, with a focus on long-term conditions. Patients with diabetes received a copy of their review form and test results prior to attending reviews to enable them to prepare for this. They also received a written summary of their reviews, which helped them to self-manage their condition. They were also asked to share their experiences in staff meetings and patient groups as 'patient' experts.
- The practice was proactive in reaching out to patients who were reluctant to attend the surgery. This included men. The practice ran a male health and well being campaign, which encouraged men to see a GP or nurse about any health issues, or advice on lifestyle changes. This resulted in an additional 286 men attending the practice between June to August 2014 compared to the same period for the previous year. The campaign was being re-run in May 2015.
- There were high levels of engagement with patients and the patient participation group (PPG) to improve

the services. The PPG was actively involved in the planning and delivery of services. The practice and the PPG held two health awareness events for all its patient population, involving various external organisations. A further event was planned in 2015.

The Park Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC inspector and included two GPs, a practice manager, a practice nurse 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 The Park Medical Practice

The Park Medical Practice is a partnership between ten GPs and the practice manager providing primary medical services to 25,329 patients. The main practice is in Chaddesden in Derby, with a branch surgery at the University of Derby and Borrowash in Derbyshire. We did not inspect the Borrowash branch.

The partners also manage Oakwood Surgery in Derby, which is registered under a separate registration and location.

The Park Medical Practice is registered to provide Diagnostic and Screening Procedures, Treatment of Disease, Disorder or Injury, Surgical procedures, Maternity & Midwifery & Family Planning regulated activities from Maine Drive, Chaddesden, Derby DE21 6LA.

It is a training practice for GP registrars in training, medical students, nurses and counsellors.

The practice has a large staff team, including administrative staff, a practice manager, assistant practice manager, IT manager, nurse manager, patients services manager, accountant, a business manager, seven practice nurses, four nurse practitioners, five health care assistants, a pharmacist and 14 GPs including three salaried and one GP retainer. Various staff work across the three practices.

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

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. 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.

Detailed findings

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 four external professionals who worked closely with the practice.

We carried out an announced visit on 16 December 2014. During our visit we checked the premises and the practice's records. We spoke with various staff including a nurse practitioner, a practice nurse, a healthcare assistant, five GPs, reception and clerical staff, and senior managers. We also received comment cards we had left for patients to complete and spoke with patients and representatives who used the service.

Good

Are services safe?

Our findings

Safe track record

Patients told us they felt safe when using the service. Records showed that safety incidents and concerns were appropriately dealt with. Risks to patients were assessed and appropriately managed. The practice used a range of information to identify risks and improve patient safety. For example, reported incidents and national patient safety alerts as well as comments and complaints received from patients.

A system was in place to ensure that relevant staff was aware of national patient safety alerts (NPSA) and safety issues, and where action needed to be taken. Staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses.

We reviewed safety records and incident reports for the last two years. This showed the practice had managed these consistently over time, and so could show evidence of a safe track record over the long term.

Learning and improvement from safety incidents

Staff told us that the practice was open and transparent when things went wrong. The practice had a robust system in place for reporting, recording and monitoring significant events, incidents and accidents. We reviewed records of significant events that had occurred during the last two years. These were discussed at the practice meetings, and a dedicated meeting was held every 2-3 months to review actions from significant events and complaints to promote learning and improvement.

We reviewed five recent significant incidents and saw records were completed in a comprehensive and timely manner. For example, records showed that appropriate action had been taken as a result of a medication error to prevent further incidents. Where patients had been affected by something that had gone wrong, they were given an apology and informed of the actions taken.

Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. We looked at training records which showed that all staff had received relevant role specific training on safeguarding adults and children. For example, all GPs had completed level three child protection training. All staff we spoke with knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities and knew how to share information, properly record safeguarding concerns and how to contact the relevant agencies. Contact details were accessible.

There was a system to highlight vulnerable patients on the practice's electronic records, including children subject to child protection plans. The alert system ensured that they were clearly identified and reviewed, and that staff were aware of any relevant issues when patients contacted the practice or attended appointments.

The practice had GP leads in safeguarding vulnerable adults and children. They could demonstrate they had the necessary training to enable them to fulfil this role. All staff we spoke with were aware who the leads were, and who to speak with in the practice if they had a safeguarding concern.

The safeguarding leads were aware of vulnerable children and adults registered with the practice, and demonstrated good liaison with partner agencies such as the police and social services. Records showed that relevant professionals and partner agencies shared information about vulnerable children and adults. For example, the lead GP for safeguarding children and the health visitor met every six weeks to share information and discuss concerns and safeguarding issues, and best ways to support the families. This helped to ensure children were safe and protected from harm.

