

Peartree Medical Centre

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

Outstanding 

Are services safe?

Good 

Are services effective?

Outstanding 

Are services caring?

Good 

Are services responsive to people's needs?

Outstanding 

Are services well-led?

Outstanding 

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 Peartree Medical Centre on 13 September 2016. Overall the practice is rated as outstanding.

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

- The assessment and management of risks was comprehensive, well embedded and recognised as the responsibility of all staff. This included safeguarding children and vulnerable adults from abuse and health and safety.
- Sufficient staff were employed to meet patient's needs and this included employing "bank/casual staff" to enable flexible and immediate access to staff in response to service demands.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. They assessed patients' needs and delivered care in line with current evidence based guidance.
- The practice has consistently maintained a track record of high quality outcomes framework (QOF) performance over the last five years with achievements above 99%. The 2015/16 nationally reported data showed all patient outcomes were in line with or above the local and national averages.
- We saw several examples of collaborative working and sharing of best practice to promote better health outcomes for patients. Specifically, ongoing health education programmes relating to cancer screening, diabetes, stroke and children's health with demonstrable impact of positive outcomes being achieved for patients.
- Clinical audits and regular reviews of the service were undertaken to drive improvements to patient outcomes.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

Summary of findings

- Significant improvements had been made over the last two years to improve telephone access and availability of appointments. Most patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice actively reviewed the management of complaints and made improvements as a result. An annual review was undertaken to detect themes and trends.
- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- The practice had strong and visible clinical and managerial leadership and governance arrangements.
- A strong ethos of continuous improvement was owned by all staff.

We saw several areas of outstanding practice including:

- There was an open and transparent approach to safety and an effective system for managing and significant events. Significant events were fully investigated and learning was shared with the practice team, other stakeholders and the national reporting and learning system (NRLS). The NRLS ensures the learning gained from the experience of a patient in one part of the country is used to reduce the risk of something similar occurring elsewhere. An annual “significant event analysis and reflection” report was produced and discussed with staff to ensure learning had taken place and changes were embedded.
- There was an on-going programme of patient education and wider external stakeholder engagement to tackle health inequalities affecting patients and the wider community. For example:
- The practice held health educational meetings at least three times a year at the local community centre to improve the take up of breast and bowel screening. The impact of these events and opportunistic screening had resulted in an increased uptake rate of 20% for bowel cancer over the last 14 months. This data was yet to be verified and

published nationally. The 2014/15 data showed the practice’s uptake for the cervical screening programme for the preceding five year period was 96% which was significantly above the local average of 84% and the national average of 82%.

- The practice used proactive methods to improve outcomes for patients living with and at risk of diabetes; taking into account their religion. For example: 30 patients had attended a health education event titled “managing your diabetes during Ramadan” at the practice. Some patients had also attended the social cooking project facilitated by the Derby City Public Health team to encourage use of lower levels of saturated fat and salt intake by south Asian families who are at higher risk of developing diabetes. The performance data for diabetes related indicators was 100% compared to the local average of 92.9% and the national average of 89.9%. The practice had double the clinical prevalence of diabetes when compared to the local and national averages.
- The practice had identified patients at high risk of developing diabetes. This enabled the clinicians to support and advise patients on changes required to prevent diabetes developing
- The practice proactively identified and supported its carers with support from Derbyshire Carers Association. A total of 207 patients had been identified as carers and this represented 4.6% of the current practice list. Carers assessments were undertaken from the practice with evidence of personalised support plans being put in place to address the carers needs.
- Innovative approaches were used to gather feedback from the practice population. For example, the patient participation group (PPG) consisted of at least 30 active members. It was unique in that it comprised of a main group including both men and women; and a ladies only PPG meeting was facilitated for female Asian patients in response to underrepresentation in the main group, cultural, religious and personal preferences. At the time of the inspection at least nine female members attended the meetings. This removed barriers to gender inequality and promoted holistic feedback for the practice team which it acted upon.

Summary of findings

- The practice team had a proactive approach to understanding the cultural diversity and language needs of its practice population to ensure equal access to services and continuity of care. Since 2003, the practice has employed an interpreter (four days a week) who speaks Urdu, Mirpur Punjabi and Hindi and some other Asian dialects less proficiently. An evaluation of their role demonstrated a high level of satisfaction by patients and positive outcomes for clinicians whose first language was not English. For example, the interpreter had been supported with additional training on medical terminology and procedures to ensure consistent explanations were clearly given to patients and clinicians times was efficiently managed during the appointment. The

interpreter also regularly signposted patients to a range of services that deal with benefits, housing and education. The telephone system had also been improved in 2014 and included an automated welcome message and options in Urdu.

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

- Continue to review, monitor and act upon patient experience data to continually drive service improvement.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was a comprehensive system in place for reporting, recording and analysing significant events and patient safety alerts. The practice staff were committed to reviewing all safety concerns and achieving sustained improvements to patient care. Learning from significant events was highly valued and disseminated widely including the national reporting and learning system (NRLS). The NRLS ensures the learning gained from the experience of a patient in one part of the country is used to reduce the risk of something similar occurring elsewhere.
- The practice prioritised the safeguarding of vulnerable adults and children from abuse and / or deteriorating health. This included a multi-disciplinary approach to reviewing the health and social care needs for identified patients.
- There were comprehensive systems to keep people safe. This included management of medicines, health and safety and recruitment of appropriate staff.
- The practice had systems in place to ensure staffing levels were sufficient. This included the flexible use of “bank/casual” staff to cover periods of increased patient demand and ensure work life balance for permanent staff.

