

Overdale Medical Practice

Quality Report

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Date of inspection visit: 18 April 2016
Date of publication: 05/07/2016

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?

Requires improvement



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 Overdale Medical Practice on 18 April 2016. Overall the practice is rated as Good.

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 Care Quality Commission (CQC) at that time.

Our key findings were as follows:

- There was a robust system for patients and staffs to raise concerns and to report incidents and near misses. Information about safety was recorded, monitored, reviewed and addressed.
- Most risks to patients and staff were assessed and well managed. There were a number of exceptions identified that the practice planned to add to the risk log.

- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff understood their responsibilities and had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- The practice was seen to have an appointment system that provided timely access to appointments. This was supported by positive patient feedback.
- The practice had good facilities that included a dedicated minor surgery suite. There was sufficient equipment to treat patients and meet their needs.
- There was a clear leadership structure with clearly defined roles and responsibilities. Staff said they felt supported by management. The practice proactively sought feedback from staff, patients and third party organisations, which it acted on.

Summary of findings

We saw a number of areas where the practice must make improvements.

The practice must:

- Ensure the safety of their premises and the equipment within it by completing a fire risk assessment and a risk assessment for window blinds that have loop cords, perform regular fire evacuation drills at both sites, complete a hard wire electrical test at the Borrowash site, ensure air conditioning units are regularly serviced in line with the manufacturer's guidelines and complete health checks on newly appointed staff.

We saw one area where the practice should make improvements.

The practice should:

- Implement a robust recall system for patients who have learning disabilities to have annual health checks.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

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 requires improvement for providing safe services.

Requires improvement



- There was a system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, the practice recorded, reviewed and held a meeting for all relevant staff where learning could be shared.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded patients from the risk of abuse. There were nominated safeguarding leads for adults and children.
- Most facilities and equipment were maintained but an air conditioning unit had not been serviced and the hard wire electrical testing was evidenced for only one site.
- Regular infection prevention control audits were carried out.
- A review of personnel files evidenced that most checks on staff were complete with the exception of health checks.
- There was a comprehensive training programme for staff. For example, safeguarding and equality and diversity.
- Most risks to patients and staff were assessed and regularly reviewed. There was a risk log to list identified hazards. However it did not include the risk presented by loop cords on window blinds.
- A recent fire risk assessment and regular fire evacuation drills had not been completed at either site.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality Outcomes Framework (QOF) showed that the practice performed above the national average. The practice achieved 97% of the total number of points available in 2014/15, compared to the national average of 95%.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Regular clinical audits were completed and repeated cycles demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

Summary of findings

- There was evidence of appraisals and personal development plans for staff.
- Staff had regular meetings with other healthcare professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data showed that patients rated the practice above local and national averages in 11 out of the 16 indicators in aspects of care.
- Patients said they were treated with compassion, dignity and respect and were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw that staff treated patients with kindness and respect, and maintained confidentiality.
- Home visits were provided for patients that were housebound or unable to attend the practice.
- The practice held a carers' register and highlighted to staff when patients also acted as carers.
- A member of the reception staff was designated as carers' lead and had received role specific training.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Patients said they could get an urgent appointment on the same day.
- Same day appointments were available for children and those with serious medical conditions.
- 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. The practice responded quickly to issues raised and learning from complaints was shared with staff and other stakeholders.
- The practice showed an awareness of health problems specific to the local population.
- Patient feedback was sought and acted on.
- There was an established patient participation group that actively promoted health and wellbeing to the local community.

Summary of findings

Are services well-led?

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

- There was a clear vision and strategy to deliver high quality care and promote good outcomes for patients and their families. Staff were clear about the vision and their responsibilities in relation to this.
- The practice was updating the written business plan with the involvement of all staff members.
- There was a clear leadership structure and staff felt supported by management.
- The practice had policies and procedures to govern activity. All staff were aware of how to access these documents.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included regular clinical audits to monitor and improve the quality of care provided.
- The provider was aware of and complied with the requirements of the Duty of Candour. The GP partners and practice manager encouraged a culture of openness and honesty.
- The practice had systems in place for knowing about notifiable safety incidents.
- The GP partners and the management team were aware of the practice performance and the specific requirements of their patients.

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.

Every patient over the age of 75 had a named GP and all hospital admissions were reviewed. Patients identified as being at risk of hospital admission had a written care plan. This included patients that resided in nursing and care homes.

