Brooklyn Medical Practice

Quality Report

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

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Brooklyn Medical Practice on 15 March 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. These were regularly discussed at practice meetings.
- Risks to patients were assessed and well managed.
- The premises were observed to be clean and tidy. Waiting areas were on two levels.
- The practice had adequate facilities and was well equipped to treat patients and meet their needs. The treatment room had been refurbished to a good standard and new equipment had been purchased to facilitate storage and transportation of clinical items.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- The practice engaged with the clinical commissioning group and other practices in the locality to share learning.
- This practice also operated a cross-referral process with local practices whereby GP specialities were

Summary of findings

utilised between practices to treat patients with specific conditions, for example dermatology clinics were provided by a GP at the practice with expertise in this field .

However, there was one area where the provider should make improvements;

- The practice should be proactive in ensuring that all patients who are also carers are represented on the practice's register of carers.

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.

- The practice had effective systems in place to support the recording of events, incidents and near misses. Staff were encouraged to identify and report any areas of concern. Staff meetings and protected learning time sessions were used to learn from significant events and lessons learned were recorded and communicated. Information about safety was recorded, appropriately reviewed and addressed. When there were unexpected safety incidents, patients received an apology. They were told about any actions to improve processes to prevent the same thing happening again.
- 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.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse and concerns were discussed at regular safeguarding meetings and also at other relevant meetings.
- There were processes in place to manage safety issues such as patient safety alerts, medicines management and medical emergencies.
- Risk assessment were in place to manage risks to staff and patients.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Clinical audits were undertaken. For example, an audit was undertaken to identify whether patients taking a non steroidal anti-inflammatory (NSAID) medicine were also receiving a medicine to protect their stomach. The audit resulted in an alert being placed on patient's notes.

Summary of findings

- Data showed most patient outcomes were similar to the locality. For example, the practice's uptake for the cervical screening programme was 83% which was the same as the CCG average and 1% above national average.
- There was evidence of appraisals and personal development plans for all staff and evidence that staff had attended development sessions and training
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the National GP survey showed that patients rated the practice in line with others several aspects of care. For example, 88% of patients described their overall experience of this surgery as good compared to the CCG average of 87% and the national average which was 85%
- Patients told us they were treated with care and concern by staff and that their privacy and dignity was respected. Feedback from comments cards aligned with these views.
- The practice provided information for patients which was accessible in the waiting room and was easy to understand.
- We observed that staff treated patients with kindness and respect, and maintained confidentiality.
- The practice held a register for patients who were also carers and offered them additional support.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- 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.
- The practice offered flexible services to meet the needs of its patients. For example, extended appointments each evening, telephone consultations and same day appointments for urgent requests. Most of the patients we spoke with said they were able to get an appointment when they needed one.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff.

Are services well-led?

Good

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

Summary of findings

- The practice had a vision to deliver high quality care. Staff were clear about their responsibilities in relation to this and appeared motivated to deliver high quality care.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk through regular reviews, audits and risk assessments.
- There was a clear leadership structure and staff felt supported by partners and management.
- The practice had a wide range of policies and procedures to govern activity and these were regularly reviewed and updated.
- The partners and practice manager encouraged a culture of openness and honesty, and staff felt supported to raise issues and concerns
- The practice proactively sought feedback from staff and patients which it acted on. The patient participation group (PPG) met regularly with the practice manager. They worked with the practice to review issues such as appointment times

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.

- The practice offered proactive, personalised care to meet the needs of the older people in its population. Individualised care plans were used where required and updated annually or more often if required.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Telephone consultations were provided by the advanced nurse practitioner who liaised with GPs and the community team
- The practice provided abdominal aortic aneurism (AAA) screening at the practice on a regular basis.
- The practice worked closely with the community matron and district nursing team to maintain continuity of care when visiting housebound patients
- The practice made twice-weekly visits to two care homes where they provided regular reviews for patients and attended at other times when needed.

