Ashbourne Medical Practice

Quality Report

Clifton Road
Ashbourne
Derbyshire
DE6 1DR
Tel: 01335230085
Website: www.ashbournemedicalpractice.co.uk

Date of inspection visit: 19 October 2015
Date of publication: 14/01/2016

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?	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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Ashbourne Medical practice on 19 October 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report significant events.Information about safety alerts was reviewed and communicated to staff by the practice manager in a timely fashion.
- Risks to patients were assessed and well managed through practice meetings and collaborative discussions with the multi-disciplinary team.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. This was kept under review by the practice which proactively used audit as a way of to ensuring that patients received safe and effective care
- All members of the practice team had received an annual appraisal and had undertaken training appropriate to their roles, with any further training needs identified and supported by the practice.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet people's needs. For example; the practice met monthly with the community health and social teams and include voluntary organisations in their case reviews for patients with complex needs in order to explore more suitable options and outcomes in a timely way.
- Results from a national survey and patients we spoke with told us that doctors and nurses at the practice treated them with compassion, dignity and respect and they were involved in their care and decisions about their treatment. We saw that Information was available to help patients understand the care available to them.
- Information about services and how to complain was available in the reception area and patients told us that they knew how to complain if they needed to.

Summary of findings

- Urgent appointments were available on the day they were requested. However, patients said that they sometimes had to wait a long time for non-urgent appointments.
- The practice was purpose built, had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff told us they felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on. Staff appeared motivated to deliver high standards of care and there was evidence of team working throughout the practice

We saw an area of outstanding practice:

- We found the practice was outstanding in ensuring that services were tailored to suit the needs of individual patients. In particular, staff were actively involved in muti-disciplinary workingthat ensured the most appropriate delivery of care. The multi-disciplinary team was fully inclusive and included social care and the voluntary sector which enabled co-ordinated planning of care amongst multiple professionals for patients at risk of unplanned admissions into hospital

However there were areas of practice where the provider should make improvements:

- The practice should ensure the records from complaints and significant events clearly reflect the actions taken and outcomes of the investigation.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services. Staff were aware of the systems in place and were encouraged to identify and report any areas of concern.

Staff meetings and protected learning time were used to learn from significant events and lessons learned were recorded and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. Infection prevention and control procedures were completed to a satisfactory standard. There were enough staff to keep people safe.

Are services effective?

Good

The practice is rated as good for providing effective services. Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) and other locally agreed guidelines, and that clinicians used these as part of their work. Regular audits were undertaken and improvements were made as a result to enhance patient care. For example, an audit was completed to assess the risk of stroke for patients with atrial fibrillation in relation to three key NICE standards. The results showed that compliance levels rose from the for all three standards from 0% to 100%, from 96% to 98% and from 72% to 83% respectively.

Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff.

Staff worked closely with multidisciplinary teams to plan, monitor and deliver appropriate care for patients. The teams included midwives, health visitors, school nurses, community matron, mental health team, social care team and the voluntary sector.

A Care Coordinator was employed to facilitate timely and appropriate signposting to supportive services for patients with complex needs, the elderly, those with mental health needs and dementia, and other patients who are vulnerable.

Are services caring?

Good

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for

Summary of findings

several aspects of care. For example, 95% of patients said that their GP gave them enough time and 99% of patients said they had trust and confidence in their GP. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment For example, 91% of patients said that their GP involved them enough in decisions about their care and 96% of patients said that their GP treated them with enough care and concern. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, ensuring that confidentiality was maintained.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. They were aware of the practice population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. It acted on suggestions for improvements and changed the way it delivered services in response to feedback from the patient participation group (PPG). For example by providing extended appointment times, making improvements to the practice's website, introduction of catch-up times within GP appointment slots to avoid long waiting times for some patients, and upgrade of the clinical system to one which would enable use of patient call system and provision of information to patients.

Nationally reported data shows that 97% of respondants found it easy to get through to this practice by telephone compared to the CCG average of 75% and the national average of 73%.

Patients told us they were very satisfied with the appointment system and said they found it easy to make a routine appointment with a named GP or nurse and that urgent appointments were available the same day. Routine appointments were offered from 8am until 12pm and 3pm until 6pm every day and until 8.30 pm on Thursdays. Telephone consultations and home visits were available between 12pm and 3pm each day when necessary as well as consultations with the Nurse Practitioner for minor ailments. Interpretation services were also offered, including British Sign language (BSL) where required.

