

Drs Broom, Ward, Shelly & Maxwell-Jones

Quality Report

Clifton Road, Ashbourne
Derbyshire
DE6 1RR

Tel: 01335 300588

Website: thesurgeryashbourne.co.uk

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at the surgery on 8 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 which were reviewed regularly at clinical meetings and learning was shared across the practice.
- Risks to patients were assessed and well managed.
- 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.
- Feedback from patients about their care was very positive. 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 and learning from complaints was shared across the practice.
- Patients said they found it easy to make an appointment with a GP or nurse and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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 practice had a Patient Participation Group (PPG) and worked with them to review and improve services for patients.
- The provider was aware of and complied with the requirements of the Duty of Candour.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

· Staff understood their responsibilities to raise concerns, and to report incidents and near misses. The practice had robust processes in place to investigate and review significant events, which were well documented, reviewed at regular meetings and outcomes were shared with staff to aid learning.

· Where people were affected by safety incidents, the practice demonstrated an open and transparent approach to investigating these. Apologies were offered where appropriate.

- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse. The practice had a designated GP responsible for safeguarding and regular monthly meetings were held with attached health professionals to discuss patients at risk.
- Risks to patients were assessed and well managed. Processes set by the practice were followed and these were regularly reviewed.
- Appropriate recruitment checks had been undertaken for all members of staff, including checks with the Disclosure and Barring Service (DBS).

Good



Are services effective?

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, a recent audit on patients who were admitted to hospital for cancer related problems showed that all of the admissions were appropriate and non- preventable.
- 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.

Good



Summary of findings

- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Are services caring?

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 for several aspects of care. For example, 92% 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 easy to understand.
- We observed that staff treated patients with kindness and respect, and maintained confidentiality. However, there was an issue with conversations being overheard at the reception desk and so the receptionists offered patients who needed it, a room to discuss sensitive issues.

The practice needed to be more proactive at identifying carers as only 0.7% of the practice list were on their register.

Good



Are services responsive to people's needs?

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 met people's needs.
- The practice offered flexible services to meet the needs of its patients. For example, early morning clinics, telephone consultations and same day appointments for urgent requests, vulnerable people and children. All of the patients we spoke with said they found it easy to make an appointment
- 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.

Good



Are services well-led?

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

- 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.

Good



Summary of findings

- 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. Staff, including the community support team 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) was well established and met regularly. They worked with the practice to review issues including appointment access, waiting times and car parking space.
- There was a strong focus on continuous learning and improvement at all levels, and opportunity was provided for half a day each month to attend development and training. Nurse revalidation was well supported by the practice.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- It offered proactive, personalised care to meet the needs of older people in its population. There were personalised care plans for 2% of the older population
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. Regular visits to a local care home were also provided. If a patient had been scheduled a home visit and called back due to their condition worsening, the visit was prioritised.
- Influenza and shingles immunisations were offered
- They worked closely with the CCG pharmacy lead to review patients medicines annually.
- All patients discharged from hospital were reviewed in multi disciplinary team meetings which included a care coordinator. Patient's individual care plans and treatment were also reviewed.

People with long term conditions

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

Good



- The nursing team had roles in chronic disease management and worked with the GPs and local specialists to provide care and regular monitoring. Patients with more than one chronic condition were seen at one longer appointment.
- Home visits were provided for housebound patients who required health reviews and blood tests , for example those who were taking anticoagulant medicines. (anticoagulants are medicines to thin the blood and requires regular testing and adjustments to dosage)
- The percentage of patients with diabetes, on the register, in whom the last blood test for HbA1c was 75 mmol/mol or less in the preceding 12 months was 92%, which was 4% above CCG average and 4% above national average. (By measuring HbA1c, clinicians are able to get an overall picture of a patients average blood sugar levels over a period of weeks or months).

Summary of findings

- The practice had provided an asthma review for 78% of the patients on their register in the last 12 months. This was 3% above national average. The practice supplied data which showed they had achieved 81% in the current year.
- A total of 89% of patients diagnosed with diabetes had received an influenza immunisation
- Patients who were diagnosed withy atrial fibrillation but had selected not to take anticoagulation medicines were regularly reviewed.
- There were close links with specialists in chronic disease management in the locality. For example; specialist nurses in heart failure, diabetes, epilepsy, and parkinsons disease.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and those 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% which was comparable with the CCG average of between 94% and 96%
- Same day appointments were always available for children.
- 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.
- We saw positive examples of joint working with midwives, health visitors and school nurses who also attended monthly multi-disciplinary team meetings.
- Sexual health clinics were available and free contraception was provided.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

Good



Summary of findings

- 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. Early morning and late evening appointments were available
- 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.
- A self service blood pressure monitoring device was available in the surgery to encourage opportunistic screening. Patients who reported high blood pressure readings were followed up by a GP.
- Saturday influenza immunisation clinics were available.
- Cardiovascular disease screening was offered for all patients over 40.
- They had provided cervical screening for 83% of eligible patients which was 2% above CCG average and 5% above national average.