Good



Are services effective?

The practice is rated as outstanding for providing effective services.

- Staff assessed the needs of patients and delivered care in line with current evidence based guidance. The use of National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines positively influenced and improved patient outcomes.
- The 2015/16 data from the Quality and Outcomes Framework (QOF) showed all patient outcomes were above the local and national averages. The practice had an overall achievement of 100% compared to the local average of 97.2% and the national average of 95.3%.
- Clinical audits demonstrated significant quality improvement.
- Staff had received induction and training that was appropriate to their roles. There was evidence of appraisals and personal development plans for staff.

Outstanding



Summary of findings

- Staff worked with other health care professionals to assess and meet the range and complexity of patients' needs. Regular multi-disciplinary meetings were held and follow-up actions were identified to ensure integrated care for patients. Views of external stakeholders were very positive and aligned with our findings.
- Staff were consistent in supporting people to live healthier lives through a targeted and proactive approach to health promotion and prevention of ill-health. This included patients at risk of developing long term conditions such as diabetes and stroke.
- The practice actively encouraged its patients to attend national screening programmes for bowel and breast cancer through patient education, use of interpreters / bi-lingual staff and opportunistic screening. As a result, the screening rates for bowel cancer had increased by 20% and breast cancer by 2% in 2015/16. This data was yet to be verified and published.
- The 2014/15 data showed the practice's uptake for the cervical screening programme for the preceding five year period was about 96% which was significantly above the local average of 84% and the national average of 82%.

Are services caring?

The practice is rated as good for providing caring services.

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- This was aligned with our observations and the many positive examples we found that demonstrated patient's choices and preferences were valued and acted on. For example, staff recognised and respected people's personal, cultural, social and religious needs when involving them in their care and treatment and bereavement support. This was particularly important as the practice population was predominately of South Asian ethnicity.
- Data from the national GP patient survey showed patients rated the practice in line with the local and national averages for several aspects of care. For example, 87% of patients said the last GP they spoke to was good at treating them with care and concern compared to the local average of 86% and national average of 85%.
- Effective care planning arrangements were in place to promote shared decision-making with the patient, their next of kin and professionals involved in their care.

Good



Summary of findings

- The practice employed an interpreter and most of the practice team including GPs and receptionists spoke more than one language which facilitated communication where English was not a patient's first language.
- The practice proactively identified and supported its carers with support from Derbyshire Carers Association; and this was an outstanding feature. A total of 207 patients had been identified as carers and this represented 4.6% of the current practice list. Carers assessments were undertaken from the practice with evidence of personalised support plans being put in place to address the carers needs.

Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

- The practice had initiated positive service improvements for its patients that were over and above its contractual obligations. Specifically, the facilitation of educational events to empower patients to live healthier lives and prevention of ill-health. We saw several examples of collaborative working that had taken place between the practice team, Derby city council public health team, specialist nurses, and the Southern Derbyshire CCG and community leaders with evidence of positive impact on patient outcomes. This included the care needs for children, people with long term conditions such as diabetes and stroke, and patients eligible for cancer screening.
- People's individual needs and preferences were central to the planning and delivery of tailored services. For example, the practice employed an interpreter who speaks Urdu, Mirpur Punjabi and Hindi which ensured continuity of care and the telephone system included an automated welcome message and options in Urdu (in addition to English). These features were vital to people whose first language was not English to ensure equal access to services.
- Significant improvements had been made over the last two years to improve telephone access and availability of appointments. Most patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- 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 and the patient participation group to drive improvement.

Outstanding



Summary of findings

Are services well-led?

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

- The practice team had an excellent understanding of the needs of its practice population and took proactive steps through outreach work to achieve the best possible outcomes for patients.
- The practice had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- Governance and performance management arrangements were proactively reviewed and supported the delivery of good quality care.
- There was a clear leadership structure in place and high standards were promoted and owned by all practice staff.
- There was a high level of staff satisfaction and a culture of openness and effective team working was encouraged.
- The practice proactively sought and acted upon feedback from patients including the patient participation group. A seasonal newsletter was produced to communicate events and improvements made within the practice.
- There was a strong focus on continuous learning and improvement at all levels.
- An annual team and “fun” based learning event was facilitated. This included practice staff completing and discussing pictorial presentations relating to specific aspects of the service. A summary of the practice team achievements was produced and used to motivate staff and celebrate success.
- The provider was aware of and complied with the requirements of the duty of candour.

Outstanding



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 outstanding for the care of older people.

- Nationally reported data showed patient outcomes for conditions commonly found in older people were above local and national averages. This included a 100% achievement for rheumatoid arthritis and osteoporosis with all patients having received a face to face annual review.
- Patients aged 75 years and over had a named GP to provide continuity of care. The practice had reviewed the medical records of these patients and found they had all been seen by a clinician in the previous 12 months.
- An annual health check was offered to patients to ensure their health needs were being met. This included influenza, pneumococcal and shingles vaccinations in accordance with national guidance.
- The practice identified frail and vulnerable patients including those at high risk of hospital admission. Monthly multi-disciplinary meetings were held to plan and deliver care appropriate to their needs.
- Care plans were also in place for older patients with complex needs and this included preventative measures to ensure the person was supported within their own home.
- The practice was responsive to the needs of older people. This included access to a practice employed interpreter for those whose first language was not English, home visits and same day appointments.