Patients' individual records were managed in a way to keep people safe. Records were kept on SystmOne electronic system, which held all information about the patient including scanned copies of results and communications from hospitals. The practice had completed a risk assessment in regards to the storage of written medical records to ensure these were kept secure.

A chaperone policy was available, which was visible on the consulting room doors but not in the waiting rooms. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). Discussions with staff and

records showed that staff who acted as chaperones had undertaken relevant training. Staff understood their responsibilities when acting as chaperones, including where to stand to be able to observe the examination.

Medicines management

Several patients and representatives told us that the system in place 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 checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely, and only accessible to authorised staff. Processes were in place to check medicines were within their expiry date and suitable for use.

All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations. There was a clear policy for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a potential failure. Staff followed the policy.

A system was in place to ensure that repeat prescriptions were reviewed and signed by a GP before they were given to the patient. Blank prescription forms were handled in accordance with national guidance, as these were tracked through the practice and kept securely.

A system was in place for the management of high risk medicines, which included regular monitoring in line with national guidance.

The practice has a strong commitment to medicines management, demonstrated by the employment of a practice pharmacist one day a week. Their role provides a safety check to ensure that patients' medicines are safe and still appropriate. For example, a recent review of prescribing of a controlled drug had resulted in safer prescribing of the medicine as a result of improvements made. Also, antibiotic prescribing was regularly reviewed, to help minimise risks to patients of inappropriate and over use, and associated problems.

The practice pharmacist worked with the Clinical Commissioning Group (CCG) medicines team and carried out regular checks to ensure that patients' medicines were managed safely. They reviewed patients on medicines that required monitoring to ensure they were prescribed according to guidelines. They also communicated medicine updates, safety information and practice audit results to the GPs.

Cleanliness and infection control

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

An infection control policy and supporting procedures were available for staff to refer to, which enabled 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 policy. There was also a policy for needle stick injury and staff knew the procedure to follow in the event of an injury.

The practice had a lead for infection control who had undertaken further training to enable them to advise staff on the policy. Staff we spoke with told us they received training on infection control on induction and regular updates. Records we looked at supported this.

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 such as dressings and syringes; all items were in date. Records showed that relevant staff checked the supplies at regular intervals to ensure they remained in date and appropriate to use.

The practice had a policy for the management and testing of legionella (a bacteria that can contaminate water systems and be potentially fatal). We received confirmation that the practice was carrying out regular checks in line with their policy and risk assessment to reduce the risk of infection to staff and patients.

A policy was in place relating to the immunisation of staff at risk of the exposure to Hepatitis B infection, which could be acquired through their work. Records showed that relevant staff were protected from Hepatitis B infection.

Equipment

Good

Are services safe?

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. A schedule of testing was in place. We saw evidence of calibration of relevant equipment; for example weighing scales, spirometers and blood pressure measuring devices.

Staffing and recruitment

The recruitment policy ensured that information required by law was obtained prior to staff commencing employment at the practice. We found that robust recruitment procedures were followed in practice to ensure that new staff were suitable to carry out the work they were employed to do. We checked the files of three staff that had been employed in the last six months. They included the information required by law to ensure they were suitable to work with vulnerable adults or children.

A policy for checking nurses and GPs qualifications and registration to practice was in place. 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.

The practice had a large staff team. Almost half the staff team had worked at the practice for 10 years or longer, which ensured continuity of care and services. We found that arrangements were in place to ensure sufficient numbers and skill mix of staff were on duty. Staff covered each other's annual leave. The practice appointed temporary staff to cover maternity leave and long term-sickness. For example, a temporary pharmacist was covering maternity leave of the regular employed person.

Staff told us there were enough staff on duty to keep patients safe and ensure the smooth running of the practice. Records showed that the staffing levels and skill mix were in line with planned requirements.

Senior managers told us that an additional GP had been employed to provide support during the winter pressures on the practice. Additional reception support had also been provided to support the reception team during busy times. There were plans to appoint another practice nurse in the New Year, to increase the nursing support.

Monitoring safety and responding to risk

The practice had a detailed health and safety policy. Health and safety information was displayed for staff to see and there was an identified health and safety representative. The practice had completed various health and safety risk assessments, including actions required to reduce and manage the risks.

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

Staff were able to identify and respond to risks to patients including deterioration in their well-being. For example, procedures were in place to deal with patients that experienced a sudden deterioration in health, and for identifying acutely ill children to ensure they were seen urgently. Arrangements were also in place for patients experiencing a mental health crisis, to enable them to access urgent care and treatment. The practice 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 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). When we asked members of staff, they all knew the location of this equipment, and records confirmed that it was checked regularly.