People whose circumstances may make them vulnerable

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

- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice liaised closely with two local pharmacies and were informed when vulnerable patients failed to collect their prescribed medicines.
- 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.
- Alerts were used on the practice's computer system to highlight important information.

Good



People experiencing poor mental health (including people with dementia)

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

Good



Summary of findings

- Eighty six percent (86%) of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is 1% higher than the CCG average and 2% 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 92%. This is the same as the CCG average and 4% above the national average. 100% of these patients also had a face to face review in the last 12 months including a blood pressure check. This is 10 % higher than the CCG average and 7% higher than the national average. The exception reporting rate for this indicator was 11% which was 2% below the CCG average and 2% above 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.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- 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. This had resulted in a 13% attendance rate at accident and emergency (A&E) which was lower than the national average of 15%
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published in January showed the practice was performing in line with local and national averages. A total of 243 survey forms were distributed and 119 were returned. This represented a 49% response rate.

- 91% 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 compared to a CCG average of 86% and national average of 85%.
- 78% described the overall experience of their GP surgery as fairly good or very good compared to a CCG average of 73% and national average of 73%..

- 79% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to a CCG average of 80% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 13 comment cards which were all very positive about the standard of care received. Patients said the care they had received was excellent and that all the staff really cared.

We spoke with seven patients, including members of the PPG during the inspection. All seven patients said they were happy with the care they received and thought staff were approachable, committed and caring.

Drs Broom, Ward, Shelly & Maxwell-Jones

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.

Background to Drs Broom, Ward, Shelly & Maxwell-Jones

The Surgery at Clifton road, Ashbourne provides primary medical services to approximately 7878 patients through a general medical services contract (GMS). The practice is located in the town of Ashbourne which is a popular tourist area within Southern Derbyshire.

The level of deprivation within the practice population is one third lower than the national average and income deprivation affecting children and older people is below the national average.

The clinical team comprises four GPs who are partners (two male and two female), three salaried GPs, four practice nurses and two healthcare assistants.

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

The practice opens from 8am to 6.30pm Monday to Friday. Routine appointments are offered at varying times each day. Generally these are available each morning from 8.20am to 11.30am. Afternoon appointments are offered from 2.30pm to 6pm. The practice offers emergency appointments each day which are bookable by contacting

the surgery at 8am. The practice provides extended hours surgeries for four hours each week. The days when extended hours are available are variable and are advertised in the waiting room and on the 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 8 March 2016. During our visit we:

Detailed findings

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

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

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?

- Is it well-led?

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

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

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

Are services safe?

Our findings

Safe track record and learning

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 and we saw that significant events were regularly discussed and analysed.

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. All significant events were discussed as a standing agenda item at clinical meetings and there was an annual review. Learning was identified and shared to ensure improvements in safety were made. For example, when a needlestick injury occurred with a locum nurse, the practice reviewed its protocol for managing needlestick injuries and reminded all staff of the protocol at the next monthly clinical meeting.

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 attached professionals 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.

- A poster in the waiting area and in consulting rooms advised patients that a chaperone could be requested if required. Nursing 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 through the computer system which were then acted upon by relevant staff and recorded by the practice manager. 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. The nurse had received additional training to support her in their role and 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. For example; data loggers were purchased for all medicines fridges, cleaning schedules had been implemented, and mop heads had been replaced with disposable ones. Staff completed an annual refresher for infection control and the infection control lead undertook 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

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. We saw that the practice had undertaken updated checks for existing employees with the DBS in 2014.

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, the most recent being July 2015. 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 most recent being completed in January 2016. 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. 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 and this was stored in a room off the waiting area. 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. A copy was also available in the main practice office.

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.

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 100% of the total number of points available, with an exception reporting rate of 8.5%. (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 98% which was 9% higher than the CCG average and 10% higher than the national average.
- The percentage of patients with hypertension having regular blood pressure tests was 91%, which was 6% higher than the CCG average and 8% higher than the national average.

- The percentage of patients with coronary heart disease who have had influenza immunisation in the preceding 12 months was 99% which was 3% above the CCG and national averages.
- The percentage of patients with peripheral arterial disease with a record in the preceding 12 months of aspirin or an alternative anti-platelet being taken was 93% which was the same as the 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, two 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 best practice was being followed in monitoring prescribing of DMARDS medicines. (DMARDS are medicines used in the treatment of rheumatoid arthritis). The audit found that coding was unclear in some patients and this was amended and the practice's DMARD protocol revised.
- The practice also undertook regular audits of minor surgery and 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 a comprehensive 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. Staff 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 access to 'Green Book'

Are services effective?