Relationships with the wider health care team were strong and the selection of a new computer system for the practice was agreed so that faster messaging and communication could be made with the wider health care team who already used this system. The community nursing team were accommodated within the building and had regular communication with the practice team through various collaborative team meetings and were able to discuss individual concerns at any time.

Summary of findings

Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders in collaborative meetings where staff told us they were encouraged to participate and offer solutions.

The practice had good facilities and was well equipped to treat patients and meet their needs. The premises were suitable for patients who were disabled or with impairments.

Are services well-led?

Good

The practice is rated as good for being well-led. It had a clear vision and strategy which was shared with staff who were clear about their responsibilities in relation to this. There was a clear leadership structure and staff felt very supported by management. High standards were promoted and owned by all practice staff and teams worked together across all roles. There were systems in place to monitor and improve quality and identify risk.

The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active and had influenced change within the practice through regular collaborative meetings with the practice management team.

Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities. There was a high level of constructive engagement with staff and a high level of staff satisfaction.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people, and comparable with the national average. For example, 78% of patients with diabetes had their blood pressure monitored within the last 12 months compared with the national average which was 78.5%, and 94% of patients with diabetes had received an influenza immunisation within the last 12 months compared to the national average which was 93%.

The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of services to meet their needs, for example, annual health checks for people aged over 75 years, dementia screening, joint injections, flu vaccinations, palliative care, induction hearing loop. It was responsive to the needs of older people and offered extended consultation times, open appointments, whereby older people would always be seen on the same day if they called, and home visits for those with enhanced needs.

People with long term conditions

Good

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

Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available. Regular blood tests were offered where required and spirometry diagnostics and monitoring was offered. Where patients had more than one long-term condition, a joint appointment was made with the relevant specialist nurses at the practice so that patients' needs were addressed during one appointment rather than two separate appointments. For example, patients with diabetes and chronic obstructive pulmonary disease were able to see both their specialist nurses together in one combined visit.

All these patients had a named GP and named nurse and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, relevant health and care professionals were involved to deliver a multidisciplinary package of care and this included social care and the voluntary services sector.

Summary of findings

Families, children and young people

Good

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

Immunisation rates were higher than local and national average for all standard childhood immunisations. These were 98.5% compared with a CCG average of 95%.

Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies with provision of play area, table and chairs, books and toys. We saw good examples of joint working with midwives, health visitors and school nurses who were co-located at the practice.

Working age people (including those recently retired and students)

Good

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. For example, extended hours on Tuesday evenings, minor surgery and minor illness services were offered.

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 including NHS checks.

People whose circumstances may make them vulnerable

Good

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

The practice held a register of patients living in vulnerable circumstances including travellers and those with a learning disability. It had carried out annual health checks for people with a learning disability for 11 of the 20 patients on their register for 2013 to 2014, and offered longer appointments at a time to suit the patient and their support worker where necessary. These were usually one hour appointments. They provided a learning disability enhanced scheme, a language service for the large Polish population, liaison with the Community Drug Action team and provided an open policy for temporary residents and potential travelling community.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people and this included working with the social care sector and the voluntary sector. It had told vulnerable patients about how to access various support groups

Summary of findings

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. All of the staff we spoke with knew who the name of the clinician with lead responsibilities for safeguarding at the practice

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

Seventy-five percent (75%) of people experiencing poor mental health had received an annual physical health check. The practice worked with the Community Mental Health Teams and secondary care to improve attendance for health reviews for this group of people. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out care planning for patients with dementia and other mental health condions.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. Staff had received training on how to care for people with dementia and mental health needs, including alchohol awareness within the last year

Summary of findings

What people who use the service say

The national patient survey data gathered in July 2014 showed that patients rated the practice higher than others in their local area and higher than the national average for almost all aspects of care with most values over 90%. Two hundred and forty three surveys were sent out and 110 responses returned which represented a response rate of 45%.

The data showed that patients were very satisfied with the care and service they received from the doctors, nurses and reception staff.

The survey reported that the practice performed best at the following;

- 97% of patients said they found it easy to get through to this surgery by phone, compared with the local average which is 75% and the national average which is 73%.
- 94% of patients reported their experience of making an apointment as good, compared with the local average which is 74% and the national average which is 73%.
- 94% of patients said they would recommend this practice to someone new in the area, compared with the local average which is 80% and the national average which is 78%.