Emergency medicines were available in a secure area of the practice and all staff knew where they were kept. These included medicines for the treatment of cardiac arrest, anaphylaxis and hypoglycaemia. Processes were also in place to check that emergency medicines were within their expiry date and suitable to use. All the medicines we checked were in date and fit for use.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of

Good

Are services safe?

the practice. Actions were recorded to reduce and manage the various risks. Risks identified included power failure, adverse weather, unplanned sickness and access to the building.

The practice had carried out a fire risk assessment that included actions required to maintain fire safety. Records showed 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.

Outstanding ☆

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

The practice provided a wide range of services to meet the needs of the local population and had commissioned additional services, to enable more people to be treated locally by the practice.

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

The GPs and nurses had lead roles in clinical areas such as diabetes, heart disease, chronic obstructive pulmonary disease (a term used for people with chronic bronchitis, emphysema, or both) dementia and mental health. This enabled the clinicians to focus on specific conditions and to drive improvements. The nursing team led on the management of various long- term conditions, having received appropriate training to carry out these roles. For example, one clinician was a nurse specialist in diabetes and chronic obstructive pulmonary disease.

The practice knew the needs of their patient population well. There was a holistic and pro-active approach to meeting patients' needs, which was driven by all staff at the practice. Innovative approaches to care were used to support the delivery of high quality care. We found from our discussions with the GPs and nurses, that staff completed thorough assessments of patients' needs in line with NICE guidelines, and these were reviewed, together with the effectiveness of their care and treatment.

The practice was involved in various projects to improve the outcomes for patients and to enable more people to be treated locally by GPs. For example, the practice was involved in a pilot with a local Trust, in which a consultant geriatrician held regular clinics at the practice to review the needs of patients with poor mental health.

Management, monitoring and improving outcomes for people

The practice held the Quality Practice Award from the Royal College of General Practitioners, which is the highest award attainable from the College. The award recognises practice teams who have demonstrated both clinical and organisational excellence in the delivery of primary care. The accreditation process encourages and supports practices to deliver the highest quality of care to their patients.

The services were effective as all staff had clear roles in monitoring and improving outcomes for patients resulting in a practice wide approach to care and treatment. These roles included data input, summarising patient records, scheduling clinical reviews, and medicines management.

A wide range of meetings took place to aid communication and continuously improve how the practice delivered services to patients. The meetings provided a forum to share new developments and information, and ensure that patients' treatments were in line with current best practice. Various meetings included external professionals. For example, specific meetings were held to discuss the management of patients with long-term conditions and poor mental health involving other providers.

The team made use of audit tools, clinical supervision and staff meetings to assess the performance of clinical staff. For example, the nurse practitioners had a GP mentor to provide clinical advice and supervise their practice.

The GPs told us clinical audits were often linked to medicines management information, safety alerts or as a result of information from the quality and outcomes framework (QOF). We saw evidence of this. QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long-term conditions and for applying preventative measures. The QOF performance data for 2013 to 2014 showed that the practice achieved a total of 98.8%. This was above the national and local average in all clinical areas assessed.

Outstanding ☆

Are services effective?

(for example, treatment is effective)

The practice had a comprehensive audit programme, which was proactive and reactive. This provided assurances as to the quality of care, and demonstrated continual improvement to patients care and treatment. All clinicians were allocated an area of responsibility for completing audits.

We saw that the practice had completed extensive audit cycles in the last two years, which were used to improve the outcomes for patients. Clinical staff were able to demonstrate the changes made resulting from these. For example, in response to an incident an audit of prescribing of a controlled drug was completed in May 2014, which was re-audited in January 2015. The re-audit showed that prescribing of the medicine was safer as a result of improvements made following the initial audit. Other examples included audits to confirm that the GPs who undertook minor surgical procedures, were doing so in line with their registration, and NICE guidance.

The practice also shared the findings of relevant audits with other multi-disciplinary staff to improve the outcomes for patients. For example, the practice was undertaking an audit looking at all adult patients who had 10 or more appointments and all children who had six or more appointments in the last 3 months to see if they could improve their care and support. The findings would be reviewed to determine why they had accessed the services so frequently. This would be discussed with the care-co-ordinator who liaises with health, social services and voluntary agencies to determine if any patients required further support.

Staff spoke positively about the culture in the practice around audit and quality improvement. As a group, they reflected on the outcomes being achieved and areas for improvement. Records showed that the GPs and nursing team attended regular clinical meetings. These enabled the staff to discuss clinical issues and peer review each other's practice, driving improvements in care.