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 provided dedicated clinics to assist in the management of chronic diseases.
- The percentage of patients with diabetes, on the register, in whom the last blood test for HbA1c was 59 mmol/mol or less in the preceding 12 months was 70%, which was 0.5% above CCG average and 0.6% below national average. (By measuring HbA1c, clinicians are able to get an overall picture of a patient's average blood sugar levels over a period of weeks or months).
- The practice had provided an asthma review for 91% of the patients on their register in the last 12 months. This was 12% above CCG average and 15% above national average.
- A total of 96% of patients diagnosed with diabetes had received an influenza immunisation
- Longer appointments and home visits were available when needed. Patients who required anticoagulant therapy were monitored weekly and patients who were housebound received this at home.

Summary of findings

- The practice worked closely with the community matron and and district nurses to provide continuity of care where home visits were required.
- The practices computer system alerted GPs when patients were due for a review of their medicines or when patients were overusing their medicines.
- The CCG medicines management pharmacist regularly monitored and reviewed patients medicines and discussed any concerns or changes required with the GPs.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations. For example; rates for children under 24 months was between 94% and 98% except for meningitis C which was 1.2%. These were comparable with the CCG average of between 94% and 96% and higher than the CCG rate for meningitis C which was 0.7%
- 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.
- The practice liaised with community midwives, health visitors and school nurses where required.

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

Summary of findings

the services it offered to ensure these were accessible, flexible and offered continuity of care. Extended hours appointments were available every day for patients who worked during the day.

- The practice offered online services for patients to book routine appointments and request repeat prescriptions.There was a full range of health promotion and screening that reflects the needs for this age group.
- They had provided cervical screening for 83% of eligible patients which was comparable with the CCG average and national average.
- The practice provided information about long acting reversible methods of contraception for 100% of women who had requested emergency contraception in the preceding 12 months. This was 6% more than the CCG average and 7% more than the national average for providing this information.

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 for patients with a learning disability and had 32 patients on their register. They had provided an annual health check for 28 of the patients on the register in the preceding 12 months. Longer appointments were also offered.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people and informed vulnerable patients about how to access various support groups and voluntary organisations.
- A care-coordinator worked with the practice and community team to plan care and avoid unnecessary admissions to hospital. They made use of the Single Point of Access service to enable timely care for patients when required. (The Single Point of Access is a service provided by Derby teaching hospital for people in the locality who are not in need of emergency care but could benefit from urgent multi-disciplinary support)
- Regular meetings took place with the palliative care team, including Macmillan nurses to plan and coordinate care for people at the end of their lives.
- 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. Health visitors were included in monthly safeguarding meetings for children at risk of harm.

Summary of findings

- Alerts were used on the practice's computer system to highlight important information. For example if a patient was receiving palliative care or had a care plan identifying specific needs.
- Women from a local womens domestic violence refuge centre were encouraged to register with the practice and provision was made for them to complete this online if required to preserve privacy.

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).

- 92% of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the last 12 months, which is 7% higher than the CCG average and 8% higher than the national average.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented in the record, in the preceding 12 months was 93%. This is 1% higher than the CCG average and 5% above the national average. 95% of these patients also had a face to face review in the last 12 months including a blood pressure check. This is 3% higher than the CCG average and 6% higher than the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia and carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations and provided leaflets and information in the waiting area.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- There were GP leads for patients with poor mental health and for dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published on 2 January 2016. The results showed the practice was performing in line with local and national averages. 263 survey forms were distributed and 117 were returned. This represented a 44% completion rate.

Performance was comparable to CCG and national data and as follows;

- 75% found it easy to get through to this surgery by phone compared to a CCG average of 74% and a national average of 73%.
- 83% were able to get an appointment to see or speak to someone the last time they tried (CCG average 86%, national average 85%).
- 87% described the overall experience of their GP surgery as fairly good or very good (CCG average 87%, national average 85%).
- 84% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 70%, national average 88%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 23 comment cards which were nearly all positive about the standard of care received. Patients said they were happy with the care and service they received and that the GPs, nurses and administration staff were professional and caring. However, five also said that they sometimes had to wait a long time in the waiting room for their appointment and that it was not always possible to get an appointment on the day they wanted one.

