

Heartwood 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

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Heartwood Medical Practice on 21 September 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety. There were effective systems in place to support staff to report and record significant events. Learning from significant events was shared with all relevant staff and stakeholders.
- Risks to patients and staff were assessed and well managed. The practice had a range of risk assessments in place.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had received training which provided them with the skills, knowledge and experience to deliver effective care and treatment.
- Feedback from patients about their care, and their interactions with all practice staff, was generally positive. Patients said they were treated with compassion, dignity and respect.
- Information was displayed in the waiting area and on the practice website which told patients about how to complain.
- Patients said they were generally able to access appointments when they needed them. The practice was continually working to improve patient access to appointments and had recently introduced sit and wait appointments after morning and afternoon surgery.
- The practice used clinical audits to improve patient care.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice worked effectively with the wider multi-disciplinary team to plan and deliver effective and responsive care to keep vulnerable patients safe.

Summary of findings

- There was a strong and proactive leadership structure within the practice, and staff felt well-supported by management.
- The practice worked closely with their patient participation group (PPG) to review and improve the services it delivered.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw several areas of outstanding practice:

In response to a high number of care home patients the practice had implemented a number of support measures for these patients. For example:

- The advanced nurse practitioner undertook regular wards rounds at care and nursing homes
- One of the GPs had provided training for care staff in the identification of urinary tract infections.
- The practice had put together a care home support pack for their local care homes. Support packs contained a wide range of information including information about visit requests; early observations templates; management of coughs and colds; information about falls and pain information.

- Data showed that there had been a reduction in requests for nursing home visits. For example, in March to May 2014 there were 150 requests compared with 99 requests for the same period in 2016.

A total of 321 patients within the practice aged over 18 had a care plan in place. This was equivalent to 4.1% of the practice population and was significantly higher than their target of 2%. Where a care plan was discussed and agreed, patients were provided with a 'gold card' which gave patients access to a bypass telephone number to enable them to access services more quickly where this was required. Patients were then offered telephone or face to face access to clinicians as required. Nursing and care homes were also provided with the gold cards to ensure they received the same level of service.

The areas where the provider should/must make improvement are:

- The provider should continue to review and monitor access arrangements to ensure improvements reflect positively on A&E attendances and emergency admissions

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 were systems in place which enabled and supported staff to report and record significant events and incidents. Lessons were shared 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 actions taken 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.
- Medicines, including vaccines and emergency drugs, were stored safely and appropriately with good systems to monitor and control stock levels.
- Risks to patients were assessed and well managed. The practice had a range of risk assessments in place and these were regularly reviewed.
- Systems were in place to support the practice staff to respond to major incidents and emergencies.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- The exception reporting rate for the practice was 7.2% which was 3.9% below the CCG average and 2% below 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).
- Staff assessed the needs of patients and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement. In addition the practice regularly reviewed their performance internally and externally with other local practices.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

Good



Summary of findings

- Annual appraisals and supporting development plans were in place for staff. There was a commitment to the training and development of staff across all staffing groups within the practice.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. The practice worked closely with their designated care coordinator and the wider multidisciplinary team. Monthly meetings were held to ensure the needs of the most vulnerable patients were being met.

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 some aspects of care. For example 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the compared to the CCG average of 92% and national average of 91%.
- 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.
- There was a commitment across the practice to providing high quality care for patients who were receiving end of life care. The practice was working towards Gold Standards Framework accreditation. In addition to this, the practice supported the national Dying Matters campaign and had hosted a stall in the town centre to promote the work being done in this area.
- We were told about a number of examples of staff meeting the needs of patients. For example, care home staff told us GPs would see patients on their way home outside of surgery hours to provide continuity of care.

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.

Good



Summary of findings

- The practice provided extended hours access to appointments for GPs and nurses on a daily basis from 7.30am.
- Patients said they were generally able to make an appointment, with urgent appointments available the same day. Patients said it could sometimes take longer to get an appointment with a named GP.
- The practice was aware of some issues with access and was in the process of implementing improvements including a new telephone system and the introduction of sit and wait appointments after morning and afternoon surgery.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

- The practice had clear aims to deliver high quality care and promote good outcomes for patients. Staff were clear about the values of the practice and were engaged with these. .
- There was a clear leadership structure and staff felt supported by management. Staff spoke highly of the partners and the practice manager and highlighted examples of support provided.
- Policies and procedures were in place to govern and support activity within the practice. Regular management and partnership meetings were held to discuss issues related to the governance of the practice.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- 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 proactively sought feedback from staff and patients, which it acted on. The patient participation group was active and plans were in place to recruit younger members to ensure the membership of the group was representative of the patient population.