There was a protocol for repeat prescribing which was in line with national guidance. The practice's pharmacist regularly checked that patients receiving repeat prescriptions had been reviewed by the GP. They also checked that all essential health checks were completed, and that the latest prescribing guidance was being used.

The GPs were able to demonstrate that they had oversight and a good understanding of best treatment for each patient's needs. The IT system flagged up relevant medicine alerts when the GP was prescribing medicines.

The practice was applying the gold standards framework for end of life care, and held a palliative care register. Regular internal as well as multidisciplinary meetings were held, to discuss the care and support needs of patients and their families.

Effective staffing

Staff told us they worked well together as a team. We found that there was strong team work. The practice had a highly motivated staff team with extensive knowledge, skills and experience to enable them to carry out their roles effectively. Almost half the staff team had worked at the practice for 10 years or longer. The practice had recruited several new GPs to replace partners who were due to retire or had left. The nursing team included seven practice nurses and four nurse practitioners, who were able to see a broader range of patients.

Staff assured us that they had received appropriate induction and support 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.

High importance was given to the continuing development of staff skills, competence and knowledge. All staff we spoke with praised the level of training, personal development and support they received. They were actively supported to acquire new skills, to ensure the delivery of high quality care. Records supported this.

Records we looked at showed that staff had a personal development plan, which outlined their training and learning needs. The practice manager kept a detailed record, of the qualifications of all staff and training they had attended.

Records showed that staff had attended a wide range of training to meet patients' needs, ranging from mental health issues to life threatening conditions such as sepsis. Staff were up to date, and had attended mandatory

courses such as safeguarding, infection control and emergency life support. Further training needs had been identified and planned. A training plan for 2014 to 2015 was set out for all staff groups to further develop their skills.

Staff told us that they 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. We saw that appraisal dates for all staff were planned in advance. Records showed that a robust appraisal system was in place, which set out staff's learning needs.

Nurse practitioners and practice nurses performed specific duties and extended roles. Discussions with staff and records we looked at showed that they had attended appropriate training to carry out these roles. For example, administrating vaccines, cervical cytology and managing patients with long-term conditions such as asthma, diabetes and coronary heart disease.

We spoke with one of the nurse practitioners. They told us that they had a named GP mentor and received allocated time each week, to discuss and reflect on patients care and treatment with them. They also had an allocated GP for all clinical sessions to provide advice and support on clinical matters.

All GPs were up to date with their yearly 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 the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).

The practice was a training practice. Doctors who were training to be qualified as GPs were offered extended appointments and had access to a senior GP throughout the day for support. We spoke with a registrar who was on placement at the practice. They spoke highly of the level of support and supervision they received.

Working with colleagues and other services

The practice had strong links with other service providers to aid communication and multidisciplinary working, to meet patient's needs. For example:

- The practice worked closely with the 'well-being' centre coordinator at Derby University, to ensure students received appropriate care and support.
- The out-of-hours service had previously been called regularly to a patient. The practice staff and the community matron had reviewed the patient's medicines and provided alternative support, and their pain control and wellbeing had improved.
- A community care co-ordinator was now based at the practice, which enabled them to share information directly with the staff. The practice staff felt that their role was beneficial in supporting integrated care and providing a direct point of contact.
- The practice held multidisciplinary team meetings every two months to discuss the needs of patients with complex needs, including end of life care, at risk of harm or admission to hospital. These meetings were attended by district nurses, health visitor, social workers, palliative care nurses, community matron, and care co-ordinator. Decisions about patients' needs were documented in a shared care record. Staff felt this system worked well and that the meetings provided a means of sharing essential information.

The practice team worked closely with other local practices. For example, they had led group sessions on understanding the new commissioning contracts, working smarter and helping practices with their IT issues. Recently they had led on forming a collaborative working group, which has linked the care homes in the area with specific GP practices. This has meant that the GPs have been helping to support the care homes the practice covers, and share best practice.

The practice received test results, letters and discharge summaries from the local hospital and the out-of-hours services both electronically and by post. 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. The GP who saw these documents and results was responsible for the action required. All staff we spoke with understood their roles and felt the system in place worked well. Arrangements were in place to follow up patients discharged from hospital.

Systems were in place to enable essential information about patients to be shared with other providers. For

example, there was a shared system with the local GP out-of-hours provider to enable patient data to be shared in a secure and timely manner. Electronic systems were also in place for making referrals. The practice was

For emergency patients, there was a policy of providing a printed copy of a summary record for the patient to take with them to A&E. The practice was also signed up to the electronic Summary Care Record (Summary Care Records provide faster access to key clinical information for healthcare staff treating patients in an emergency or out of normal hours).