A care co-ordinator (employed by Derbyshire Community Health Services Community Foundation Trust) supported the clinicians and reviewed all hospital admissions, hospital discharges and attendances with the out of hours service.

The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, risk profiling and case management.

The practice was responsive to the needs of older people and offered home visits and offered longer appointments as required. The practice had identified and supported patients who were also carers.

Good



People with long term conditions

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

A dedicated recall manager was employed to ensure that patients were invited in for regular reviews. Patients were reviewed in GP and nurse led chronic disease management clinics.

The nursing staff had the knowledge, skills and competency to respond to the needs of patients with long term conditions such as diabetes and asthma. Longer appointments and home visits were available when needed.

Written management plans had been developed for patients with long term conditions and those at risk of hospital admissions. For those people with the most complex needs, the GPs worked with relevant health and social care professionals to deliver a multidisciplinary package of care.

Good



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 who were at risk, for example, children and young people who had

Good



Summary of findings

protection plans in place. Children who had not attended appointments were followed up, and where non-attendance continued, reported to the GP who acted as the child safeguarding lead.

Appointments were available outside of school hours and the premises were suitable for children and babies. Same day emergency appointments were available for children.

There were screening and vaccination programmes in place and the practice indicators were comparable with the local Clinical Commissioning Group averages.

The practice worked with the health visiting team to encourage attendance. New mothers were offered post-natal checks and development checks for their babies.

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.

A range of on-line services were available, including medication requests, booking of GP appointments and access to health medical records.

The practice had introduced the option to make an online booking for an asthma review with the nurse aimed at an improved uptake from the working population.

The practice offered all patients aged 40 to 74 years old a health check through referrals to the local healthy living scheme. The practice offered a full range of health promotion and screening that reflected the needs for this age group.

Good



People whose circumstances may make them vulnerable

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

We found that the practice enabled all patients to access their GP services and assisted those with hearing and sight difficulties. A translation service was available for non-English speaking patients. The main site had a bell at the entrance door that could be used to request assistance. The branch surgery had automated entrance doors. Both sites provided toilets suitable for disabled patients.

Good



Summary of findings

The practice held a register of patients with a learning disability and had developed individual care plans for each patient. Out of 16 patients on the learning disabilities register, six had received annual health checks in the preceding 12 months and more proactive steps were needed to improve the uptake of this service. Longer appointments were offered for patients with a learning disability and carers were encouraged by GPs to be involved with care planning.

The practice had a register of vulnerable patients and displayed information about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. The practice held a list of patients who required palliative care and a GP partner acted as the lead. The gold standards framework was used for end of life care.

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).

Patients who presented with an acute mental health crisis were offered same day appointments. People experiencing poor mental health were offered an annual physical health check. Dementia screening was offered to patients identified in the at risk groups. GPs carried out advance care planning for patients with dementia.

The practice had regular meetings with other health professionals in the case management of patients with mental health needs.

The practice worked closely with the health visiting team to support mothers experiencing post-natal depression. It had told patients about how to access various support groups and voluntary organisations and signposted patients to support groups where appropriate.

Good



Summary of findings

What people who use the service say

We spoke with eight patients on the day and collected 22 Care Quality Commission (CQC) comment cards.

The comments from patients highlighted a high level of patient satisfaction and in particular the availability of same day appointments. Comments from patients were positive about the practice staff and spoke of a friendly and caring service. Patients said the nurses and GPs listened and responded to their needs and provided a personal service that involved the patient in decisions about their care.

The national GP patient survey results published on 7 January 2016 evidenced higher than average levels of patient satisfaction for availability of appointments. The practice performance was comparable to local and national averages in other areas. For example:

- 98% of respondents said the last appointment they got was convenient compared with the Clinical Commissioning Group (CCG) average of 92% and national average of 92%.
- 76% of respondents described their experience of making an appointment as good compared with the CCG average of 73% and national average of 73%.
- 77% of respondents said they would recommend the practice to someone new in the area compared with the CCG average of 80% and national average of 78%.
- 72% of respondents said they found it easy to get through to the surgery by telephone compared to the CCG average of 74% and national average of 73%.

There were 255 surveys sent out and 112 sent back, a response rate of 44%.