Good



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.

- Proactive, personalised care was offered to meet the needs of the older people in its population. Care plans were in place for older patients with more complex needs. Monthly multi-disciplinary meetings were held to review frail patients and those at risk of hospital admission to plan and deliver care appropriate to their needs.
- All patients with a care plan in place were provided with a gold card which afforded them rapid access to appointments.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had high number of patients in care homes and engaged well with care homes to meet their needs. Regular ward rounds were undertaken in addition to support for care home staff.
- 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 good for the care of people with long-term conditions.

- Clinical staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was 82.8% which was 10.3% below the CCG average and 6.4% below the national average. The exception reporting rate for diabetes indicators was 6% which was below the CCG average of 13.4% and the national average of 10.8%.
- Diabetes had been identified as an area for improvement and the lead GP was undertaking additional training in this area. Data provided by the practice which had not yet been published showed improvement in this area.

Good



Summary of findings

- 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 3% which was below the CCG average of 4.1% and the national average of 3.8%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and were offered a structured annual review to check their health and medicines needs were being met.
- For patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. Monthly meetings were held with the multidisciplinary team to review patients with complex needs.

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. Regular meetings were held with the health visiting service to discuss children at risk of harm.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Appointments were available outside of school hours with nursing and GP appointments available on a daily basis from 7.30am.
- The premises were suitable for children and babies with baby changing and breastfeeding facilities available if required.
- Information for young people was available on the practice website.

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 appointments were available on a daily basis with nurses and GPs.

Good



Summary of findings

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Text messaging was used within the practice to confirm appointments and communicate normal blood test results (with the consent of the patient).
- The practice was engaging with a local sixth form college to promote their patient participation group (PPG) to attract younger members.
- The practice's uptake for the cervical screening programme was 83%, which was comparable to the CCG average of 84% and the national average of 82%.

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. Vulnerable patients, including those who were homeless, were supported to register at the practice.
- The practice offered longer appointments for patients with a learning disability and for those who required them; 74% of patients with a learning disability had received an annual health check in the last 12 months.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- Information was available to support vulnerable patients to access various support groups and voluntary organisations.
- The practice was working with Derbyshire Carers Association to offer carers assessments for patients within the practice.
- 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.

Good



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).

- Performance for mental health related indicators was 100% which was 3.1% above the CCG average and 7.2% above the national average.

Good



Summary of findings

- 85.3% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was 0.1% below the CCG average and 1.3% above the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- Patient experiencing poor mental health were told about how to access support groups and voluntary organisations.
- The practice supported a local care home for patients with dementia and feedback from their staff was overwhelming positive about the practice. They told us their patients were always treated with dignity and respect.
- Systems were in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- 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 results which were published in July 2016. The results showed the practice was performing below or in line with local and national averages. A total of 278 survey forms were distributed and 97 were returned. This was a 35% response rate and represented 1.3% of the practice's patient list.

- 71% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 72% and the national average of 73%.
- 74% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 85% and the national average of 85%.
- 97% of patients said the last appointment they got was convenient compared to the CCG average of 93% and the national average of 92%.
- 79% of patients described the overall experience of this GP practice as good compared to the CCG average of 87% and the national average of 85%.
- 72% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 80% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients. We received 48 completed comment cards. Forty-five of the completed comments were entirely positive about the level of care provided by the practice. Patients highlighted the caring, friendly staff and gave examples of compassionate care they had received from practice staff. Three comment cards were mixed about the care and treatment they had received from the practice raising issues about feeling rushed or staff not being as helpful as they could have been. Of the 48 comment cards, seven reflected issues with access to appointments within the practice indicating that there was sometimes a wait to see a GP for a routine appointment or a GP of their choice. Three patients highlighted issues with parking.

We spoke with 11 patients and members of the patient participation group (PPG) during the inspection. The majority of patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. A number of patients said it could be difficult to see the GP of their choice and it could sometimes be hard to get through on the telephone.