The practice staff used an electronic patient record, SystmOne to coordinate, document and manage patients' care. All staff were fully trained on the system, and commented positively about the system's safety and ease of use. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference.

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.

Staff told us that they obtained patients' informal 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 benefits and possible risks and complications of the treatment. We saw evidence to show that written consent had been obtained, where required.

Staff gave examples of how a patient's best interests were taken into account if a patient did not have capacity to make a decision. Patients with learning disabilities and those with dementia were supported to make decisions through the use of care plans, with their involvement. Clinical staff we spoke with demonstrated a clear understanding of Gillick competencies. (These are used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions).

Clinical staff were aware of the Mental Capacity Act 2005, and the Children Acts (1989 and 2004) and their responsibilities to act in accordance with legal requirements. Records showed that all staff had received relevant training to ensure they understood the key parts of the legislation, and how they applied this in their practice. For example, safeguarding children's training covered the Children's Act. Staff had also received training on the Mental Capacity Act, including the Deprivation of Liberty Safeguards and capacity and best interest decisions.

Health promotion and prevention

We saw that a wide range of health promotion information was available to patients and carers

on the practice's website, and the noticeboards in the waiting area.

It was policy for new patients registering with the practice to complete a health questionnaire, which provided some information about their lifestyle and health. They were also offered a health check. The GP was informed of health concerns and these were followed up in a timely way.

Registration weekends were held to register the large numbers of new students attending Derby University. New students were offered a health check. They also received various health promotion information. International students were also supported to understand the UK health system.

The practice provided contraception services and advice on sexual health matters, within their contract to deliver essential primary care services. The contract to provide sexual health services to students at Derby University had been awarded to another provider in April 2014, and the services were no longer provided on site by the practice.

We noted that the clinical staff used their contact with patients to help improve their health and wellbeing. For example, by offering opportunistic chlamydia screening to patients aged 18 to 25 years and smoking cessation advice and support to smokers.

The practice also offered NHS Health Checks to all its patients aged 40 to 75 years. Data showed that they had offered 1,015 patients in this age group a health check in 2014; approximately 50% had attended this.

The practice was involved in a wide range of screening programmes including bowel, breast and cervical screening. Data showed that 84% of women aged 25 to 65 years had received a cervical screening test in the last 5 years, which was above the national average. There was a

system in place for following-up patients who did not attend health screening. The practice also hosted the Abdominal Aortic Aneurysm (AAA) Screening Programme at the surgery for patients and non-patients.

Patients had access to a local memory clinic. The practice screened appropriate patients for dementia, to facilitate early referral and diagnosis where dementia was indicated. In the last 12 months 79 patients had been screened resulting in 34 referrals to mental health services.

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/ 2014 data for all childhood immunisations showed that the percentage of children receiving vaccinations was significantly above the CCG area rates. For example, the practice achieved a vaccination rate of 98% and above for 17 out of the 18 vaccinations. A system was in place for following up patients who did not attend their vaccine.

Effective systems were in place for identifying patients who needed additional support, and the practice was proactive in offering this. For example, the practice kept a register of all patients with a learning disability, experiencing poor mental health, those in vulnerable circumstances, with long term conditions and older people. They were offered an annual health check.

Staff were proactive in supporting patients to manage their health needs and live healthier lives. Patients were educated about their conditions to improve their compliance and self-management. For example, patients with diabetes received a copy of their health review form and test results prior to attending their review to enable them to prepare for this. They also received a written summary of the outcome of their reviews, which helped them to self-manage their condition effectively. They were also asked to share their experiences and changes they had made to improve their health and wellbeing, in staff meetings and patient groups as 'patient' experts.

In response to positive feedback, the practice planned to involve further 'patient' experts with other long-term conditions.

The practice was proactive in reaching out to patients who were reluctant to attend the surgery. This included men. The practice had more men than women registered but routinely saw a lot more women in the surgery. The practice ran a campaign in May 2014 promoting male health and wellbeing, which encouraged men to see a GP or nurse about any health issues or advice on how to make lifestyle changes.

Information packs were issued to men about various health issues including alcohol, smoking, prostrate, bowel and skin cancer, sexual health, aortic screening and mental health. The practice texted all men over 18 years who had not been seen in the last 12 months. There were also displays in the waiting room and messages on the website, encouraging men to book in and see a GP or practice nurse. This resulted in an additional 286 men attending the practice between June to August 2014 compared to the same period for the previous year. The campaign was being re-run in May 2015.

The practice had links with the local community. For example, they had provided two recent presentations at Borrowbrook Link, which is a charity that supports the elderly in the community. The presentations were on primary care and more recently on summary care records, which helped the attendees to understand what these were to enable them to make an informed choice.