Areas for improvement

Action the service **MUST** take to improve

Action the provider **MUST** take to improve:

- Ensure the safety of their premises and the equipment within it by completing a fire risk assessment and a risk assessment for window blinds that have loop cords, perform regular fire evacuation drills at both sites, complete a hard wire electrical

test at the Borrowash site, ensure air conditioning units are regularly serviced in line with the manufacturer's guidelines and complete health checks on newly appointed staff.

Action the service **SHOULD** take to improve

Action the provider **SHOULD** take to improve:

- Implement a robust recall system for patients who have learning disabilities to have annual health checks.

Overdale Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) Lead Inspector. The team included a GP specialist advisor, a practice manager specialist advisor and an expert by experience.

Background to Overdale Medical Practice

Overdale Medical Practice is located in the village of Borrowash, in the Erewash district of Derbyshire. There is a branch surgery at Breaston. The area is less deprived and has low unemployment when compared to national averages.

The practice was established in 1957. There are now five GP partners and two salaried GPs. The main surgery is situated in an ex-residential building on three floors owned by some of the partners. There is a minor surgery suite situated in an adjacent building. Rooms in the main building are used by a number of external providers, for example; chiropody and physiotherapy clinics take place. Treatment rooms are based on the ground and first floor. A stair lift is in place to assist patients with reduced mobility. The branch surgery at Breaston is located in a purpose built, two storey building. There are seven consulting rooms, six of which are on the ground floor.

The practice has a list size of 10,800 patients. The population distribution is similar to local and national averages with a slightly higher than average number of

patients over 45 years of age. The ethnicity data for the practice shows 97.6% of patients are white British. The practice population is static and the local population has remained so in recent years.

The seven GPs work across both sites and work a combined number of sessions equivalent to five full time GPs. The partners are assisted by a clinical team consisting of seven nurses. The administration team consists of a practice manager, an assistant practice manager, an office manager, a recall manager, three administration staff and ten reception staff.

The Borrowash site opens from 8am to 6.30pm, Monday to Friday. The Breaston site opens from 8am to 6pm every day. Consulting times in the morning are from 8.30am to midday and in the afternoon from 2pm to 6pm. When the practice is closed patients are advised to call the NHS 111 service or 999 for life threatening emergencies. The practice has opted out of providing an out of hours service choosing instead to use a third party provider, Derbyshire Health United. The nearest hospital with an A&E unit and a walk in service is Royal Hospital, Derby and QMC Nottingham. There are walk in centres in Derby city centre and Ilkeston.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

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 are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)

- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Before visiting the practice we reviewed information we held and asked other organisations and key stakeholders to share what they knew about the practice. We also reviewed policies, procedures and other information the practice provided before the inspection day. We carried out an announced inspection on 18 April 2016.

We spoke with a range of staff including GPs, nurses, practice manager and administration staff during our visit. We spoke with patients on the day and sought their views through comment cards completed in the two weeks leading up to the inspection. Information was reviewed from the NHS England GP patient survey published on 7 January 2016.

findings

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events. There had been 23 events recorded in the preceding 12 months. A summary of the past 12 months demonstrated learning was shared, and when appropriate, protocols changed following an event having been reviewed.

- Staff told us that a designated GP was responsible for significant events and any incidents were recorded on a form available on the practice's computer system. A summary was produced of the previous 12 months events.
- The practice carried out timely analysis of individual significant events at a monthly clinical meeting and learning outcomes were shared as a group or individually when appropriate.
- A meeting was held every year to review all significant events that had been recorded in that period of time.

We reviewed safety records, incident reports and patient safety alerts. Lessons were shared to make sure action was taken to improve safety in the practice. For example, an alert regarding a medication that caused risk of ulceration was circulated by email and an alert placed on the patient's notes for those taking that medication.

When there were unintended or unexpected safety incidents the practice evidenced a robust system for recording, reviewing and learning. Information could be accessed through a central store of electronic documents available to all staff. A culture to encourage Duty of Candour was evident. Duty of Candour is a legislative requirement for providers of health and social care services to set out some specific requirements that must be followed when things go wrong with care and treatment. This includes informing people about the incident, providing reasonable support, providing information and an apology when things go wrong.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from the risk of abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from the risk of abuse. Contact details

for local safeguarding teams and safeguarding policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Clinical staff had received role appropriate training to nationally recognised standards. For example, GPs and nurse practitioners had received level three training in safeguarding. One of the GP partners was the appointed safeguarding lead for adults and another GP partner the safeguarding lead for children within the practice. The leads demonstrated they had the oversight of patients, knowledge and experience to fulfil this role. Administration staff had completed in house safeguarding training. Monthly meetings were held with the involvement of the health visitor to discuss vulnerable children and safeguarding issues.