Areas for improvement

Action the service SHOULD take to improve

- The provider should continue to review and monitor access arrangements to ensure improvements reflect positively on A&E attendances and emergency admissions.

Outstanding practice

In response to a high number of care home patients the practice had implemented a number of support measures for these patients. For example:

- The advanced nurse practitioner undertook regular wards rounds at care and nursing homes
- One of the GPs had provided training for care staff in the identification of urinary tract infections.
- The practice had put together a care home support pack for their local care homes. Support packs

Summary of findings

contained a wide range of information including information about visit requests; early observations templates; management of coughs and colds; information about falls and pain information.

- Data showed that there had been a reduction in requests for nursing home visits. For example, in March to May 2014 there were 150 requests compared with 99 requests for the same period in 2016.

A total of 321 patients within the practice aged over 18 had a care plan in place. This was equivalent to 4.1% of

the practice population and was significantly higher than their target of 2%. Where a care plan was discussed and agreed, patients were provided with a 'gold card' which gave patients access to a bypass telephone number to enable them to access services more quickly where this was required. Patients were then offered telephone or face to face access to clinicians as required. Nursing and care homes were also provided with the gold cards to ensure they received the same level of service.

Heartwood Medical Practice

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 and an Expert by Experience (an Expert by Experience is someone with experience of using GP services).

Background to Heartwood Medical Practice

Heartwood Medical Practice provides primary medical services to approximately 7700 patients through a general medical services contract (GMS). The practice is a teaching practice for medical students from Nottingham University's medical school in Derby.

The practice is located in Swadlincote, Derbyshire. It was founded in 2006 and merged with another local practice in 2009; the patient list size has steadily increased. Services are provided from a purpose built community health centre which is shared with services including the out of hours service and services provided by the community trust. There is some car parking available although this is limited. The practice is accessible by public transport.

The level of deprivation within the practice population is marginally below the national average. Income deprivation affecting children and older people is similar to the national average.

The clinical team comprises three GP partners (two male, one female), two salaried GPs (female), an advanced nurse

practitioner (female), three practice nurses (female) and a healthcare assistant. The clinical team is supported by a full time practice manager, an assistant practice manager and a team of reception and administrative staff.

The practice opens from 7.30am to 6.30pm Monday to Friday for appointments, enquiries and collecting prescriptions. The telephone lines open from 8am to 6.30pm daily. Generally appointments are from 7.30am to 11.30am each morning and from 3.00pm to 5.30pm each afternoon. In addition to pre-bookable appointments that can be booked up to six weeks in advance, urgent appointments are available on the day for people that require them. Sit and wait appointments are offered after each morning and afternoon surgery on a daily basis.

The practice has opted out of providing out-of-hours services to its own patients. This service is provided by Derbyshire Health United (DHU).

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.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 8 October 2015. During our visit we:

- Spoke with a range of staff (including GPs, nursing staff, the practice management team and 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

Systems were in place to enable the practice staff to report and record incidents and significant events.

- Significant events or incidents were initially reports verbally to one of the partners or the practice manager. Staff also completed recording forms which were available on the practice's computer system. The incident recording form 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).
- Where patients were affected by incidents they were informed and offered support and explanations. Apologies were offered where appropriate and patients were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events. Weekly clinical meetings were held with the practice and significant events were a standing item on the agenda.
- The practice recorded a wide range of clinical and non-clinical events and incidents and also reported on positive events as well as adverse events.

Safety records, incident reports and minutes of meetings demonstrated that significant events were thoroughly investigated and discussed. Lessons were shared and action was taken to improve safety within the practice and externally. For example, the practice recently identified an incident where a courier took a blood sample to the wrong hospital. The hospital and the courier were notified to ensure the issue was rectified and the practice implemented additional verification procedures to minimise the risk of this happening again.

Effective processes were in place within the practice to manage alerts received including safety alerts and alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). Alerts were received centrally and disseminated throughout the practice as required. All alerts were logged on a central spreadsheet with the date received, the action taken to ensure patient safety and the date of any meeting where the alert was discussed.