Outstanding ☆

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Prior to the inspection, we received comment cards from 48 patients. During our inspection we spoke with eight patients. Essentially all patients expressed high levels of satisfaction with the care and the approach of staff. They 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. Several patients said they felt the practice offered an excellent caring service.

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

Staff and patients highlighted various examples of staff providing a caring approach. For example, a staff member was concerned about a patient's welfare who was always punctual and had failed to attend an appointment. They lived alone and did not have regular contact with family or friends. The practice phoned the emergency services and the person was found collapsed at home.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a suitable room. We observed this during our visit. We also observed that patients were treated with dignity, respect and kindness during interactions with staff.

Recent appraisals had identified the need for reception staff to receive training on customer care. The practice manager had developed an appropriate course, which all reception staff had attended, along with staff from five local practices. There were plans to provide further training to enable all staff to attend this.

We saw that all telephone calls were taken away from the reception desk, which helped keep patient information private. It was practice policy for reception staff to ask patients to indicate the reason for their appointment. This is so they could advise on which practitioner would be able to best meet their needs. A few patients commented that they did not like being asked at the reception area where people were in close proximity, the reason for their appointment as this did not ensure their privacy.

We observed that the reception staff were discreet and maintained patients' privacy and confidentially, where possible. However, there were times where patients were queuing to speak with the receptionist, and certain conversations could be overheard. The practice manager agreed to follow up this issue. A notice was displayed in the reception area and on the TV screen informing patients that they could speak with staff in private.

We reviewed the most recent patient satisfaction data available for the practice. This included information from the 2014 national patient survey, and the practice's 2014 satisfaction survey, which 600 people completed. The survey results showed high levels of satisfaction in how patients were treated. For example, the national survey results showed that 93% of patients rated their overall experience of the practice as good. Also, 89% said that the last GP they saw or spoke to was good at treating them with care and concern, 95% felt that they were good at listening to them and 89 % felt they were good at giving them enough time. These results were higher compared to the national and local averages.

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 this with the practice manager.

A notice was displayed in the patient reception area stating the practice's zero tolerance for abusive behaviour. Receptionists told us that referring to this had helped them diffuse potentially difficult situations.

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. They were given sufficient time and information during consultations to enable them to make informed choices. The 2014 national satisfaction survey results showed that 87% of patients said that the last GP they spoke with or saw was good at involving them in decisions about their care, and 94% were good at explaining treatment and results. Also, 92% said that the last nurse they saw or spoke with was good at involving them in decisions about their care, and 93% were good at explaining treatment and results. These results were higher compared to the national and local averages.

Outstanding ☆

Are services caring?

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.

Patient/carer support to cope emotionally with care and treatment

The survey information we reviewed showed that 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 had hosted a café for people with dementia and their carer's, and a parents support group. However due to recent funding cuts they were unable to continue this service.

Notices in the patient waiting room, on the TV screen and patient website also told patients how to access a number of support groups and organisations. Carers were asked to complete a questionnaire to include their details on the practice's computer system. This alerted staff if a patient was also a carer to enable them to offer support. They had also been sent a form to complete to enable the practice to identify all carers of relatives who had dementia, with a view to offering the carers an annual assessment, advice and signposting to local and national services.

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 their usual 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, which they had found helpful.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Patients told us that they were able to access care and treatment when they needed it.

The practice provided a wide range of services to meet patients' needs, and offered a tailored service for its student population. The services were flexible, and responsive to patients' needs. For example, patients who had diabetes had access to a diabetes service to enable them to be treated locally.

The practice engaged with the NHS Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

We spoke with senior staff at three care homes where patients were registered with the practice. They told us that the practice was responsive to patients' needs. As part of the enhanced services, a named GP carried out a regular surgery at the care homes, which was a new initiative. The 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.

Tackling inequity 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.

Records showed that staff had completed equality and diversity training, and that equality issues were discussed at team meetings.

The practice had a 97% white British population. Derby University had a number of international students. We saw that a translation service and information was available in various languages, for patients whose first language was not English.

The services for patients were located on the ground floor. The premises had been adapted to meet the needs of people with disabilities. For example, improvements had been made to the entrance area to make it easier for patients in a wheelchair, and mothers with young children in a pushchair to access the premises.

Access to the service

Patients told us that they were able to access the service and treatment when they needed it. They described their experience of accessing appointments as good, with urgent appointments usually available the same day. Patients were able to book an appointment in person, by telephone or on line at the main practice and the Borrowash branch.

The appointment system at Derby University branch was flexible, enabling students to book appointments in between lectures and outside university working hours. Although limited on line appointments were available in view of the high number of patients who did not attend these.