The survey reported that the practice could improve on the following;

- 67% of patients said that they usually waited 15 minutes or less to be seen,however this is comparable with the local average which is 69% and the national average which is 65%

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received two comment cards which were very positive about the standard of care received. Comments praised the quality of care they had received and the caring approach from all staff.

We spoke with five patients during our inspection and all were extremely positive about the service they received, the appointment system and the care and attention they received from the doctors and the nurses. They also said that the reception staff were always approachable and helpful.

We also spoke with the practice's Patient Participation Group (PPG) who told us they were very active and worked well with the practice to improve services. They told us that they felt very supported by the practice and that their suggestions were taken seriously and acted upon. For example, the telephone answering system was changed as a result of feedback from the PPG

Ashbourne 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 advisor, and inspector manager, a practice manager specialist advisor and an Expert by Experience. Experts by Experience are members of the team who have received care and experienced treatment from similar services

Background to Ashbourne Medical Practice

Ashbourne Medical Practice is located in Ashbourne which is an area of Southern Derbyshire. The practice provides services for approximately 8000 patients. The practice holds a General Medical Services (GMS) contract and provides GP services commissioned by NHS Southern Derbyshire Clinical Commissioning Group (CCG)

The practice moved to the new purpose built premises in September 2010 and provides a dispensary as well as working space for associated health and social care professionals who operate from the premises.

The practice population live in an area where deprivation is lower than the national average. The practice has a larger elderly population than the national average and a lower population of babies and young children. There is a large Polish community within the polulation and there is provision made by the practice to provide translation services if required.

The practice has four GP partners, two male and two female, as well as two salaried doctors who are female. The practice is a training practice which usually has up to two trainee GP's attached to the practice at any one time and sometimes a medical student. Trainee GP's are qualified doctors who undertake additional training to gain experience and higher qualifications in general practice and family medicine.

The practice is open from 8 am to 6.30pm on Monday to Friday with routine appointments being available between 8 am and 12 pm and 3 pm and 6 pm. Extended opening hours are offered on Tuesdays from 6.30pm to 8.30 pm. In addition, home visits and telephone consultations are offered between 12pm and 3pm each day from Monday to Friday.

The practice is closed during the weekends and patients are directed to the out of hours service which is provided by Derbyshire Health United. Information is provided on the website, where there is also information about how to the 111 service and a reminder about what might be considered a reason to dial 999 such as chest pain and/or shortness of breath.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme in accordance with our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014

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, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew.

We carried out an announced visit on 19 October 2015. During our visit we spoke with a range of staff including GPs, practice nurses, a health care assistant, reception and administration staff and the practice manager. We also spoke with a range of associated professionals who worked with the practice team and with patients who used the service. We observed how people were being cared for and talked with carers and/or family members and reviewed the personal care or treatment records of patients in order to collaborate evidence that we found. We reviewed comment cards where patients and members of the public shared their views and experiences of the service

Good

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology. Staff could access the relevant policy on the practice's computer system. They also demonstrated awareness of their responsibilities to record and report incidents and significant events to the practice manager. Records we looked at showed significant events were discussed at the practice's monthly clinical meetings and learning was shared with staff and action taken to improve safety.

For example, following an immunisation error, clear age related information was made visible in each treatment room so that the immunisation to be administered could be checked against this as well as recorded in the patient's 'red book' or own personal record book. The practice was keen to promote an open approach to learning from events and an analysis of the significant events was carried out on an annual basis with the multi-disciplinary team to maximise learning opportunities.

The procedure for handling patient safety notices and clinical alerts was revised in the practices's policy annually and we saw records of the revisions for the previous six years.

The staff we spoke with knew the process for managing safety alerts and knew where to find information about alerts not directly affecting their role, for example, medicines alerts were sent to the dispensary manager but these were also accessible to other staff.

The practice had managed safety consistently and could show evidence of how they tracked and recorded safety alerts and issues over time and we were able to see evidence in meeting minutes of these discussions. For example;

- There was an issue with storage of some medicines outside of the dispensary, making it difficult to use the dispensary date checking schedule effectively. A change was made so that all medicines were stored within the dispensary making it less likely to miss any medicines when following the date checking schedule.
- There was an issue where patients waiting for a home visit would receive one after moning surgery. The practice introduded a system whereby a GP would be available to make earlier visits to minimise the risk of deterioration and hospital admission.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and 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. There was a dedicated GP who was appointed the lead member of staff for safeguarding and the staff we spoke with knew who this was. Staff were also aware of who to go to if the safeguarding lead was not available and telephone numbers for external agencies were accessible if required.The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role and at the appropriate level.
- A notice was displayed in the waiting room, advising patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). We found the chaperone policy in place was being followed and the nurses we spoke with knew where to find it.
- The practice had a variety of risk assessments in place to monitor the safety of the premises, for example control of substances hazardous to health (COSHH), infection control and legionella. There were processes in place to manage the cleaning of the premises and disposal of clinical waste. The owner of the premises was able to show us the relevant compliance certificates and monitoring records.
- Regular fire drills were carried out and an up to date fire risk assessment was in place.