Overview of safety systems and processes

Systems and processes were in place which ensured that patients were kept safe and safeguarded from abuse. These included:

- Processes were in place which helped to safeguard children and vulnerable adults from abuse. The practice had policies and supporting protocols in place which reflected relevant legislation and local requirements. The practice's policies were accessible to all staff via the computer system and outlined who to contact for further guidance if staff had concerns about the welfare of a patient. There were lead GPs for safeguarding children and adults. GPs attended safeguarding meetings where possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3.
- Notices in the waiting areas and in consulting rooms advised patients that chaperones were available if required. All staff who acted as chaperones had received training to undertake the role and had received a Disclosure and Barring Service (DBS) check. (DBS)
- We observed the practice's premises to be clean and tidy. Arrangements were in place to maintain appropriate standards of cleanliness and hygiene. The 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 was an infection control protocol in place and staff had received appropriate training. Regular infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- Arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for to handle repeat prescriptions which included the review of high risk medicines. All blank prescriptions were securely stored and there were systems in place to monitor their use.
- 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. The practice also directly contracted

Are services safe?

with a community pharmacist to assist them in overseeing and managing patients who were taking oral anticoagulants as well as other initiatives such as care home prescribing.

- Patients taking certain high risk medicines who were under the shared care of the hospital and the GP were now being provided with monitoring booklets by the practice. These gave patients more information about their medicine and care and enabled the recording of their levels to facilitate ongoing monitoring. There were effective arrangements in place to ensure patients taking high risk medicines were appropriately reviewed and monitored.
- The advanced nurse practitioner could prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed four personnel files and found appropriate checks had been undertaken prior to employment. Check included proof of identification, references, conformation of qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS).

Monitoring risks to patients

Risks to patients and staff were assessed and well managed.

- There were procedures in place for to monitor and manage risks to patients and staff safety. Health and safety policies were in place and a health and safety poster which identified local health and safety representatives was visible.
- The practice manager liaised regularly with the building management to ensure any oversight of health and safety arrangements for their areas of the building. For example in relation to the monitoring and mitigation for areas such as legionella and fire safety.

- The practice had implemented a range of risk assessments which were specific to their areas of the building including, general health and safety risk assessments, fire risk assessments and control of substances hazardous to health.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- Arrangements were in place to plan and monitor the number of staff and mix of staff needed to meet the needs of patients. There were rota systems in place for the different staffing groups to ensure enough staff were on duty. There were limits to the numbers of staff permitted to take leave at any one time to ensure there was capacity to provide cover.

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.
- All staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. These were stored in a secure area on an emergency trolley with a range of emergency medicines. All the medicines we checked were in date and records showed regular checks of expiry dates and equipment.
- 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.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinical staff used relevant and current evidence based guidance and standards to assess the needs of patients and to deliver care. These included the 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. Staff had access to guidelines from NICE and local guidelines electronically.
- Staff engaged with regular training to ensure they remained up to date and learning and information was shared with colleagues through discussion at regular clinical meeting.
- The practice had developed their own bespoke clinical templates to support the management of some conditions. For example, the practice was in the process of developing a template for the management of patients with acute kidney injury.
- The practice monitored that 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 demonstrated the practice had achieved 97.1% of the total number of points available. This was in line with the clinical commissioning group (CCG) average of 97% and above the national average of 94.7%.

The exception reporting rate for the practice was 7.2% which was 3.9% below the CCG average and 2% below 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).

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 82.8% which was 10.3% below the CCG average and 6.4% below the national average. The exception reporting rate for diabetes indicators was 6% which was below 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 3% which was below the CCG average of 4.1% and the national average of 3.8%.
- 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 8.6% which was below the CCG average of 16.9% and below the national average of 11.1%.
- 85.3% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was 0.1% below the CCG average and 1.3% above the national average. This exception reporting rate for this indicator was 10.7% which was slightly above the CCG average of 9.2% and the national average of 8.3%.

The practice had identified their diabetes performance as an area for improvement and the lead GP was undertaking additional training in diabetes. Data from 2015/16 which had not been published at the time of the inspection showed an improvement in the management of diabetes.

Effective systems were in place to manage the recall of patients with long-term conditions and the practice was proactive in using care planning for patients. In addition, registers had been set up to ensure patients with long-term conditions who were not included in QOF received ongoing monitoring and support. For example the practice held a register of patients with coeliac disease who were recalls for reviews on a regular basis.

There was evidence of quality improvement including clinical audit.

- We saw evidence of regular two-cycle clinical audits and quality reviews undertaken over the past five years.
- We reviewed a completed two-cycle audit regarding the diagnosis and monitoring of patients with coeliac disease. Re-audit demonstrated that there had been

Are services effective?