We spoke with six patients during the inspection. All six patients said they were happy with the care they received and thought staff were approachable, committed and caring. However, comments also aligned with comments cards regarding difficulty in getting appointments, particularly those who required a routine appointment. The practice told us that they had recently changed their appointments system for allocating routine appointment slots and had encouraged patients to book these online.

Areas for improvement

Action the service SHOULD take to improve

- The practice should be proactive in ensuring that all patients who are also carers are represented on the practice's register of carers.

Brooklyn Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist adviser.

Background to Brooklyn Medical Practice

Brooklyn Medical Practice provides general medical services to approximately 7300 patients through a general medical services contract (GMS). The practice is located in the town of Heanor which is in Southern Derbyshire.

There is a high level of deprivation within the practice population which is one fifth more deprived than the national average and income deprivation affecting children and older people is 4% higher than the CCG and national averages. Income deprivation affecting older people is 2.8% above the CCG average and 1.6% above the national average.

The clinical team comprises four GPs who are partners (two male and two female), a senior nurse practitioner, two practice nurses and one healthcare assistant. The practice is a training practice and supported two GP registrars.

The practice has recently recruited a senior nurse practitioner who is able to provide a triaging service and minor ailments clinics.

The clinical team is supported by a full time practice manager, an assistant practice manager, administrative staff and reception staff.

The practice opens from 8am to 6.30pm Monday to Friday. Routine GP appointments are available from 8.30am to 11.15am and 3.45pm to 5.55pm Monday to Friday. The practice provides extended hours surgeries each evening from 6.30pm to 7.15pm.

The practice closes one afternoon each month to provide protected learning time for staff. The dates are advertised on their website.

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

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 15 March 2016. During our visit we:

Detailed findings

- Spoke with a range of staff (GPs, practice manager, assistant practice manager, nurses, administration and reception staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

· Is it safe?

· Is it effective?

· Is it caring?

· Is it responsive to people's needs?

· Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

· Older people

· People with long-term conditions

· Families, children and young people

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

· People whose circumstances may make them vulnerable

· People experiencing poor mental health (including people with dementia)

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Good

Are services safe?

Our findings

Safe track record and learning

The practice had systems in place to report and record significant events.

- Staff were aware of the process to report a significant event and told us they would inform their manager in the first instance and complete the relevant form available on the computer system.
- Regular meetings were held within the practice to analyse events and we saw from meeting minutes that significant events were a standing agenda item at practice meetings.

Information related to safety was appropriately recorded, shared and discussed within the practice. This included the recording of accidents and incidents and information regarding safety alerts and learning was shared to ensure improvements in safety were made. For example, when an incorrect blood test was booked on the practices computer system, the practice discussed the issue and amended its protocols so that all tests requested are checked by a clinician.

Patients affected by safety incidents were contacted in a timely way and offered support, information and explanations. Apologies were provided where appropriate and patients would be told about any improvements made to prevent the same things happening again.

Overview of safety systems and processes

The practice had a range of robust and well embedded systems and processes in place to keep patients safe and safeguarded from abuse. These included:

- Arrangements to safeguard children and vulnerable adults from abuse. Policies and procedures reflected relevant legislation and local pathways and identified who staff should contact for guidance if they had concerns about a patient's welfare. There was a lead GP for safeguarding who held regular meetings with the attached health visitor and practice manager to discuss children at risk. Staff demonstrated that they understood their responsibilities in relation to safeguarding and provided examples of concerns they had raised. Staff including GPs had received training at a level relevant to their roles.
- There was a poster in the waiting area and in consulting rooms which advised patients that a chaperone could be requested if required. Nursing staff and some reception staff acted as chaperones. All staff who undertook this role were appropriately trained and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice had effective systems in place to disseminate the latest guidance from regulatory safety bodies, such as the Medicines and Healthcare products Regulatory Agency (MHRA) and safety alerts. These were disseminated to staff by the practice manager which were then acted upon by relevant staff and recorded by the practice manager. We looked at a list of recent searches made by the practice manager and was told that the CCG pharmacy lead assisted with more complex searches. Alerts were discussed at meetings and those we looked at during our inspection were managed appropriately.
- The premises were observed to be clean and tidy and appropriate cleaning schedules were in place for specific areas and pieces of equipment. A GP and a practice nurse were the infection control clinical leads and they liaised closely with the local infection prevention team to keep up to date with best practice. She informed us that the practice had embraced all recommendations for change since she started at the practice.She had contact with the Infection Prevention and Control (IPC) lead within the CCG. The practice had infection control protocols and policies in place and regular infection control audits were undertaken. Action was taken to identify any areas for improvement. Staff completed annual training for infection control and the infection control lead planned undertake hand washing audits.
- The arrangements for managing medicines, including emergency medicines and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescriptions were securely stored and