A few patients reported delays in getting through to the practice by phone at peak times of the day. Senior managers told us that a new integrated telephone system was installed in June 2014, which the PPG had been involved in choosing. The PPG had also helped promote the new system and telephone number. 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.

The 2014 national patient survey showed that 94% of people surveyed, were able to get an appointment to see or speak to a clinician the last time they tried, and that 69% said that they found it easy to get through to the practice by phone.

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.

The practice opened from 8am until 6:30pm on weekdays. Extended opening hours were available from 8 am until 8 pm on Monday at the main practice, and from 8 am to 12 midday on Saturdays at the Borrowash branch. Patients could attend either surgery. 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.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

We found that the appointment system was flexible to meet the needs of patients. Staff offered patients a choice of appointments to meet their needs, where possible. Systems were in place to prioritise urgent and home visit appointments, or phone consultations for patients. For example, one person attended the practice requesting an urgent appointment in view of health issues. They were given an 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. 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.

Listening and learning from concerns and complaints

Patients we spoke with said that they felt listened to and able to raise concerns about the practice. None of them had needed to make a complaint about the practice. Several patients said that they were not aware of the process to follow should they wish to make a complaint.

We saw that patients had access to a comments box at the practice. A complaints form and leaflet outlying the procedure was also accessible to patients on the practice's website and at the practice.

The complaints policy and procedure was largely in line with recognised guidance and contractual obligations for GPs in England. Although, this required minor changes as one heading referred patients to the Primary Care Trust (PCT), which no longer exists. The complaints form also stated that patients' may formally complain in writing to the Clinical Commissioning Group, which was not the appropriate contact. Senior staff agreed to amend the above information to include the correct details for patients.

The practice had a system in place for managing complaints and concerns. The practice manager was responsible for handling complaints with involvement of the partners. They told us that all complaints were logged as a significant event, as there was always some learning from these.

We saw that a log was kept of all complaints and incidents, which was used to highlight any patterns, action taken and lessons learnt. Records showed that quarterly meetings were held to discuss and review all complaints and significant events to improve the quality of care for patients. Complaints received and the outcomes were also shared with the Patient Participation Group (PPG).

We looked at six complaints received in the last 12 months, which showed that concerns had been acknowledged, investigated and responded to in a timely and transparent way in line with the practice's policy.

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?

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 vision that had quality and safety as its top priority, which was shared by the staff team. Records showed that the full team were involved in completing the practice's mission statement on a recent away day. The mission statement was to provide quality patient centred primary care, delivered by happy, motivated staff that are focused on continual development and innovation. This was displayed in the patient waiting area and the staff meeting room.

Staff members we spoke with knew and understood the vision and values and what their responsibilities were in relation to these. There was a clear understanding of the challenges facing the practice and the locality in general, and they were keen to play their part in improving the services.

Records showed that the partners attended an away day in January 2014 to review the strategy, challenges and aims for the coming year. A business plan was in place, which set out the plans for future development and demonstrated a commitment to ongoing improvement. This was monitored and regularly reviewed by the partners.

The staff team were able to demonstrate various improvements they had made in the12 months, including developing the practice's web site to ensure it met patients' needs, changes to the entrance area to improve access for patients, a new integrated phone system across the three surgeries, and the introduction of electronic prescribing.

Governance arrangements

We found that robust systems were in place for gathering, recording and reviewing information about the quality and safety of services that people received, and for identifying, recording and managing risks. Various risk assessments had been completed; where risks were identified action plans had been implemented to minimise the risks. Governance and performance management arrangements were continually reviewed.

We saw that comprehensive policies and procedures were in place to support the effective running of the practice, which were regularly reviewed to ensure they were up-to-date. A clear schedule was set out to highlight when these were due to be reviewed. Staff had access to the policies; a system was in place to show that staff had been made aware of these. Ten policies and procedures we looked at had been reviewed recently and were up to date.

Effective systems were in place to ensure that staff received essential information and were informed of changes. A wide range of meetings took place to aid communication and continually improve how the practice delivered services to patients. Various meetings included external professionals and providers. A meetings plan for 2015 was set out to ensure these were well planned in advance.

Records showed that the partners held regular meetings to discuss the business, including finances, governance and performance. The practice also had an executive panel to make day-to-day business decisions without having to refer to the partnership. The employment of a practice accountant ensured the finances and contracts were well managed.

There was a comprehensive audit programme, covering all aspects of the service. This provided assurances as to the quality of service, and demonstrated continual improvement to patients care and treatment. For example, senior managers undertook regular audits from looking at work pathways, to unplanned admissions, appointment availability and monitoring the telephone calls.