Good

Are services safe?

- Records reviewed showed all electrical equipment was checked to ensure it was safe to use and that clinical equipment was calibrated to ensure it was working properly.
- There were processes in place to manage cleaning of the premises and management of clinical waste. The owner of the premises was able to show us the relevant compliance certificates and monitoring records.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and staff knew where to find this.
- Appropriate standards of cleanliness and hygiene were followed. We observed all areas of the premises to be visibly clean and tidy. 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 up to date training. Staff we spoke with knew about hand hygiene and said that they practiced this consistently. Nurses took responsibility for ensuring that surfaces and equipment were cleaned regularly and after every use. Fridges for the storage of vaccinations and other products were checked continually using an internal digital device that alerted staff to any changes in temperature and the Infection Control Lead was able to show us electronic records of these checks. Annual infection control audits were undertaken, the most recent been completed in September 2015 and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Controlled drugs were kept in a locked cupboard and destroyed in line with (CCG) guidelines when required. Dispensary staff had signed the standard operating procedures to indicate that they had read and understood how to follow procedures. Regular medicines audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing.
- The four staff files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate DBS checks.
- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs
- There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. Staff told us they covered each other's shifts when colleagues were on leave. The practice was in the process of recruiting an additional person to the reception team and had recently appointed a new practice manager to replace the current one who was leaving soon. A period of mentorship working was arranged to enable the new practice manager to receive adequate handover.

Arrangements to deal with emergencies and major incidents

There was a business continuity plan in place that enabled the practice to respond to interuptions to its service due to an event or major incident such as a power failure or building damage.

All staff received annual basic life support training and there were emergency medicines available in the treatment room which we checked and found to be in date.The practice had a defibrillator available on the premises and oxygen with adult and children's masks. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment 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 ensure all clinical staff were kept up to date. This included plans on how their nurses would achieve revalidation of their practise. Nurse revalidation of practise is required by the Nursing and Midwifery Council (NMC) from April 2016.

The staff / clinicians had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Results showed that the practice achieved 92% of the total number of points available. Data from 2014/2015 QOF showed that the practice had achieved 100% of total points available for the following key areas;

- Atrial fibrillation
- Chronic Kidney disease
- Chronic obstructive airways disease
- Heart failure
- Learning disability
- Palliative care

They had also achieved scores similar or below CCG and national averages for the following areas;

- Asthma 83% (16% below CCG average and 15% below national average)
- Diabetes 84% (9% below CCG average and 5% below national average)
- Mental health 81% (16% below CCG average and 12% below national average)
- Peripheral arterial disease 83% (14% below CCG average and 13% below national average)
- Rheumatoid arthritis 67% (29% CCG average and 28% below national average)
- Secondary prevention of coronary heart disease 89% (7% below CCG average and 6% below national average)
- Stroke and transient ischaemic attack 93% (4% below CCG average and 3% below national average)

The practice told us that they had recognised that they had underachieved for QOF scores during 2013/2014 for asthma, diabetes and hypertension related indicators, and had acted in response to this data by developing service improvement plans. The plans included appointing to a new role of care coordinator which had enabled dedicated time for care planning and coordination. This enabled patients with specific conditions to be more closely monitored to improve adherence to their care plan. They had also developed a senior nurse role to include responsibilities for managing QOF data and introduced additional time for clinical staff to undertake annual reviews of QOF data and development plans.

This has resulted in an improved overall achievement of 92% for 2014/2015

Quality and Outcomes Framework (QOF) data showed that the practice was performing better than other local practices in respect of prescribing certain medicines and this was evidenced by a practice underspend on medicines for the previous year.