(for example, treatment is effective)

improvements in the diagnosis and monitoring of these patients. As compliance had not reached the standard set by the practice, they were refining their recall practice for these patients.

- The practice participated in local audits, benchmarking and peer review. For example the practice worked with other practices in their area to review various areas of performance including review of referral rates for different specialties.
- Work had been undertaken with an external organisation to review disease prevalence and prescribing. This had highlighted some areas which the practice had sought to address. For example, this identified some patients being prescribed inhaled medicines where there was no diagnosis of asthma or COPD.

Effective staffing

Staff had the skills, experience and knowledge to support them to deliver effective care and treatment.

- Role specific inductions were provided for newly appointed members of clinical and non-clinical staff. These covered the aspects of each role in addition to a range of general topics including 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 nursing staff reviewing patients with long-term conditions such as asthma and diabetes received training to support them in these roles.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines stayed up to date with changes to the immunisation programmes through access to on line resources and discussion at practice nurse and clinical meetings.
- Learning needs of staff were identified through appraisals, meetings and ongoing reviews of practice development needs. Training was appropriate to meet the learning needs of staff and to cover the scope of their roles. Additionally training was provided to help staff progress and develop and undertake new roles. For example an apprentice who had started with the practice had progressed to become a practice secretary and had been provided with a range of training to support this development.

- Training and development was provided in a range of ways. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received general 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

The patient record system and their internal computer system provided staff with timely access to the information they needed to plan and deliver care and treatment. 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.

Staff worked effectively with community based health and social care professionals to meet the needs of patients and to assess and plan ongoing care and treatment. The practice worked closely with their designated care coordinator who facilitated meetings with a GP and the assistant practice manager and the wider community multidisciplinary team. Meetings were held on a monthly basis and were attended by a range of staff including district nurses, community matrons and social services staff. Care plans were regularly reviewed and updated for patients with complex needs. Community based staff including the care coordinator were very positive about the practice and the support they offered for their most vulnerable patients.

A number of community healthcare staff were based at the same premises as the practice which the practice staff and community staff told us facilitated communication.

Monthly meetings were held to discuss patients on the palliative and supportive care registers within the practice. The practice also sought to involve their care coordinator in these meetings where possible to ensure these patients received a full package of support. Meetings were attended by district nurses, community matrons and the Macmillan nursing team.

Consent to care and treatment

Are services effective?

(for example, treatment is effective)

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

- Staff understood the consent and decision-making requirements of relevant legislation and guidance, including the Mental Capacity Act 2005. Clinical staff had received appropriate training.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. Information about consent for young people was provided on the practice's website.
- Where it was unclear if a patient had the mental capacity to provide consent to care or treatment clinical staff undertook a capacity assessment and recorded the outcome.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example the practice provided support to carers, people receiving end of life care and those at risk of developing a long-term condition. Patients were signposted to the relevant services. Smoking cessation advice was available internally with the practice's healthcare assistant.

The practice was working towards Gold Standards Framework accreditation for end of life care. Staff had completed the training for this and the practice was hoping to be assessed for accreditation early in 2017. Data showed that the practice was proactive in identifying patients nearing the end of their life. For example the practice had consistently identified over 1% of their population as being on the palliative care or supportive care registers which was above the local average of 0.5%.

The practice's uptake for the cervical screening programme was 83%, which was comparable to the CCG average of 84% and the national average of 82%. Reminders were offered to patients who did not attend for their cervical screening test. The practice encouraged uptake of the screening programme by using information in different formats where required and they ensured a female sample taker was available. There were 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 encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice's uptake rate for breast cancer screening was 72% compared to the CCG average of 76% and national average of 72%. The practice uptake rate for bowel cancer screening was 53% compared to CCG average of 61% and national average 58%. Information was displayed within the practice to encourage patients to attend cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 98% and five year olds from 93% to 100%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients who required them 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 staff were courteous and helpful to patients and treated them with dignity and respect.

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

- Doors to consultation and treatment rooms were kept closed during consultations and conversations could not be overheard.
- Reception staff offered to speak with patients in a private area if they wanted to discuss something sensitive or they appeared distressed.
- Curtains were provided in consulting rooms to maintain dignity during examinations and treatments.
- Staff undertaking sensitive examinations ensured that doors were locked and chaperones were offered to patients if they were required.