Outstanding



People with long term conditions

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

- Nationally reported data showed all patient outcomes for long term conditions were above local and national averages.
- The prevalence of diabetes within the practice population is double the local and national averages. As a result, a range of successful strategies were employed to monitor the health of patients with a diagnosis of diabetes and / or at risk of diabetes. This also included taking into account religious factors such as fasting during Ramadan.
- Clinical staff had lead roles in chronic disease management and an effective system was in place to invite and follow up patients who failed to attend health reviews and appointments.

Outstanding



Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. The practice worked closely with other health social care professionals to ensure a multi-disciplinary package of care was in place for people with complex long term conditions. This included district nurses and the community matron.
- A range of health education events were hosted within the practice and facilitated in the local community centres in collaboration with other stakeholders. This was aimed at empowering patients with knowledge about managing their conditions effectively and or attending relevant screening.
- Patients at risk of hospital admission were identified as a priority and effective care planning took place. In addition, hospital admission rates for most departments were below the local averages.
- Home visits were available when needed and patients could be seen in one extended appointment to prevent the need for multiple visits.

Families, children and young people

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

- Patients had access to educational sessions on children health issues which were facilitated by the practice team in liaison with other external stakeholders such as Sure Start and Derby city council public health team. For example, a “free and fun event titled healthy kids are happy kids” had been facilitated at the local Indian community centre to educate and promote child health and wellbeing with over 70 people (children and adults) in attendance.
- The practice team prioritised the safeguarding of children and families. This included being signed up to the “prevent strategy” which is about safeguarding people and communities from the threat of radicalisation. Staff we spoke were aware of their responsibilities to report concerns.
- Children at risk of abuse, hospital admission, living in disadvantaged circumstances or deteriorating health needs had their health and social care needs discussed at regular multi-disciplinary meetings attended by the health visitor.
- The practice team reviewed all new births on a quarterly basis to ensure post-natal care was in place for the mothers.
- We saw positive examples of joint working with the midwives. For example, the midwife and GP reviewed the care of expectant mothers with gestational diabetes and / or at risk of delivering a baby with foetal abnormalities.

Outstanding



Summary of findings

- Childhood Immunisation rates were comparable to the local averages.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- All patients aged under 12 were guaranteed a same day appointment or telephone consultations. The benchmarking data produced 31 March 2016 showed the hospital admission rate for children under five years was below the local average.

Working age people (including those recently retired and students)

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Patients had access to a range of health checks and health promotion information. For example, community based health educational meetings were held at least three times a year at the local community centre, resulting in improved uptake rates for breast and bowel screening. In addition, a range of health promotion material was available on the practice website.
- The practice offered extended hours surgeries with a practice nurse between 6.30pm and 8.30pm on Thursdays for patients who found it difficult to attend during normal working hours.
- Telephone consultations were available each day for those patients who had difficulty attending the practice due, for example, to work commitments.
- Patients had access to online services for booking GP appointments, requesting repeat prescriptions and for prescriptions to be sent directly to the pharmacy of their choice (electronic prescribing service).
- A text reminder service was used to help reduce non-attendance for appointments and promote patient education.

Outstanding



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability at risk of deteriorating health due to severe cold conditions.

Outstanding



Summary of findings

- There were 33 patients on the learning disability register for adults, and all of these had received an annual health check in the last twelve months.
- Patients were offered longer appointments and home visits to facilitate a holistic assessment of their needs.
- The practice had identified 207 patients with carers' responsibilities and this represented 4.6% of the practice list size. The practice had engaged a local carers organisation to undertake carers assessments within the practice and provide training for staff. Personalised support plans were put in place for the carers.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients including those receiving end of life care.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. They 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.
- "Winter awareness" workshops were hosted within the practice in collaboration with other stakeholders. This was aimed at ensuring patients stayed warm during the winter months with adequate provisions of food and medicines; and had information on free services such as snow clearing.
- The practice had systems in place to comply with the accessible information standard aimed to ensure that people who have a disability, impairment or sensory loss received information in a format they can read and understand.

People experiencing poor mental health (including people with dementia)

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

The 2015/16 nationally published data showed:

- All patients with a severe mental health condition had a documented care plan in the last 12 months which was above the local average of 92.8% and the national average of 88.8%. This was achieved with no patients being exception reported compared to a local exception rate of 20.4% and national exception rate of 12.7%.
- All patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months which was above

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Summary of findings

the local average of 85.2% and national average of 83.8%. The exception reporting rate for this indicator was 15.4% compared to a local exception rate of 7.9% and national exception rate of 6.8%.

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- Patients at risk of dementia were referred to the local memory assessment service and advance care planning for patients with dementia took place.
- Patients had access to a counsellor and psychiatrist who provided regular sessions within the practice; as well as information 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.
- Staff had a good understanding of how to support patients with mental health needs and dementia. They had received training in dementia awareness, the Mental Capacity Act and consent.