- Notices at the reception and in the clinical rooms advised patients that staff would act as chaperones, if required. All staff who acted as chaperones had been DBS checked. There was a chaperone policy and chaperone training had been given to all administration staff who acted as chaperones.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice had a nominated infection control lead. There was an infection control policy in place and staff had received infection control training, for example, training in handwashing and specimen handling.
- Arrangements for managing medicines, including emergency medicines and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). There was a procedure to instruct staff what to do should the vaccination fridges temperature fall outside of the set parameters.
- Prescription pads and forms for use in computers were stored securely and there was a robust system in place to track their use (a tracking system for controlled stationary such as prescriptions is used by GP practices to minimise the risk of fraud).
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed four personnel files and found that most of the required recruitment checks had been undertaken prior to employment. For example, DBS checks (when

Are services safe?

appropriate) and written references. However health screening had not been completed for all new staff. An induction programme was in place and had been completed by recently employed staff.

Monitoring risks to patients

Improvements were needed to make sure risks were identified and managed effectively.

- The practice provided health and safety training that included fire safety. There was a lead for health and safety who used an external resource for advice. However fire evacuation drills had not been completed since 2014 and no fire risk assessment since 2009.
- Regular electrical checks ensured most equipment was safe to use and clinical equipment was checked regularly and calibrated annually. However the fuse board at the Borrowash site had been changed and no hard wire electrical testing had been documented in the past five years for that building. There was an air conditioning unit in the secretary's room that had not been serviced.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.
- The practice had a buddy system to provide cover for holidays and absence.
- Infection prevention and control (IPC) audits were last undertaken in 2016 by an external auditor. Actions identified had been completed or planned.
- Staff had received appropriate vaccinations that protected them from exposure to health care associated infections.
- A formal risk assessment for minimising the risk of Legionella had been completed on the building (Legionella is a bacterium which can contaminate water systems in buildings). Regular monitoring checks were carried out.

- Some risk assessments had been completed and there was a written risk log which was updated every year. However the risks posed by pull cords on window blinds had not been identified and assessed.

Arrangements to deal with emergencies and major incidents

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

- The practice staff had access to a panic alarm system in the treatment rooms and a panic button was a feature of the clinical software system.
- All staff had received annual update training in basic life support.
- Emergency medicines were held to treat a range of sudden illnesses that may occur within a general practice. All medicines were in date, stored securely and those to treat a sudden allergic reaction were available.
- The practice had emergency equipment which included an automated external defibrillator (AED), (which provides an electric shock to stabilise a life threatening heart rhythm), oxygen and pulse oximeters (to measure the level of oxygen in a patient's bloodstream).
- There was a first aid kit and accident book and staff knew where they were located.
- Fire safety training had been completed by almost all staff but regular fire drills had not been carried out and emergency lighting tests detailed were not documented in accordance with the practice fire safety policy.
- The practice had a written business continuity plan in place for major incidents such as power failure or building damage. A copy was kept off site by the practice manager and the assistant practice manager.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed patients' needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The staff we spoke with demonstrated a thorough knowledge of guidelines and care pathways relevant to the care they provided.
- NICE guidelines were seen to have been discussed at clinical meetings.

The practice had a register of 16 patients with learning disabilities. Annual reviews had been completed on six of the 16 patients for the year ending 31 March 2016. This register of patients with learning disabilities was not included on the workload of the recall manager. However the practice confirmed the register had been added two days after the inspection.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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). QOF results from 2014/15 showed:

- The practice achieved 97% of the total number of points available in 2014/15. This was the same as the CCG average and higher than the national average of 95%.
- Clinical exception reporting was 15%. This was higher than the CCG average of 11% and the national average of 9%. Clinical exception rates allow practices not to be penalised, where, for example, patients do not attend for a review, or where a medicine cannot be prescribed due to side effects. Generally lower rates indicate more patients have received the treatment or medicine. Practice staff told us that a GP was required to authorise when a patient was excepted.