(for example, treatment is effective)

which is 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.
- 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, or the duty GP if the requesting GP was on leave.
- All incoming correspondence was processed within 24 hours and any amendments to patients medicines were made by a GP. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. The practice utilised a digital dictation system which enabled urgent referrals to be processed on the same day and routine referrals were processed within 48 hours. Care plans were shared with the 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 surgical procedures, fitting of intra-uterine devices and contraceptive implants.

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.
- 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

Are services effective?

(for example, treatment is effective)

81% and the national average of 78%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice encouraged uptake of the screening programme by using a female sample taker. 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 79% to 96%.

Flu vaccination rates for the over 65s were 67%, and at risk groups 98%. These were also comparable to CCG and national averages.

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.

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 as they entered the practice, sometimes on a first name basis.

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 13 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 four 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 excellent, friendly, helpful and were satisfied with the care they had received.

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:

- 94% said the GP was good at listening to them compared to the CCG average of 80% and national average of 89%.
- 90% said the GP gave them enough time (CCG average 88%, national average 87%).

- 99% said they had confidence and trust in the last GP they saw compared to (CCG average 96%, national average 95%)
- 90% 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%).
- 85% said they found the receptionists at the practice helpful compared to (CCG average 88%, national average 87%)

We observed that staff treated patients with kindness and respect, and maintained confidentiality. However, there was an issue with conversations being overheard at the reception desk and there was limited room for patients who were queuing, to provide space for the person at the desk. The receptionists were aware of this and offered patients who needed it, a room to discuss sensitive issues.

Care planning and involvement in decisions about care and treatment

Patients told us 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.

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:

- 90% 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%.
- 84% said the last GP they saw was good at involving them in decisions about their care compared to (CCG average 83% , national average 82%)
- 82% said the last nurse they saw was good at involving them in decisions about their care compared to (CCG average 87% , national average 85%)

Are services caring?

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 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 52 carers on their register which was around 0.7% of the practice list. This is lower than the CCG and national averages which is around

2% of the practices population. A carers pack was available to direct carers to the various avenues of support available to them and the practice wrote to them individually outlining the support available. Coffee mornings were arranged at the practice in conjunction with Derbyshire Carers association and call Derbyshire. The practice also had a carers champion.

Staff told us that if families had experienced a bereavement, their usual GP contacted them if this was considered appropriate. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. Administrative staff ensured that any existing appointments for deceased patients were cancelled.

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 an early morning clinic each week starting at 7am and a late evening clinic until 8.30pm each week for working patients who could not attend during normal opening hours. Telephone consultations were also available.
- The practice had a practice nurse who was a nurse prescriber and held minor ailments clinics. This reduced pressure on GP appointment time and enabled better access for patients to receive assessment and treatment for minor ailments.
- The practice 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 always 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 invited patients to an appointment to discuss their concerns.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were available each day at varying times depending upon a rota. Generally these were from 8.20am to 11.30am every morning and 2.30pm to 6pm daily. Extended surgery hours were offered most mornings from 7am and some evenings until 8.30pm. 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.

Reception staff were able to allocate additional appointments to meet demand or to meet specific patient's needs, and worked closely with the practice manager and GPs to manage demand.

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.

- 70% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 75%.
- 91% patients said they could get through easily to the surgery by phone compared to (CCG average 74%, national average 73%).
- 60% 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 able to get appointments when they needed them.

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.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available 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 nine 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. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care.

Are services responsive to people's needs?

(for example, to feedback?)

For example, following a complaint about availability of routine appointments, the practice contacted the patient to ensure that an appointment was made and made changes to processes so that appointments could be booked more in advance.

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 developed with staff at an annual team meeting and staff were engaged with the vision to deliver high quality, personalised care

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and these were regularly monitored.

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 structure and that staff were aware of their own roles and responsibilities.
- GPs and nurses held lead clinical roles.
- The practice engaged with the clinical commissioning group and other practices in the locality to share learning.
- Practice specific policies were implemented and were available to all staff.
- 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. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents the practice gave affected people reasonable support, 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 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.
- The practice had recognised talent within its workforce and supported a member of staff to progress into a clinical role.

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, carried out patient surveys and made suggestions for improvement. For example, a TV screen to provide information for patients.

• The practice and PPG had hosted an event to 'come and meet the new GP's' when two new GPs started at the practice.