Summary of findings

What people who use the service say

We spoke to ten patients during the inspection (five of whom we spoke to via an interpreter). All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 36 comment cards which were all positive about the standard of care received. Less positive comments or areas of improvement highlighted included telephone access and availability of appointments.

The national GP patient survey results were published in July 2016. A total of 365 survey forms were distributed and 95 were returned. This represented a 22% response rate and 2% of the practice population. The practice was performing in line with local and national averages for most aspects of care except for telephone access and appointment availability. For example:

- 91% of patients described the overall experience of this GP practice as good compared to the clinical commissioning group (CCG) average of 87% and the national average of 85%.
- 64% usually get to see or speak to their preferred GP compared to the CCG average of 55% and the national average of 59%.

- 80% of respondents usually wait 15 minutes or less after their appointment time to be seen compared to the CCG average of 69% and the national average of 65%.

Although improvements had been made to telephone access and availability of appointments, the practice staff were aware of the issues patients experienced when trying to access the service as reflected in the survey results. For example:

- 48% of patients found it easy to get through to this practice by phone compared to the CCG average of 72% and the national average of 73%.
- 64% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 80% and the national average of 78%.

However, 71% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG and the national averages of 85%.

A total of 168 patients had completed the friends and family test survey as at June 2016. Records reviewed showed 86% of respondents said they would 'extremely likely' or 'likely' to recommend the practice.

Areas for improvement

Action the service SHOULD take to improve

Continue to review, monitor and act upon patient experience data to continually drive service improvement.

Outstanding practice

- There was an open and transparent approach to safety and an effective system for managing and significant events. Significant events were fully investigated and learning was shared with the practice team, other stakeholders and the national reporting and learning system (NRLS). The NRLS ensures the learning gained from the experience of a

patient in one part of the country is used to reduce the risk of something similar occurring elsewhere. An annual "significant event analysis and reflection" report was produced and discussed with staff to ensure learning had taken place and changes were embedded.

Summary of findings

- There was an on-going programme of patient education and wider external stakeholder engagement to tackle health inequalities affecting patients and the wider community. For example:
- The practice held health educational meetings at least three times a year at the local community centre to improve the take up of breast and bowel screening. The impact of these events and opportunistic screening had resulted in an increased uptake rate of 20% for bowel cancer over the last 14 months. This data was yet to be verified and published nationally. The 2014/15 data showed the practice's uptake for the cervical screening programme for the preceding five year period was 96% which was significantly above the local average of 84% and the national average of 82%.
- The practice used proactive methods to improve outcomes for patients living with and at risk of diabetes; taking into account their religion. For example: 30 patients had attended a health education event titled “managing your diabetes during Ramadan” at the practice. Some patients had also attended the social cooking project facilitated by the Derby City Public Health team to encourage use of lower levels of saturated fat and salt intake by south Asian families who are at higher risk of developing diabetes. The performance data for diabetes related indicators was 100% compared to the local average of 92.9% and the national average of 89.9%. The practice had double the clinical prevalence of diabetes when compared to the local and national averages.
- The practice had identified patients at high risk of developing diabetes. This enabled the clinicians to support and advise patients on changes required to prevent diabetes developing
- The practice proactively identified and supported its carers with support from Derbyshire Carers Association. A total of 207 patients had been identified as carers and this represented 4.6% of the current practice list. Carers assessments were undertaken from the practice with evidence of personalised support plans being put in place to address the carers needs.
- Innovative approaches were used to gather feedback from the practice population. For example, the patient participation group (PPG) consisted of at least 30 active members. It was unique in that it comprised of a main group including both men and women; and a ladies only PPG meeting was facilitated for female Asian patients in response to underrepresentation in the main group, cultural, religious and personal preferences. At the time of the inspection at least nine female members attended the meetings. This removed barriers to gender inequality and promoted holistic feedback for the practice team which it acted upon.
- The practice team had a proactive approach to understanding the cultural diversity and language needs of its practice population to ensure equal access to services and continuity of care. Since 2003, the practice has employed an interpreter (four days a week) who speaks Urdu, Mirpur Punjabi and Hindi and some other Asian dialects less proficiently. An evaluation of their role demonstrated a high level of satisfaction by patients and positive outcomes for clinicians whose first language was not English. For example, the interpreter had been supported with additional training on medical terminology and procedures to ensure consistent explanations were clearly given to patients and clinicians times was efficiently managed during the appointment. The interpreter also regularly signposted patients to a range of services that deal with benefits, housing and education. The telephone system had also been improved in 2014 and included an automated welcome message and options in Urdu.

Peartree Medical Centre

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, an Expert by Experience and an Interpreter.

Background to Peartree Medical Centre

Peartree Medical Centre provides primary medical services to 4522 patients through a primary medical services contract (GMS). The practice is located in Normanton, near to Derby city centre. The practice has car parking facilities and is accessible by public transport.

The practice team has a comprehensive understanding of the practice population and community demographics specifically the barriers to care and treatment. This includes high deprivation levels within the Normanton area which are significantly above the national average, religious, cultural, language and literacy barriers. The level of deprivation within the practice population is rated one which is the most deprived decile. People living in more deprived areas tend to have greater need for health services. A range of strategies including patient educational sessions are proactively facilitated by the practice as part of an on-going programme to tackle health inequalities.