The practice was aware of the above average exception reporting and had introduced new methodology for 2015/16 that had achieved a reported 35% reduction in the exception rate. The practice created a role of recall manager who maintained the lists of patients by long term condition. There was a protocol implemented that required the recall manager to refer the patient to the clinician responsible for their care if they had not attended after three invites. The clinician would then contact the patient by telephone to discuss the reasons for non-attendance, and when appropriate, try to persuade the patient to make an appointment.

There had been nine clinical audits in the last year. Clinical audits carried out were repeated and second cycles evidenced that improvements had been made. The audits included a review of patients on palliative care who had a preferred place of death documented. The initial audit found that only 9% had a preferred place of death documented. The audit was repeated after four months and the figure had increased to 52%. A second audit found that only 24% of residents in a local care home that specialised in dementia care had documented details of resuscitation status. Patients and next of kin (where it was agreed that they did not have capacity) were counselled and a second cycle completed three months later saw that the number had increased to 89%.

The practice followed local and national guidance for referral of patients with symptoms that may be suggestive of cancer.

Ante-natal care by community midwives was provided at the practice via an appointment basis.

Effective staffing

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

- The GPs and nursing team co-ordinated the review of patients with long-term conditions and provided health promotion measures in house.
- GPs had additional training in minor surgery.
- The practice provided training for all staff. It covered such topics as information governance, end of life care and dementia awareness.
- All staff felt supported to develop and had received at least annual appraisals.

Coordinating patient care and information sharing

Are services effective?

(for example, treatment is effective)

The practice had a system for receiving information about patients' care and treatment from other agencies such as hospitals, out-of-hours services and community services. Staff were aware of their own responsibilities for processing, recording and acting on any information received. We saw that the practice was up to date in the handling of information such as discharge letters and blood test results.

A number of information processes operated to ensure information about patients' care and treatment was shared appropriately:

- The GP told us that regular reviews were provided for all patients who had care plans. A traffic light system was used to prioritise discussion around patients with the most urgent needs.
- The practice team held regular meetings with other professionals, including palliative care and community nurses, to discuss the care and treatment needs of patients approaching the end of their life and those at increased risk of unplanned admission to hospital. These meetings were facilitated by a care coordinator who was part of the community team and attended the practice weekly. Hospital attendances' hospital discharges and out of hours reports were reviewed and action sheets emailed out to the relevant clinician.
- The practice participated in a service to avoid hospital admissions. The scheme required the practice to identify patients at risk of hospital admission, complete an individual care plan for each patient on the list and review the care plan annually.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

- The process for seeking consent was monitored through records audits to ensure it met the practice's responsibilities within legislation and followed relevant national guidance.
- Important issues surrounding decisions on when patients decided to receive or not receive treatment were discussed and recorded to nationally accepted standards.

Health promotion and prevention

Practice staff identified patients who may be in need of extra support and provided advice when appropriate. Patients who may benefit from specialist services were referred according to their needs.

- Older patients were offered a comprehensive assessment.
- Patients aged 40 – 74 years of age were referred to a local scheme for NHS Health Checks. Any concerns or health risks identified were followed up in a consultation with a GP.
- Travel vaccinations and foreign travel advice was offered to patients.

Data from QOF in 2014/15 showed that the practice had identified 15% of patients with hypertension (high blood pressure). This was in line with the CCG average of 15% and national average of 14%.

Data published by Public Health England in 2015 showed that the number of patients who engaged with national screening programmes was in line or higher than both local and national averages.

- The practice's uptake for the cervical screening programme was 76% which was in line with the CCG average of 78% and the national average of 74%.
- 83% of eligible females aged 50-70 attended screening to detect breast cancer. This was higher than the CCG average of 79% and national average of 72%.
- 64% of eligible patients aged 60-69 were screened for symptoms that could be suggestive of bowel cancer. This was higher than the CCG average of 61% and the national average of 58%.

The practice provided childhood immunisations and seasonal flu vaccinations. Uptake rates were comparable with CCG and national averages.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and helpful to patients attending at the reception desk and that patients were treated with dignity and respect. The reception hatch was situated in an area that maintained confidentiality with phone calls responded to behind the front desk out of earshot. However the reception layout at the Breaston branch was small and allowed conversations to be overheard. The practice were aware and had discussed options with the patient participation group (PPG). The practice had plans drawn up for development of the building.