Records showed that the practice had completed a wide range of clinical audits in the last two years. Completed clinical audits were used to measure and improve the quality of care and outcomes for patients. These showed that essential changes had been made to ensure that patients received safe care and effective treatment.

The practice also used the Quality and Outcomes Framework (QOF) to measure their performance against other practices. The 2013 to 2014 QOF data for this practice showed it was performing above national and local averages in all clinical areas assessed.

Leadership, openness and transparency

We were shown a clear leadership structure which set out staff's lead roles and responsibilities to ensure that the service was consistently well managed. For example, the senior nurse was the lead for the control of infection, two of the GP partners were the lead for safeguarding, one GP was

Are services well-led?

Outstanding ☆

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

the lead for governance and a further GP partner was the lead for mental health. All staff we spoke with were clear about their own roles and responsibilities, and felt that the practice was well led.

The senior management team included an assistant practice manager, IT manager, nurse manager, patients' services manager, an accountant, 10 GP partners and a practice manager. The findings of this inspection showed that they had the necessary experience, knowledge and skills to lead the team effectively.

The culture and leadership empowered staff to carry out lead roles and innovative ways of working to meet patients' needs, and to drive continuous improvements. The practice had a highly motivated and committed staff team to enable them to deliver well-led services.

All staff we spoke with said they were proud of the organisation as a place to work. There was a very open, positive and supportive culture. This was evident by the response to incidents, significant events and complaints.

Staff told us they 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 and annual away days were held, which enabled staff to share information and to raise any issues. All staff said that they enjoyed their work and felt valued and well supported. There were high levels of staff satisfaction and engagement, and low sickness levels.

Seeking and acting on feedback from patients, public and staff

There were high levels of engagement with patients. The practice actively obtained feedback from patients in a variety of ways, including complaints, surveys and the family and friends test. All new projects implemented also had an element of patient/staff feedback in them, in the form of a survey, audit, or verbal or written comments. Surveys had also been undertaken following changes within the practice. For example, in response to changes to the extended hours and the introduction of the "meet & greet receptionist", to establish if people felt the changes had been beneficial.

The results and actions agreed from the recent satisfaction surveys were available at the practice and on the web site. The feedback was also shared on displays in the waiting room and in the practice newsletters. Recent survey results showed high levels of satisfaction, providing assurances that patients views were obtained, and their feedback was acted on to improve the service.

The practice had an active Patient Participation Group (PPG), which has increased in size. A PPG includes representatives from various population groups, who work with staff to improve the quality of care and services for patients. The practice had formed a joint PPG and held regular meetings with the provider's nearby Oakwood Practice.

We spoke with members of the PPG, including two students from Derby University. They told us that the practice valued their role, and acted on their views. They were actively involved in the day to day running of the surgery, and worked in partnership with the practice to improve the service.

The PPG helped out at flu clinics and registration weekends to register new students at Derby University. They were also involved in choosing the new telephone system, and were informed of complaints and the outcomes. They also led on fund raising to purchase further equipment for the surgeries. Recent funds had purchased an electric couch, baby changing station, higher chairs and a bike rack to benefit patients.

The practice and the PPG had held two health awareness events in 2013 for all its patient population. The practice staff and 12 agencies including the Alzheimer's Society, Samaritans, Age UK and Treetops hospice promoted a wide range of health issues from healthy eating to bereavement counselling for children and adults. In response to feedback from patients there were plans to provide a further event in 2015 focusing on the older population.

Records showed that the practice obtained feedback from staff through away days, team meetings and appraisals. Staff said that they felt involved in decisions about the practice, and were asked for their views about the service to improve outcomes for patients and staff.

Management lead through learning and improvement

The commitment to learning and the development of staffs' skills was recognised as essential to ensuring high

Are services well-led?

Outstanding ☆

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

quality care. Staff told us that they were actively supported to acquire new skills and further develop their knowledge to improve the services. For example, the practice had funded the four nurse practitioners to attain a master's degree in advanced clinical practice; two had completed this and two were undertaking the qualification.

Discussions with staff and records showed that staff received continuous learning, training and an annual appraisal to develop their roles and improve outcomes for patients. The practice had a highly motivated staff team with extensive experience and skills, to enable them to deliver well-led services. High standards were promoted and owned by all staff.

The practice shared learning and training with other local practices. For example, the practice manager had developed a customer services programme, which was open to all staff who dealt with customers. Various staff from local practices had attended the training alongside the practice's staff. The feedback from the training had been excellent. The practice had been approached by the Local Medical Committee to deliver the training to all practices in the locality.

Records showed that appropriate learning and improvements had taken place and shared with staff, in regards to incidents, significant events and complaints to minimise further occurrences and improve the service.