Good

Are services safe?

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

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

Monitoring risks to patients

Risks to patients and staff were assessed and well managed.

- Robust procedures were in place for monitoring and managing risks to patients and staff safety. The practice had conducted fire risk assessments and carried out regular fire drills. Processes were in place to ensure all electrical equipment was regularly checked to ensure it was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor the safety of the premises such as control of substances hazardous to health, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place to plan and monitor the level and skill mix of staff needed to meet patients' needs. The practice had identified a shortfall in clinical staff and had taken the decision to recruit a senior nurse practitioner who was a prescriber and was able to provide a triaging service and held minor ailments clinics which increased the practices capacity for GPs to see more urgent presentations.
- There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty

Arrangements to deal with emergencies and major incidents

Arrangements were in place to ensure the practice could respond to emergencies and major incidents. These included:

· An instant messaging system on the computers and panic alarms in consultation and treatment rooms which could be used to alert staff to an emergency.

· Staff received annual basic life support training and there were emergency medicines available

· The practice had a defibrillator available on the premises. A first aid kit and accident book were available.

· Emergency medicines were stored in a secure area of the practice and all staff knew of their location. We saw that medicines were regularly checked and those we checked were in date. The practice stored oxygen (with adult and children's masks) in the same location.

· The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and suppliers, and copies of this plan were kept off site by key staff members.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice used current evidence based standards and guidance, including National Institute for Health and Care Excellence (NICE) best practice guidelines, to plan and deliver care for patients.

- There were systems in place to ensure clinical staff kept up to date with changes to clinical practice, policies and guidelines . Staff had access to NICE guidelines and new guidelines were regularly disseminated and discussed within the practice.
- The practice used risk assessments, audits and checks of patient records to monitor adherence to the guidelines. They also utilised the services of the CCG pharmacy lead to monitor adherence to prescribing guidelines.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recently published results showed the practice had achieved 97% of the total number of points available, with an exception reporting rate of 11%. (The exception reporting rate is the number of patients which are excluded by the practice when calculating achievement within QOF). This practice was not an outlier for any QOF (or other national) clinical targets. The practice's performance was above local and national averages of 94% and 95% respectively.

Data from 2014/15 showed;

- The percentage of patients with diabetes, on the register, with a record of a foot examination and risk classification in the last 12 months was 78% which was 1% lower than the CCG average and 10% lower than the national average.
- The percentage of patients with hypertension having regular blood pressure tests was 81%, which was 3% lower than the CCG average and 2% lower than the national average. However, the exception reporting at 3% was 1% was better than both CCG and national averages.
- The percentage of patients with coronary heart disease who have had influenza immunisation in the preceding 12 months was 97% which was the same as the CCG and national averages.
- The percentage of patients with a stroke who were currently being treated with appropriate medicines to help prevent further stroke was 99% which was 2% above CCG average and 1% above national average. Exception reporting was 9% which was slightly higher than CCG and national averages.

Clinical audits were undertaken within the practice that demonstrated quality improvement.