We spoke with eight patients during the inspection and collected 22 Care Quality Commission (CQC) comment cards. Patients were very positive about the service they experienced and complimented the practice on the provision of a helpful, caring service. Patients said the practice offered same day appointments for urgent requests. They said the nurses and GPs listened and responded to their needs and they were involved in decisions about their care.

Consultations and treatments were carried out in the privacy of a consulting room. Curtains were provided in GP's consulting rooms and in nurse treatment rooms. Consultation and treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard. A sign at the reception desk advised patients that a confidential room was available if they wanted to discuss sensitive issues or appeared distressed.

We reviewed the most recent data available for the practice on patient satisfaction. This included comments made to us from patients and information from the national GP patient survey published in January 2016. The survey invited 255 patients to submit their views on the practice, a total of 112 forms were returned. This gave a response rate of 44%.

The results from the GP national patient survey showed patients were satisfied with how they were treated by the GPs and nurses. The practice had satisfaction rates in line with both local and national averages. For example:

- 90% said the last GP they saw or spoke to was good at giving them enough time compared to the Clinical Commissioning Group (CCG) average of 88% and national average of 87%.
- 97% said the last nurse they saw or spoke to was good at listening to them compared to the CCG average of 92% and national average of 91%.
- 88% said they found the receptionists at the surgery helpful compared to the CCG average of 89% and national average of 87%.

Care planning and involvement in decisions about care and treatment

The GP patient survey information we reviewed showed patient satisfaction was comparable with both CCG and national averages when asked questions about their involvement in planning and making decisions about their care and treatment. The GP patient survey published in January 2016 showed:

- 83% said the last GP they saw was good at involving them about decisions about their care compared to the CCG average of 83% and national average of 82%.
- 85% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 85% said the last nurse they saw was good at involving them about decisions about their care compared to the CCG average of 87% and national average of 85%.
- 95% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and national average of 90%.

Comments we received from patients on the day of inspection were positive about their own involvement in their care and treatment.

Patient/carer support to cope emotionally with care and treatment

The practice had a carer's policy that promoted the care of patients who are carers. The policy included the offer of annual flu immunisation and annual health checks to all carers. There was a carer's register that numbered 181 patients (1.7% of the practice population). There was a

Are services caring?

dedicated notice board for carers situated in the practice waiting room with a carers pack provided that contained information local support services. A member of the reception staff had been appointed as carers' lead.

Patients gave positive accounts of when they had received support to cope with care and treatment. We heard a number of positive experiences about how the practice worked with the care co-ordinator to provide support and compassion.

The practice recorded information about carers and subject to a patient's agreement a carer could receive information and discuss issues with staff. There was an alert on the system to identify patients who also acted as carers.

If a patient experienced bereavement, practice staff told us that a card was sent and the GP normally telephoned the immediate family and offered support and signposted to services such as Treetops.

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 provided online services for patients to book appointments, order repeat prescriptions and access a summary of their medical records.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these. Home visits were made by GPs and nursing staff.
- Same day appointments were available for children and those with serious medical conditions.
- The Breaston building was more suitable for disabled patients as the treatment rooms were all on the ground floor and corridors were wider. Patients with mobility aids were encouraged to make appointments there. However the Borrowwash building had a stair lift that assisted access to treatment rooms on the second floor when required.
- Translation services were available for patients.
- There was a hearing loop at the reception desk.
- Baby changing facilities were available and well signposted.
- The practice produced a quarterly newsletter that contained information such as new staff members.

The practice regularly communicated with multi-disciplinary teams in the case management of patients with mental health needs. This included support and services for patients with substance misuse and screening for alcohol misuse with onward referral to the local alcohol service if required. The practice also worked closely with the health visiting team to support mothers experiencing post-natal depression. Multidisciplinary team meetings held every month included attendance by district nurses, community matron, social services and the healthcare visitor.

The GPs performed regular visits to patients residing in care homes.

Access to the service

The Borrowwash site opened from 8am to 6.30pm, Monday to Friday. The Breaston site opened from 8am to 6pm every day. Consulting times in the morning were from 8.30am to midday and in the afternoon from 2pm to 6pm. When the practice was closed patients were advised to call the NHS 111 service or 999 for life threatening emergencies. The practice had opted out of providing an out of hours service choosing instead to use a third party provider, Derbyshire Health United. The nearest hospital with an A&E unit and a walk in service was Royal Hospital, Derby. There were walk in centres in Derby City Centre and Ilkeston.