The clinical team comprises two GP partners and three nurses. The practice used regular locum GPs and nurses to provide additional cover when needed. The clinical team is supported by a full time practice manager, a senior receptionist, an interpreter, an apprentice and a team of reception and administrative staff.

The practice opens from 8am to 6.30pm Monday to Friday daily with the exception of Thursday when the practice closes at 8.30pm. GP appointments are available from 8.30am to 6pm. Extended hours appointments are offered from 6.30pm to 8.30pm on Thursday with a practice nurse.

The practice has opted out of providing out-of-hours services to its own patients. This service is provided by Derbyshire Health United and is accessed via 111.

Why we carried out this inspection

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

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. This included NHS England and Southern Derbyshire clinical commissioning group (CCG). We carried out an announced visit on 13 September 2016. During our visit we:

- Spoke with a range of practice staff including two GP partners, the practice manager, nurse practitioner, two nurses, three reception staff and the practice employed interpreter.

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- Spoke with attached staff including the CCG employed pharmacy technician and pharmacist, health visitor, midwife, community matron and care coordinator.
- Spoke with a representative from the Derby City council public health team.
- Spoke with nine patients who used the service including three patients of the Patient Participation group (PPG). We spoke with another PPG member following our inspection.
- Observed the environment, how patients were being cared for and information available to them.
- Reviewed a sample of medical records, care plans and records relating to the management of the service to corroborate our findings.
- Reviewed 36 comment cards where patients shared their views and experiences of the service.

Are services safe?

Our findings

Safe track record and learning

The practice had a comprehensive system in place for identifying, reporting, analysing and learning from significant events and incidents; and this was an outstanding feature. The nurse practitioner was the clinical lead responsible for overseeing the management of significant events. They were supported by the practice manager in maintaining appropriate records and monitoring the progress of investigations and actions taken.

- The practice's significant and critical events policy was periodically reviewed in clinical meetings to ensure the content provided staff with up to date guidance.
- Staff told us they would inform the practice manager or nurse practitioner of any incidents and there was a recording form available on the practice's computer system.
- The practice had recorded 10 significant events in the last 12 months. Six of these events had been submitted to the national reporting and learning system (NRLS). The NRLS enables the learning gained from the experience of a patient in one part of the country to be used to reduce the risk of something similar occurring elsewhere.
- Records reviewed and staff feedback showed the events had been discussed at practice meetings and with relevant multi-disciplinary professionals such as the midwife where needed.
- Learning was based on a thorough analysis and investigation of things that go wrong.
- Where patients were affected by an incident or event, they were contacted by the practice and offered support, explanations and apologies. Patients were told about any action taken by the practice to improve systems and processes to prevent the same thing happening again.
- The practice had also worked together with other local GP practices to jointly review learning from each other's significant events in 2015. This facilitated wider learning and sharing of best practice.

- An annual "significant event analysis and reflection" report was produced and discussed with staff. This report included actions taken by the practice team in response to significant events, the agreed learning and improved outcomes to ensure patient safety. The February 2016 report highlighted concerns relating to the management of referrals and errors in taking cytology samples. As a result of this, regular audits and checks were implemented and records reviewed demonstrated improvements were made. Other action taken included performance review of concerned staff members, refresher training and updated protocols for staff to refer to when needed.
- Significant events were considered alongside complaints and friends and family test data to ensure any trends or concerns were also identified and monitored.

The practice maintained records of patient safety alerts received, the discussions that took place during staff meetings and the action taken in response to these. For example, the clinicians would review the medicines of affected patients when alerts received from the medicines and healthcare products regulatory agency (MHRA) indicated issues relating to recommended dosages, side effects and interactions with specific medicines.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. For example:

- The practice team had a heightened awareness of the need to prioritise the safeguarding of patients due to the demographics of its practice population and local area. This included high levels of deprivation and a significant proportion of patients from Asian background of which language, literacy, cultural and religious factors presented as potential barriers to seeking support when needed. The practice had a GP lead for safeguarding and the practice manager was the lead for "Prevent" which relates to safeguarding people and communities from the threat of radicalisation.
- The practice had a list of 41 patients on its safeguarding register and patient records were flagged to ensure staff providing care and treatment were aware of the concerns. An audit of the child protection register had

Are services safe?

been undertaken by the health visitor and findings were shared with the clinical team to ensure appropriate monitoring and protection plans were in place where needed.

- The health visitor we spoke to confirmed monthly safeguarding meetings took place with the practice team and there was excellent engagement, liaison and communication to ensure the safety of patients. The health visitor reviewed all children that were newly registered with the practice and the practice team reviewed all new births on a quarterly basis to ensure post-natal care was in place for the mothers.
- All staff we spoke to: were aware of the safeguarding procedures and policies in place; understood the signs of abuse and the lead person or agency to report their concerns. All staff had completed safeguarding training that was relevant to their role and this included child safeguarding level three for the GPs.
- Patients had access to a chaperone if required. The staffing compliment meant patients could choose a GP of the same sex offering patients a choice. The practice employed an interpreter who also acted as the chaperone on some of the consultations where the patient's first language was not English. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (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 maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The nurse practitioner was the infection control lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Records reviewed showed that staff had received vaccinations to protect them against hepatitis B. Annual infection control audits were undertaken and action was taken to address any improvements identified as a result. Further improvements were planned to ensure a designated room was available to secure uncollected waste.