The vast majority of the completed comment cards we received as part of the inspection were positive about the service experienced. Forty-five of the 48 comments cards were entirely positive about the level of care and commitment shown by staff. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with 11 patients including three members of the patient participation group (PPG). The majority of patients told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards and feedback from individual patients highlighted examples of staff responding compassionately when they needed help and providing support when required.

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

- 86% 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%.

- 83% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 90% 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%.
- 82% of patients said the last GP they spoke to was good at treating them with care and concern compared to the compared to the CCG average of 86% and national average of 85%.

Results showed that the practice was above average for its satisfaction scores for consultations with nurses and interactions with reception staff. For example:

- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the compared to the CCG average of 92% and national average of 91%.
- 100% of patients had confidence and trust in the last nurse they saw compared to the CCG average of 97% and the national average of 97%.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

We were told about a number of examples of staff going the extra mile to meet the needs of their patients. For example, one of the GPs went to see a patient in the car park as they had been too distressed and anxious to enter the premises. Care home staff provided examples of doctors calling in to visit patients on their way home outside of surgery hours to maintain continuity of care for patients.

Care planning and involvement in decisions about care and treatment

Feedback from patients and from comments cards indicated that patients felt involved in decision making about the care and treatment they received. They told us they felt listened to and supported by staff and generally had sufficient time during consultations to make informed decisions about treatment available to them.

We saw that care plans were personalised to take account of the individual needs and circumstances of patients.

Results from the national GP patient survey showed patients responded positively to questions about their

Are services caring?

involvement in planning and making decisions about their care and treatment. Results for GPs were slightly below local and national averages whilst results for nursing staff were above average. For example:

- 81% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 78% of patients said the last GP they saw was good at involving them in decisions about their care compared to the compared to the CCG average of 82% and national average of 82%.
- 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 compared to the CCG average of 87% and national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Translation services were available for patients who did not have English as a first language and these were used where required.
- Some information leaflets were available in easy read format and signage in the waiting area invited patients to let the practice know if information was required in another format.

Patient and carer support to cope emotionally with care and treatment

A range of leaflets and posters were displayed in the patient waiting area and provided information about how to access local and national 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 90 patients as carers. This equated to 1.2% of the practice list. There was a

carers' information area in the waiting room with a dedicated display of information for and about carers and caring responsibilities. This included information for young carers.

In order to provide additional support for their carers, the practice was working with the Derbyshire Carers Association to offer supported carers' clinics including carers' assessments from the practice. A representative from the Derbyshire Carers Association was attending the practice one day per week to meet with patients who had caring responsibilities to undertake assessments. The practice supported this by identifying suitable patients, discussing this with them and arranging time slots for them to attend. The practice had applied for and been successful in obtaining funding to carry on providing this support service.

There was a demonstrated commitment to providing support to patients and their families following bereavement. If families experienced bereavement, their usual GP contacted them or sent them a sympathy card. These contacts were then followed up by the practice at a later date to see if any additional support was required. Information about bereavement and support was available on the practice website. In addition, the practice had an end of life care patient charter in place which was shared with patients on their website. This outlined what the practice offered to patients who were nearing the end of their life. Patient feedback following bereavement was positive about the support received from the practice.

The practice supported Dying Matters; a coalition of 32000 members across England and Wales which aims to help people talk more openly about dying, death and bereavement and to make plans for the end of life care. Dying Matters held an awareness week annually in May and the practice support this event in 2016. The theme for 2016 was 'The Big Conversation' and the practice held a stall in the local town centre to promote the work of Dying Matters and to promote the importance of talking about this subject. Photos and videos of the day were shared with all of the practice's patients on the website.

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.

- The practice offered extended hours appointments on a daily basis from 7.30am to facilitate access for working patients. Extended hours appointments were available with GPs and nurses.
- Minor surgery was provided by the practice which reduced the need for patients to travel.
- The premises were suitable for children and there were baby changing facilities available. The practice was breastfeeding friendly and there was a room available for mothers who wished to breastfeed in private.
- A room was available for patients who wished to wait away from the main waiting area or for those patients who might be at risk of transmitting an infection to other waiting patients.
- There were longer appointments available for patients with a learning disability and for those who required them.
- A full range of contraceptive services was provided by the practice including coil fitting and contraceptive implant fitting.
- Home visits were available for older patients and for those patients who had clinical needs which resulted in difficulty attending the practice.
- Regular ward rounds were undertaken at local care and nursing homes.
- Same day appointments were available for children and those patients with medical problems that require same day consultation. In addition to a number of appointments which were released on the day the practice also offered 'sit and wait' appointments every morning and afternoon to ensure those patients who needed to be seen were able to access clinical care the same day.
- People in vulnerable circumstances were supported to register at the practice. For example patients who were homeless would be registered as living at the practice address.