Clinical audits were carried out to drive quality improvement and all relevant staff were involved to improve care and treatment and patients' outcomes. The practice showed us three clinical audits that had been completed in the last two years. Two of these were completed audits where the improvements made were implemented and monitored. Findings were used by the practice to improve services. For example; an audit on emergency hormonal contraception was conducted. The review showed the number of patients who were screened

Good

Are services effective?

(for example, treatment is effective)

for sexually transmitted infections (STI) increased from 25% to 31%, and the number of patients who discussed the possibility of recieving long-acting reversible contraception (LARC) increased from 71% to 79%

Information about patient outcomes was used to make improvements such as;

- Implementing a rigorous process to check that all patients on the mental health register had detailed care plans outlining the warning signs of mental health deterioration and strategies for managing these.
- Integrated working with the local mental health teams and a range of health and social care community teams to plan the care for vulnerable people and those with complex needs.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment and had received an induction programme when newly appointed to their role. Induction programmes covered topics such as safeguarding, fire safety, health and safety and confidentiality. The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work and told us that they felt supported by the practice to achieve their learning needs. This included appraisals, clinical supervision and support for the revalidation of doctors and nurses.

There were very strong links between the practice and the wider community health team who were accommodated within the practice. This enabled direct contact with a clinician when required and each health visitor had a named GP to liaise with ensuring that any concerns that arose during the weekly baby clinic could be discussed with a GP during the clinic session

Coordinating patient care and information sharing

Staff told us that they had access to all the information they needed to plan and deliver care and treatment. This was accessible through the practice's patient record system and their intranet system. This included risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available and easily assessible. All relevant information was shared with other services in a timely way. For example when people were referred to other services and the local community hospital, the practice staff were able to liaise directly with the consultants and other clinicians which enabled effective and ongoing communication.

Staff worked together with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, or after they were discharged from hospital. Records reviewed showed that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. The monthly meetings included the practice staff and other professionals such as the community matron, health visitors, district nurses, midwives, mental health team, social care team and the voluntary sector. Minutes of meetings described outcomes where successful inteventions had been achieved. For example;

- Coordination of care for patients resulted in additional funding for enhanced care and support
- A patient was allocated a bed in a local residential and nursing care home offering specialist dementia care in a timely way

Consent to care and treatment

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

The process for seeking consent was monitored through record audits to ensure it met the practice's responsibilities within legislation and followed relevant national guidance. The practice made use of written consent forms which were used prior to any surgical procedure or insertion of a contracetive device for example, and these, once signed were held in the patient's record.

Health promotion and prevention

Good

Are services effective?

(for example, treatment is effective)

The practice offered a health assessments and checks for all new patients. Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition, those requiring advice on their diet, smoking and alcohol cessation and those with serious mental health problems. Patients were then signposted to the relevant service.

NHS health checks for people aged 40–74 were also offered and appropriate follow-ups on the outcomes were made.

The practice had a comprehensive screening programme. During 2013/2014 the practice's uptake for the cervical screening programme was 100%, which was higher than the CCG average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.

Childhood immunisation rates for the vaccinations given were comparable to the CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97% to 99% and five year olds from 96% to 98%. Flu vaccination rates for the over 65s were 81%, and at risk groups 64%. These were above CCG and national averages

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Patients said that they were very happy with the services they received from this practice. In a GP patient survery conducted by NHS England in July 2015, there was a response rate of 45% with 94% of respondents would recommend this surgery to someone new to the area compared to CCG average of 80% and national average of 78%

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. There was a glass barrier between the receptionists and patients to assist confidentiality at the reception desk.

The two patient Care Quality Commission (CQC) comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We also spoke with two members of the patient participation group (PPG) on the day of our inspection. The PPG are a group of patients who work together with the practice staff to represent the interests and views of patients so as to improve the service provided to them.They also told us they were satisfied with the care provided by the practice and said their dignity and privacy were respected.

We observed patients being treated with courtesy and respect and receptionists ensured that patients were not kept waiting longer than necessary. For example, when a patient arrived for an appointment with a midwife, the receptionist contacted the midwife by telephone to inform her that the patient had arrived, and then she directed the patient to the consultation room. We also observed a patient with limited mobility being offered assistance discretely and without delay.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was well above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 92% said the GP was good at listening to them compared to the CCG average of 88% and national average of 87%.
- 95% said the GP gave them enough time compared to the CCG average of 88% and national average of 87%.
- 99% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Care plans were up to date, regularly reviewed and reflected the current care needs. We saw minutes of meetings where information that was shared through the use of patient care plans made it possible for the multi disciplinary team to respond to patients in the most appropriate way, and utilised the voluntary single point of access service where required.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were above with local and national averages. For example:

- 94% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.