The arrangements for managing medicines and vaccines kept patients safe. This included effective systems to ensure processes for obtaining, prescribing, recording, handling, storing, security and disposal of medicines was implemented in practice by staff. For example:

- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. This included maintaining a record of serial numbers of prescription pads both on delivery and on distribution within the practice.
- Effective systems were in place for monitoring prescriptions that had not been collected and a review of the patient's compliance with prescribed medicines.
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines and an annual assessment of the procedures in place for managing controlled drugs (although these were not kept at the practice).
- One of the nurses is a qualified nurse prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the GPs for this extended role.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We found vaccines were safely stored and handled. The staff we spoke understood the importance of maintaining the cold chain and records reviewed showed vaccines had been stored at recommended temperature ranges.
- Regular meetings were held between the GPs, pharmacist and pharmacy technician [employed by the clinical commissioning group (CCG) to ensure prescribing was in line with best practice guidelines for safe prescribing. In addition, the practice had met all of its target outcomes as set out by the CCG prescribing quality scheme.
- The CCG employed pharmacist and technician attended some of the patient engagement events to highlight ways of reducing medicine wastage and trained staff in the use of inhalers.
- The practice had effective recruitment and selection procedures in place to ensure staff were suitable for

Are services safe?

their role. We reviewed three personnel files and found appropriate pre-employment checks had been undertaken. This included proof of identification, references, qualifications, registration with the appropriate professional body and DBS checks.

Monitoring risks to patients

Health and safety was a prioritised within the practice and as a result, risks to patient and staff safety were assessed and well managed. A staff meeting dedicated to health and safety had been held in October 2015. Staff feedback and records reviewed showed explanations and interactive discussions took place in respect of:

- The statutory health and safety notices which described the employers and employees responsibilities. Staff had also watched a video on health and safety as part of their learning.
- Risk assessments related to the office environment, premises and environment had been undertaken. For example, the practice had a risk assessment related to use of computers, control of substances hazardous to health and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The practice had an up to date fire risk assessment in place and fire drills were carried out.
- Suitable arrangements were in place to ensure electrical equipment was regularly serviced and maintained (this included annual portable appliance testing). Clinical equipment was calibrated to ensure readings were accurate.
- Arrangements were in place for planning and monitoring the number 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 enough

staff were on duty. The non-clinical staff included permanent and bank staff (employed as and when required). The practice manager told us of the positive impact the bank system had in ensuring flexible and immediate access to staff in response to a range of service demands. This included covering staff absences, supporting permanent staff when there was increased workload. The use of bank staff also ensured that permanently employed staff were rarely expected to work more than their contracted hours therefore promoting work life balance. Regular bank staff were used which ensured continuity of care for patients. The practice used regular locum GPs and nurses to provide additional cover when needed.

Arrangements to deal with emergencies and major incidents

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff had up to date training in cardio pulmonary resuscitation and anaphylaxis.
- The emergency equipment in place included a defibrillator and oxygen with adult and children's masks. A first aid kit and accident book was also available.
- There were suitable arrangements in place to monitor the stock levels and expiry dates of emergency medicines and equipment. All the medicines we checked were in date, stored securely and accessible to staff when needed.
- 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 a copy was held offsite.



Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinical staff assessed the needs of patients and delivered care in line with relevant evidence based guidance and standards. For example, the National Institute for Health and Care Excellence (NICE) best practice guidelines and local prescribing guidelines. Staff were proactively supported to share best practice and acquire new skills to ensure the delivery of good quality care. For example:

- Monthly clinical meetings were held within the practice and the practice hosted educational events attended by clinicians from other local GP practices. This afforded the GPs and nurses an opportunity to discuss updates and / or changes to best practice guidelines. Examples of topics discussed at these meetings included the care and treatment of diabetes, acute kidney injury, cardiology, mental health and spinal surgery.
- The clinicians were supported to follow best practice guidelines through their day to day use of templates within the clinical system and risk stratification tools.
- Some of the clinical audits undertaken were linked to NICE guidelines. This enabled GPs to check that patients were getting the care they needed and good clinical outcomes were achieved.

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 recent published results showed the practice had achieved 100% of the total number of points available in 2015/16. This was above the clinical commissioning group (CCG) average of 97.2% and the national average of about 95.3%.

The practice had an overall exception reporting rate of 9.3% which was below the CCG average of 11.7% and in line with the national average of 9.8%. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

Data from 2015/16 showed:

- Performance for diabetes related indicators was 100% which was above the CCG average of 92.9% and the national average of 89.9%. The exception reporting rate was below the local and national averages for seven out of 10 diabetes related indicators.