Pre-bookable appointments could be booked a week in advance with a GP and up to six weeks in advance with a nurse. Same day appointments were offered each day. Patients could book appointments in person, by telephone or online for those who had registered for this service. The practice offered telephone consultations each day. We saw that there were bookable appointments available with GPs within a week and with nurses within two working days. We saw that urgent appointments were available on the day of inspection.

Results from the national GP patient survey published in January 2016 showed higher rates of satisfaction for indicators that related to access when compared to local and national averages.

- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 75%.
- 98% of patients said the last appointment they made was convenient compared to the CCG average of 92% and national average 92%.
- 72% of patients said they found it easy to get through to the surgery by telephone compared to the CCG average of 74% and national average of 73%.
- 96% of patients were able to secure an appointment the last time they tried compared to the CCG average of 86% and national average of 85%.

This was supported by patients' comment on the day of inspection. Patients spoke very positively about same day access to appointments and in particular the success of the nurse led triage system. Triage is the process of determining the priority of patients' treatments based on the severity of their condition.

Listening and learning from concerns and complaints

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

The practice had an effective system in place for handling complaints and concerns.

Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible staff member who handled all complaints in the practice. Information was available to help patients understand the complaints system and the complaints process was detailed in a practice leaflet and on the website.

The practice had received seven complaints in the last 12 months. These included complaints made verbally as well as those made in writing. All complaints were investigated and responded to in line with the practice complaints policy. Complaints were discussed individually with staff and at practice meetings. The practice provided apologies to patients both verbally and in writing. There was no trend in the nature of complaints and when appropriate the complaint had resulted in a significant event being recorded and reviewed.

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 an overall strategy to do today's work today. This was supported by a policy to not ask patients to call back when requesting an appointment or advice. The practice aimed to care for its patients and each other to the best of their ability. Staff we spoke with felt valued and supported. There was a five year business plan being revised that included plans for the redevelopment and extension of the premises at Borrowash.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. Staff we spoke with demonstrated an awareness of their own roles and responsibilities as well as the roles and responsibilities of colleagues.
- Practice specific policies were implemented and reviewed regularly. These were available to all staff and were based on nationally recognised guidelines and regulation. The exception was the lone worker's policy that had not been reviewed since 2009 and was seen to be out of date.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. Results were circulated and discussed in practice meetings.
- There were arrangements for identifying, recording and managing most risks, issues and implementing mitigating actions. The exceptions were fire evacuation drills and loop cord window blinds.
- A comprehensive understanding of the performance of the practice was maintained.

Leadership, openness and transparency

The leadership team within the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality

and compassionate care. The GP partners and practice manager were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The GP encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, feedback and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.

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

- The practice had a regular programme of practice meetings. These included a monthly reception meeting, a six weekly nurses meeting and a fortnightly practice meeting. There were dedicated annual review meetings held to review complaints and significant events.
- Agendas produced in advance and minutes produced from each meeting were circulated to relevant staff members.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported.

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

The practice was engaged with patients and reviewed the results of the GP Patient Survey published in January 2016. There was an established Patient Participation Group (PPG) that met with practice staff every two months. We met with members of the group on the day of inspection and received positive comments on how the practice listened and responded to patient feedback.

The PPG had raised a number of issues with the practice and told us that action had been taken as a result. For example bike racks had been installed as a result of patient requests. The PPG were invited to attend the practice away days to discuss and contribute ideas on how the practice was run. The PPG performed fundraising activities with

Are services well-led?

Good 

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

monies raised used to improve patient care. The PPG decided on how monies should be spent and examples of this included the purchase of a height adjustable couch and health education days laid on for patients. The PPG had recognised that they were not representative of all patients and had made efforts to reach out to other groups. For example, they had met with the mother and toddler group and had contacted a disabled group.

Continuous improvement

Staff we spoke with told us they felt supported to develop professionally and all had received recent appraisals. Time was set aside for protected learning. An example is where support was given to the nurses to gain the qualification to be independent prescribers.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	Regulation 12: Safe care and treatment
Maternity and midwifery services	The practice has not ensured the safety of their premises and the equipment within it.
Surgical procedures	12 (2) (d)
Treatment of disease, disorder or injury	