Good

Are services caring?

- 91% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 82%
- 95% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 85%.
- 95% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 90%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and national average of 87%.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations including;

- Derbyshire Carers Association
- Southern Derbyshire volunteer car service
- Macmillan care services

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers and were being supported, for example, by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them.

We saw evidence of the practice having discussed a number of patients and their needs including those of the carers during a multi-disciplinary team meeting that included community health team, social care team and voluntary services to provide emotional support and information for patients

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local clinical commissioning group (CCG) to plan services and to improve outcomes for patients in the area and had good cross sector liaison including appropriate voluntary sector support to provide integrated care for patients to ensure they could stay closer to home.

The practice had discussed proposals with Southern Derbyshire Clinical Commissioning Group

(CCG) and The Royal Derby Hospital regarding the possibility of implementing outreach clinics at the nearby St Oswalds Hospital. This would improve accessibility of facilities for the local community

This was in response to a limited transport services in the rural area that had inhibited some patients from accessing the care they needed from a large hospital.

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- The practice offered early appointments which commenced at 8am on Monday to Friday, and late evening clinic on Tuesdays until 8.30pm for working age patients and those who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability and were offered at a time suited to the patient and their support worker where required. They also provided a learning disability enhanced scheme and provided annual health checks for people with a learning disability
- Home visits were available for older patients and patients who would benefit from these.
- Urgent access appointments were available for all patients with an urgent need and would have an appointment on the same day.
- They provided an open policy for temporary residents and potential travelling community where they provided 589 episodes of care during July 2014 to August 2015. This included GP appointments, telephone consultations, home visits, nurse clinics, minor injury appoinments and sexual health advice.
- There were disabled facilities, hearing loop and translation services available.
- There were monthly multi-disciplinary meetings which enabled timely and appropriate care to be agreed for patients with complex needs who were vulnerable for any other reason.These meetings were collaborative and included all relevant teams.
- The practice offered structured care to two care homes, providing fortnightly routine visits.The managers of the care homes told us told us that they received excellent service from the practice, that the structured care package worked well and that the practice responded very quickly to urgent queries.
- The practice told us that they had been working with local pharmacies to improve the service offered to young people for their sexual health. This involved liaising with local secondary schools and pharmacies to evaluate current provision of emergency contraception and counselling in order to assess and improve onward referrals for appropriate sexual health care.The work identified a need for local promotion of a new hub-and-spoke service for sexual health provision and a new drop-in clinic is scheduled to commence at the nearby St Oswalds Hospital in December 2015. The practice told us that they were working in partnership with local providers of sexual health care on the development of a leaflet to provide consistent information for young people on sexual health.
- The practice offered a language service for the large Polish population and any patient who required an interpreter, including profoundly deaf people who benefitted from using a British Sign Language interpretation,
- The practice liaised with the Community Drug Action team where required, and included a practitioner from the Older People's Mental Health team in case conferences where this benefitted patients.
- The practice recognised that partnership working was required to ensure that patients' mental as well as physical needs were met during any consultation and we saw in meeting minutes that this was regularly discussed at monthly collaborative meetings with the community mental health team.
- The practice held multi-disciplinary team meetings which were collaborative and included the community nursing team, mental health team, social care team and the voluntary sector where required. We saw minutes of meetings where patients needs were collaboratively

Good

Are services responsive to people's needs?

(for example, to feedback?)

discussed and outcomes agreed. The close liaison between the teams has enabled the practice to achieve an unplanned admission rate to accident and emergency departments (A&E) that is lower than the CCG average or national average. For example; in the last year,(1 July 2014 to 30 June 2015) the practice had an average A&E admission rate of 81 per 1,000 people compared to the CCG average which was 99 and the national average which was 99.

Access to the service

The practice offered a wide availability for appointments and was open between 8am and 6.30pm Monday to Friday. Appointments were from 8am to 12pm every morning and 3.30pm to 6.30 daily. Extended hours surgeries were offered at 6.30pm to 8.30pm on Tuesdays. In addition to pre-bookable appointments that could be booked up to 12 weeks in advance, online and very urgent appointments were also available for people that needed them each weekday. The practice did not close at lunchtimes and offered home visits and telephone consultations between 12pm and 3pm each day from Monday to Friday.