The prevalence of diabetes within the practice population is about double the local and national averages and more prevalent in patients of Asian background. The practice rate was 15% compared to a CCG rate of 8% and national rate of 9%. As a result, the practice team had a focus on early identification and prevention to improve the health and well-being of patients. Strategies employed involved pre-diabetes monitoring and promoting patient education within the practice. For example:

- Patients could access the “x-pert diabetes” six week group programme aimed at equipping patients with skills to better manage their diabetes.
- 30 patients had attended a health education event titled “managing your diabetes during Ramadan” at the practice. The month of Ramadan is spent by Muslims fasting during the daylight hours from dawn to sunset and this may affect the blood glucose levels of patients with diabetes.
- Some patients had attended the social cooking project facilitated by the public health department to encourage use of lower levels of saturated fat and salt intake by south Asian families who are at high risk of developing diabetes.
- 89% of patients with hypertension had regular blood pressure tests in the preceding 12 months. This was above the CCG average of 84.4% and the national average of 82.9%. This had been achieved with a 3% exception reporting rate which was marginally below the CCG and national exception rates of 4%.
- Performance for mental health related indicators was 100% compared to the CCG average of 96.6% and national average of 92.8%. All patients with a severe mental health condition had a documented care plan in the preceding 12 months which was above the CCG average of 92.8% and the national average of 88.8%. This was achieved with no patients being exception reported compared to a local exception rate of 20.4% and national exception rate of 12.7%.



Are services effective?

(for example, treatment is effective)

- Performance for dementia related indicators was 100% compared to the CCG average of 98% and national average of 94.5%. Exception reporting for dementia related indicators was 15% which was above the CCG average of 9% and the national average of 2%. All patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months which was above the CCG average of 85% and national average of 84%. The exception reporting rate for this indicator was 15.4% which was above the local exception rate of 7.9% and national exception rate of 6.8%.

We explored the clinical system and held discussions with the GPs regarding the high exception reporting rates for 2014/15 for conditions such as dementia, atrial fibrillation (abnormal heart rhythm), heart failure and chronic obstructive pulmonary disease (a group of lung conditions that cause breathing difficulties). Our findings showed some of the long term condition registers had small numbers of patients and therefore it was statistically important to consider the actual numbers of patients exception reported instead of the percentage. We also found appropriate exception reporting which included:

- Patients who had not attended their health reviews in spite of being invited on three occasions.
- Patients for whom prescribing a specific medicine or treatment was not clinically appropriate.

The practice had an on-going programme for auditing exception reporting rates for a range of long term conditions such as asthma and setting improvement actions to ensure lower values were achieved. Records relating to 2015/16 QOF data showed detailed analysis and action plans were put in place to address areas of improvement. This included strengthening the recall system for inviting patients for reviews, patient education and addressing coding issues within the clinical system. Patients who could not read or write were contacted by telephone to arrange a convenient time for their review; and on some occasion's staff supported patients to understand information contained in letters received from the hospital.

There was evidence of quality improvement including clinical audit.

The practice had undertaken a wide range of clinical audits to inform their assessment and monitoring of the quality of

service provision. There had been 25 clinical audits and reviews undertaken in the last two years. Some of these audits were completed audit cycles and repeated on a rolling programme in line with best practice. The audits demonstrated continuous improvements to patient care in a range of areas including the care and treatment of patients diagnosed with iron deficiency anaemia, stroke, cancer, older people and people with learning disabilities.

- For example, the practice recognised that most of the practice population lived in a context that made vitamin D deficiency likely and had taken proactive steps to ensure that patients at risk were screened and received appropriate treatment. An initial audit identified 2550 patients (56% of the practice population) had Vitamin D deficiency. Patients were treated on specific medicines in line with the local prescribing guidelines and had their vitamin D and calcium levels reviewed after three months. The second audit was completed after six months and this showed improved Vitamin D levels for all patients. The practice also distributed leaflets on the importance of having some sun exposure to minimise risk of vitamin D deficiency as part of patient education. One of the GP partners had also liaised with the CCG and Derby city council public health team regarding the outcome of the audit including cost implications for medicines and improving the local prescribing protocol.
- Opportunities to participate in benchmarking and peer review were proactively pursued. This enabled the practice to review areas of performance such as accident and emergency (A&E) attendance rates and referral rates to secondary care services. The CCG benchmarking data as at March 2016 showed the practice had one of the lowest rates for emergency admissions including for children under the age of five, despite close proximity to the to the Royal Derby Hospital.
- The clinicians carried out regular medicines audits, with the support of the pharmacy teams. The 2014/15 data showed the practice had high prescribing rates for antibiotics and hypnotics (used to treat insomnia) when compared with the local and national averages. The practice had identified the historical causes of this prescribing trend and engaged the support of a local psychiatrist and CCG pharmacist team to address this. We spoke with the CCG employed pharmacist and pharmacy technician. They both confirmed good



Are services effective?

(for example, treatment is effective)

engagement from the practice staff in undertaking prescribing audits to ensure that changes to prescriptions or dosages had been implemented. As a result, the 2015/16 data showed prescribing rates had reduced although they were still slightly above local averages. Further improvements had been planned for to ensure further improvements in patient care.

Effective staffing

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

- The practice had an effective induction programme in place for all newly appointed staff. This covered topics such as confidentiality, safeguarding, complaints and fire safety. New staff received a handbook with useful information relating to their employment terms, practice policies and procedures. Information packs were also provided for locum GPs.
- Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included training on safeguarding of vulnerable adults and children, equality and diversity and information governance. Staff were allocated protected learning time each month and accessed in-house and external training.
- Staff were supported to access role-specific training and regular updates. For example, clinical staff reviewing patients with long-term conditions, taking samples for the cervical screening programme and administering vaccinations. The practice nurses had completed a wide range of training such as diplomas in asthma and diabetes and the nurse practitioner had completed a master's degree.
- The learning needs of staff were identified through a system of appraisals, meetings, supervision and practice development needs. All staff had received an appraisal within the last 12 months or had one planned for a date post our inspection. Periodic reviews were also undertaken to review staff progress during their induction period.