- The practice provided primary medical services for patients with complex needs who were pupils of a local residential school. Appointments were offered to these patients first thing in the morning to avoid them having to wait in a busy waiting area.
- The premises were suitable for patients who had a disability. There were dedicated parking bays for patients with a disability, accessible toilets and two lifts which provided access to the first floor.
- A hearing loop was available in the reception area.
- Patients could access counselling services based at the practice via referral from the GP. In addition the practice hosted the Citizens Advice Bureau who met with patients to offer them advice and support.
- Smoking cessation advice and phlebotomy services were provided in house by the healthcare assistant.
- The practice used text messaging to communicate with patients. This was used to confirm appointments and issue reminders and to communicate to patients who had not attended their appointments. It was also being introduced to communicate information about blood test results with consent from the patient.

A total of 321 patients within the practice aged over 18 had a care plan in place. This was equivalent to 4.1% of the practice population and was significantly higher than their target of 2%. Where a care plan was discussed and agreed, patients were provided with a 'gold card' which gave patients access to a bypass telephone number to enable them to access services more quickly where this was required. Patients were then offered telephone or face to face access to clinicians as required. Nursing and care homes were also provided with the gold cards to ensure they received the same level of service.

The practice supported a higher than average number of patients in care and nursing homes. Services were provided to 10 local care and nursing homes and to 140 patients. This represented 1.8% of the practice population and nearly 50% of the care and nursing home beds in the locality area. The practice had implemented a number of initiatives to help with the proactive management of these patients. For example:

- The advanced nurse practitioner undertook regular ward rounds at care and nursing homes. This enabled the ongoing care of patients to be managed proactively and for medication to be regularly reviewed.

Are services responsive to people's needs?

(for example, to feedback?)

- In response to an increasing number of requests for visits for suspected urinary tract infections, one of the GP partners had undertaken training with staff from three of the care homes. The training focussed on educating staff about urinary tract infections and the identification of these.
- The practice had put together a care home support package for their local care homes. This had been developed by the advanced nurse practitioner and the practice manager with input from the GPs. Information packs were laminated and given to all care homes in the care. The support packs contained a wide range of information including information about visit requests; early observations templates; management of coughs and colds; information about falls and pain information. The practice updated the packs on an ongoing basis.

Data showed that there had been a reduction in requests for nursing home visits. For example, in March to May 2014 there were 150 requests compared with 99 requests for the same period in 2016.

We spoke with two of the care homes which covered 64 of the patients registered with the practice. Both homes were very positive about their relationship with the practice and said the regular ward rounds provided good continuity of care for patients with additional visits being available as required.

Access to the service

The practice opened from 7.30am to 6.30pm Monday to Friday for appointments, enquiries and prescription collection. The telephone lines opened from 8am to 6.30pm daily. Generally appointments were offered from 7.30am to 11.30am each morning and from 3.00pm to 5.30pm each afternoon. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were released each day for people that required them. Sit and wait appointments were also offered after each morning and afternoon surgery on a daily basis.

Some of the results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages.

- 78% of patients were satisfied with the practice's opening hours compared to the compared to the CCG average of 77% and national average of 76%.

- 71% of patients said they could get through easily to the practice by phone compared to the compared to the CCG average of 72% and national average of 73%.
- 97% of patients said the last appointment they got was convenient compared to the CCG average of 93% and the national average of 92%.

However, the survey identified some areas where patients' satisfaction was below local and national averages. For example:

- 38% of patients usually got to see their preferred GP compared to the CCG average of 55% and national average of 59%.
- 74% were able to get an appointment the last time they tried compared to the CCG average of 85% and national average of 85%.
- 42% felt they normally didn't have to wait too long to be seen compared to the CCG average of 62% and national average of 58%.