Nationally reported data and patient feedback showed that the practice had extremely good access to appointments. Patients were very satisfied with how they could access care and treatment which was higher than local and national averages. People we spoke with were extremely satisfied with the appointment system and said that they were able to get appointments when they needed them. For example:

- 84% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and national average of 76%.
- 97% patients said they could get through easily to the surgery by phone compared to the CCG average of 75% and national average of 74%.
- 94% patients described their experience of making an appointment as good compared to the CCG average of 74% and national average of 74%.
- 67% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 69% and national average of 65%.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The practice manager and one GP Partner were the designated responsible persons who handled all complaints in the practice and we saw from minutes of meetings that complaints were discussed with the whole team.

All complaints received by the practice were entered onto the system and discussed with staff at regular meetings as part of the standard meeting agenda. A full review of complaints took place annually where the practice looked back to check whether learning had been embedded.

We saw that information was available to help patients understand the complaints system. For example posters were displayed and receptionists proactively approached any patients who they thought looked disgruntled or distressed and sought to resolve their issue without delay. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at four complaints received in the last 12 months and found that these were satisfactorily handled and dealt with in a timely way with openness and transparency. An apology was made to the complainant.However, the practice did not record whether the complaint was upheld or not upheld and so we unable to clearly identify which complaints led to learning for the practice.

Complaints were discussed at the monthly meetings and reviewed annually to check whether lessons learned from the previous year had been embedded into practice

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 and purpose to deliver high quality care in a friendly, caring and professional manner. We saw that all staff took an active role in ensuring provision of a high level of service on a daily basis and we observed staff behaving in a kind, considerate and professional manner. The practice had a robust strategy and supporting business plans which reflected the vision and values of the practice

The staff we spoke with told us that they felt included in any decisions about the future that the practice discussed and that they understood the direction of travel. All staff were involved in discussions about how to run and develop the practice,and felt that their ideas were listened to and that there was a willingness to improve across all the practice. The partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.Examples of changes that were implemented were;

- Welcome message in various languages over the reception desk
- An urgent tray that allowed urgent prescriptionsto be seen and signed by a doctor more quickly
- Involvement of specialist Learning Disability (LD) nurse to validate the LD register and to enable patient friendly information to be provided

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
- Practice specific policies were implemented and were available to all staff through the practice's computer system
- Staff had a comprehensive understanding of the performance of the practice
- There was a programme of clinical and internal audit which was used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership, openness and transparency

The GP partners had the experience, capacity and capability to run the practice to ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

We were shown a clear leadership structure that had named members of staff in lead roles. For example, there was a nurse practitioner for the infection prevention and control lead, a GP partner for the safeguarding lead, a GP partner and practice manager for the complaints lead. Clinical staff also had lead roles according to their clinical expertise; for example two practice nurses were responsible for an aspect of managing long term conditions and there were lead GPs for a number of clinical areas for example; minor surgery, elderly care, paediatrics (children), sexual health and dispensing. This enabled prioritisation of specific clinical areas with the aim of improving patient outcomes

Staff received training that included: safeguarding; fire procedures; basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training which included dementia awareness, alcohol awareness and end of life care.

We saw from meeting minutes that regular team meetings were held. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and were confident in doing so and felt supported if they did. We also noted that the whole clinical team were given time to attend a development session each month. Staff said they felt respected, valued and supported, particularly by the partners in the practice.

Are services well-led?

Good

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

Staff told us that they felt the leadership within the practice was fair, consistent and generated an atmosphere of team working.

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

The practice gathered feedback from patients through patient surveys, compliments and complaints received. The practice proactively engaged patients in the delivery of the service and valued their feedback. It encouraged feedback through the use of comments box, review of the national patient survey and the Friends and Family Test.

There was an active patient participation group (PPG) which met on a quarterly basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, extended appointment times were implemented by the practice following patient feedback and a request for a new storm porch for the front door of the practice was being considered. The PPG is a group of patients who work together with the practice staff torepresent the interests and views of patients so as to improve the service provided to them.

Speakers had also been invited to give presentations to the PPG for example; The CCG Locality manager, the relationship manager for Out of Hours provision, and representation fom Healthwatch Derbyshire. The PPG were also involved in planning the new building and then helped patients to orientate to the new premises.

Innovation

Management lead through learning and improvement and have pro-actively looked ahead at enabling nurses to meet new NMC revalidation requirements which will be implemented for all nurses from April 2016