- We looked at three clinical audits undertaken in the last two years, all of these were completed audits conducted over two cycles, where the improvements made were implemented and monitored. For example; an audit was conducted to identify whether patients taking a medicine used to keep the heart beating normally were being monitored appropriately The audit found that all guidelines were being adhered to except for annual electro cardiogram (ECG) testing to check the heart rythmn. This was corrected and a re-audit one year later showed that an ECG test was offered to 100% of patients taking the medicine.
- The practice participated in regular audits of cervical cytology procedures.
- The practice worked with the CCG medicines team to review prescribing and optimise the use of medicines.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff that covered topics such as safeguarding, first aid, health and safety and confidentiality. Recently appointed staff told us they had been welcomed by their colleagues and felt supported in their roles.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, practice nurses reviewing patients with long-term conditions, administering vaccinations and

taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes. For example by accessing an online resource for nurses who administer immunisations. Staff were also able to discuss changes to immunisation guidelines at monthly clinical meetings.

- 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 their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, mentoring, clinical supervision and support for revalidating GPs and nurses. All staff had had an appraisal within the last 12 months.Clinical courses were provided where required to update or upskill. For example; a recently recruited health care assistant (HCA) had undergone training to provide ear syringing, ECG's, basic wound care and health checks. Support was also provided by the practice for her to work towards the Bronze award in the Derbyshire Dignity campaign.
- 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. The surgery closed one afternoon each month to enable all staff to attend training, development sessions and meetings.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. The practice used a system whereby test results were processed on the day they arrived by the GP who had requested the test. Abnormal results were actioned on the same day and patients contacted by telephone where required.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. Care plans were shared with the community team, out of hours team and ambulance services where relevant.

Staff worked together with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients were referred to other services, or after they were discharged from hospital. A care coordinator monitored discharges and admissions and made sure patients were able to access services when required. They also liaised with community teams when necessary. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. The meetings included GPs, practice staff, care coordinator, community nursing team, mental health team, social care team and palliative care team where required.

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, recorded the outcome of the assessment in the patients notes.
- Verbal consent was obtained for treatment room procedures and recorded in the patients notes. Written consent was obtained for joint injections and immunisations.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking,alcohol cessation and weight reduction.

Good

Are services effective?

(for example, treatment is effective)

- The practice referred patients to the Live Life Better Derbyshire programme where they could receive help with lifestyle changes, financial advice and use a 'buddy' service to attend appointments if required. Patients were also signposted to various services through posters and leaflets available in the waiting area.

The practice's uptake for the cervical screening programme was 83%, which was comparable to the CCG average of 81% and the national average of 81%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 98% and five year olds from 88% to 98%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During the inspection we saw that staff treated patients with dignity and respect. Staff were helpful to patients both on the telephone and within the practice. We saw that staff greeted patients politely as they entered the practice.

Measures were in place to ensure patients felt at ease within the practice. These included:

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 23 patient Care Quality Commission 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 spoke with two members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. They described the practice as professional, good, helpful and were satisfied with the care they had recieved.

Results from the national GP patient survey published in January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 99% said the GP was good at listening to them compared to the CCG average of 80% and national average of 89%.
- 93% said the GP gave them enough time (CCG average 88%, national average 87%).
- 98% said they had confidence and trust in the last GP they saw compared to (CCG average 96%, national average 95%)
- 92% said the last GP they spoke to was good at treating them with care and concern compared to (CCG average 86%, national average 85%).
- 91% said the last nurse they spoke to was good at treating them with care and concern compared to (CCG average 91%, national average 91%).
- 86% said they found the receptionists at the practice helpful compared to (CCG average 88%, national average 87%)

This aligned with the comments cards where patients told us that they were very satisfied with the level of trust and had confidence in the GPs and nurses..

Care planning and involvement in decisions about care and treatment

Patients told us they generally 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.

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

- 92% 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%.
- 91% said the last GP they saw was good at involving them in decisions about their care compared to (CCG average 83% , national average 82%)
- 86% said the last nurse they saw was good at involving them in decisions about their care compared to (CCG average 87% , national average 85%)

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

Good

Are services caring?

Notices in the patient waiting room told patients how to access a number of support groups and organisations, including support for carers and for people who had suffered a bereavement.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 57 carers on their register which was around 0.8% of the practice list. This is lower than the CCG and national averages which is around 2% of the practices population. Information was available to direct carers to the various avenues of support available to them. They were also offered an influenza vaccination and an annual health check and the practice had reviewed 81% of the carers on their register during the preceding 12 months. Carers were signposted to Derbyshire Carers Support group.