The practice had also identified that their A&E attendance rates and emergency admission rates were higher than those for other practices in the locality; particularly for patients under five. In response to this and an analysis of the results of the national GP patient survey they had identified several areas for improvement and developed an action plan. Areas for improvement included:

- A new telephone system was being implemented from October 2016
- Sit and wait appointments were introduced from August 2016 with patients invited to attend after morning and afternoon surgery
- New signage was implemented to keep patients informed if clinicians were running late.
- The practice was planning to undertake its own patient survey later in the year to ensure they gathered as much feedback from patients as possible.
- Automatic same day appointments for any children under six months and further paediatric training for the advanced nurse practitioner.

People told us on the day of the inspection that they were usually able to get appointments when they needed them.

The practice had a system in place to assess whether a home visit was clinically necessary; and the urgency of the need for medical attention. There was a designated duty doctor every day who reviewed all requests for home visits and prioritised these. In cases where the urgency of need

Are services responsive to people's needs?

(for example, to feedback?)

was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits. In order to respond to increased numbers of home visit requests during the winter the duty doctor undertook early visits over the winter months.

Listening and learning from concerns and complaints

The practice had systems in place to enable them to effectively 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.
- Information was available to help patients understand the complaints system including leaflets and posters.

We reviewed eight complaints received in 2015/16 and found these were responded to in a timely way. The practice was open with people making a complaint offering explanations and apologies where appropriate. Where actions were taken as a result of complaints these were shared with the people making the complaint. Complaints were regularly reviewed and discussed and learning was shared with relevant staff.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice shared their aims via their website with patients. These included the provision of high quality medical care, encouraging good health, preventing disease and helping patients make their own decisions about health.
- Staff were engaged with and understood the values of the practice. Staff were passionate and committed to the delivery of high quality care.
- The practice had clear strategic objectives which reflected the vision and values. Regular review and planning meetings were held and there was a three year development plan in place which focussed on the increased use of information technology.

Governance arrangements

A governance framework was in place which supported the partners and the practice manager in the delivery of good quality care. This ensured structures and procedures were in place including:

- There was a clear staffing structure and that staff were aware of their roles and responsibilities. A number of staff had lead roles within the practice and all staff were aware of whom they should speak to regarding specific issues.
- Practice specific policies were in place; these were accessible to all staff and updated regularly.
- A comprehensive understanding of the performance of the practice was maintained. The practice reviewed their performance regularly internally and externally. For example GPs within the practice held regular meetings to review referrals.
- A programme of clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements in place to identify, record and manage risks, issues and to implement mitigating actions.

At the time of the inspection the practice was in the process of implementing a new software package to increase the ease of access to information within the practice. Policies and procedures would be stored on the new system along

with information about safety alerts, audits, meetings minutes and clinical guidelines. The practice also planned to use the system to facilitate annual leave planning and booking and rota management.

Leadership and culture

On the day of inspection the partners and the management team in the practice demonstrated they had the experience and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff feedback about the partners and the practice manager was overwhelmingly positive. Staff told us they found the partners and practice manager approachable and said they had an open door policy. Staff felt listened to by senior staff.

Systems were 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 and practice manager encouraged a culture of openness and honesty. When things went wrong with care and treatment the practice offered affected people support, information and apologies where appropriate. The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings. In addition to management and clinical meetings, there were regular nursing and wider staff meetings held on a regular basis.
- We saw that there was an open culture within the practice and staff had the opportunity to raise any issues at team meetings. Staff felt confident and supported in raising any concerns or issues.
- Staff said they felt respected, valued and supported, particularly by the partners and the practice manager in the practice. There was a relatively low staff turnover within the practice, especially within the administrative and reception team. Staff told us they were given opportunities to learn and develop in their roles.
- All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. For example,

Are services well-led?

Good 

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

following the recent national GP patient survey results the practice had held an extraordinary staff meeting to discuss the results and invite staff to bring forward ideas and suggestions to make improvements.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG worked with the practice to develop an action plan in response to the national GP patient survey results.
- The practice was committed to ensuring its PPG was representative of its patient population. For example, the practice had recently engaged with a local school and set up a meeting with sixth form students to try to attract younger members to the PPG. Following the inspection we received feedback that the initial meeting with the school had been very successful and three students had expressed an interest in joining the group. Students registered with other practices had also expressed an interest in joining their own respective PPGs.
- The practice had gathered feedback from staff through meetings, appraisals, away days and general discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.