Staff told us that if families had experienced bereavement, their usual GP contacted them or made a home visit.

Good

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. In addition to this the practice worked to ensure its services were accessible to different population groups. For example:

- The practice offered extended appointments every day from 6.30pm to 7.15pm for working patients who could not attend during normal opening hours. Telephone consultations were also available.
- The practice had recently recruited a senior nurse practitioner who was a nurse prescriber and provided daily triage service, held minor ailments clinics and provided telephone consultations. This reduced pressure on GP appointment time and enabled better access for patients to receive assessment and treatment for minor ailments.
- The practice had recently recruited and trained a health care assistant (HCA) who provided health checks for people aged 40-74 and was able to refer to the 'Live Life better Derbyshire' programme where patients could receive help and support for lifestyle changes.
- There were longer appointments available for patients with a learning disability and those with complex needs.
- Home visits were available for older patients, housebound patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, a hearing loop and translation services available.
- The practice proactively managed complaints and responded in a timely fashion when these were received.

Access to the service

The practice opened from 8am to 6.30pm Monday to Friday. Routine appointments were available from 8.30am to 11.15am and 3.45pm to 5.55pm Monday to Friday. The practice provides extended hours surgeries each evening from 6.30pm to 7.15pm.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available on the same day for children and for people that needed them. It closed one afternoon each month for staff training.

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

- 72% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 75%.
- 75% patients said they could get through easily to the surgery by phone compared to (CCG average 74%, national average 73%).
- 80% patients said they always or almost always see or speak to the GP they prefer compared to (CCG average 55%, national average 59%).

This aligned with what patients told us during our inspection. People told us on the day of the inspection that they were were generally able to get appointments when they needed them but that this was sometimes difficult by telephone. The practice were aware of this and were encouraging patients to use the online booking service to make routine appointments.

Listening and learning from concerns and complaints

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.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available in the waiting areas to help patients understand how to make a complaint. This aligned with patients views who told us that they knew how to make a complaint if they needed to.

We looked at three complaints received in the last 12 months which were a combination of verbal and written complaints. We found these complaints were satisfactorily handled, dealt with in a timely way,and there was openness and transparency in dealing with the complaint. Action was taken as a result to improve the quality of care.

Good

Are services responsive to people's needs?

(for example, to feedback?)

For example, following a complaint about a misunderstanding relating to a diagnosis made. The practice provided further clarity to the patient, but did not identify any lessons learned

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 mission statement and supporting values had been shared with staff at team meetings and staff were engaged with the vision to deliver high quality, personalised care.

The practice had a strategy and supporting business plans which reflected the vision and values and these were regularly monitored. The partners were aware that an additional GP was required to support the growing practice population and had not been successful in recruiting to this position. However, they had recruited an advanced nurse practitioner and were looking at further skill mix options to fulfil the gap. Practice staff were aware of the strategy.

Governance arrangements

The practice had a 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 and reporting structure and staff were aware of their own roles and responsibilities.
- GPs and nurses held lead clinical roles and nurses had clinical mentorship and support.
- The practice engaged with the clinical commissioning group and other practices in the locality to share learning. This practice also operated a cross-referral process with local practices whereby GP specialities were utilised between practices to treat patients with specific conditions, for example dermatology clinics were provided by a GP at the practice with expertise in this field .
- Practice specific policies were implemented and were available to all staff via the practices computer system.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of clinical and internal audit 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 and culture

The partners in 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 partners 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 and encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and acting on them.

When there were unexpected or unintended safety incidents the practice gave affected people reasonable support, information 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 management.

- Staff told us the practice held regular team meetings. These included partners meetings, clinical meetings and wider staff meetings. In addition, the practice held regular meetings with external health and social care providers to facilitate communication.

The practice supported learning and development for all staff and closed one afternoon every month to enable training and development for all staff

- Staff said they felt respected, valued and supported by all managers. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was a PPG which met regularly with the practice manager, contributed to patient surveys, and made suggestions for improvement. For example, use of a suggestion box in the waiting area.