Coordinating patient care and information sharing

Information needed to plan and deliver patients' care and treatment was available to staff through the patient record system and their internal computer system. This included medical records, treatment plans, investigation and test results.

- Effective arrangements were in place to process incoming and outgoing correspondence. This included information shared by the out of hours service and local hospitals.
- Staff worked together with other health and social care professionals to meet patients' needs and share appropriate information in relation to the admission, discharge and transfer of patients.
- The practice had strengthened its process for making referrals to other services as a result of learning from significant events. A safety netting system was in place to ensure referrals were made timely; patients were supported to book appointments within the practice and had attended the appointment. This was particularly important given some patients were not able to read or write English and required someone to interpret the options available to them.

A range of regular multi-disciplinary meetings took place with other health and social care professionals where:

- Information about patients' care needs or concerns were discussed and
- Care plans were routinely reviewed and updated for patients with complex needs.

We spoke with the health visitor, midwife, community matron and care coordinator during the inspection. Their feedback was wholly positive about the engagement with the practice team. Specific examples given by these professionals demonstrated the practice staff were proactive in reviewing patients' needs and supporting them to receive coordinated care.

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. They were supported with training related to the Mental Capacity Act 2005, consent, dementia and learning disability awareness. 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



Are services effective?

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assessed the patient's capacity and recorded the outcome of the assessment. Best interest decision meetings were facilitated in liaison with the patient's family and other professionals involved in their care.

- The process for seeking consent was monitored through the use of consent forms for example for minor surgery.
- The practice team was aware of the new guidelines regarding accessible information standards, and as a result proactively identified patients who required additional support at the point of registration. These patients were then set up with an alert on the computer system to ensure they were easily identifiable to all staff.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. This included patients at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service including organisations such as Livewell which facilitated in sessions on smoking cessation within the practice.

Patients had access to appropriate health assessments and checks. For example:

- The practice had a register of 40 patients with a learning disability of whom seven were children under the age of 14. All adult patients (33) had received a health check within the last 12 months and review arrangements for children were led by secondary care colleagues (paediatrics).
- Practice supplied data as at July 2016 showed 213 patients were aged 75 and over and all patients had seen a clinician over the last 12 months. Furthermore, 31% of patients had received an "elderly health assessment" and an additional 16% had received a review of their complex health needs and had a care plan in place.
- A total of 44 NHS health checks for patients aged 40–74 had been completed since the start of the year. Records reviewed showed 18 patients were identified at high risk and referred to other agencies for further follow-up and monitoring.
- The 2014/15 data showed the practice's uptake for the cervical screening programme for the preceding five year period was about 96% which was above the CCG average of 84% and the national average of 82%. There

was a policy to offer verbal and telephone reminders for patients who did not attend for their cervical screening test. The practice encouraged uptake of the screening programme by using information in different languages, use of an interpreter and ensuring a female sample taker was available. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

- The 2014/15 data showed 36% of patients between 60 and 69 years had been screened for bowel cancer in the last 30 months (2.5 years) compared to a CCG average of 60% and national average of 58%. In response to this low uptake rate, the practice team had facilitated five bowel cancer screening workshops over the last 14 months with 84 patients attending from a target group of 200 people. The impact of the patient education and clinicians talking directly to patients had led to an increased screening rate of 56% as at July 2016. This data was yet to be verified and published.
- The 2014/15 data showed 68% of females aged between 50 and 70 years had been screened for breast cancer in the last three years compared to a CCG average of 76% and national average of 72%. Practice supplied data showed the uptake rate had increased to 70% as at October 2015. The practice had hosted an educational session facilitated by specialist nurses from the Royal Derby breast cancer Unit on 11 May 2016 to increase patient awareness of the value of screening and the signs and symptoms of breast cancer. Twenty patients had attended this event and after subsequent screening four patients attended for further investigation and one person required surgery.

The 2015/16 immunisation rates for vaccinations given to children were mostly comparable to the CCG and national averages. For example:

- Childhood immunisation rates for the vaccinations given to under two year olds ranged from 69% to 99% compared to the CCG range of 67% to 97% and the national range of 73% to 95%.



Are services effective? (for example, treatment is effective)

- Childhood immunisation rates for the vaccinations given to five year olds ranged from 78.4% to 100% compared to the CCG range of 72% to 98% and the national range of 81% to 95%.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

Patient and staff feedback demonstrated that a person-centred culture was promoted within the practice. For example, the cultural, social and religious needs of patients was taken into account when care and treatment was delivered. This was particularly important as the practice population was predominately of Asian ethnicity. We observed staff to be courteous, very helpful to patients and had a good working knowledge of patients' background and their health needs. Views of external stakeholders were very positive in respect of the high level of care provided by the practice team and aligned with our findings.

All of the 36 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they practice staff offered an excellent service and staff were professional, polite and caring. We spoke with ten patients; five of whom we spoke with via an interpreter and three patients were members of the patient participation group (PPG). We also received written feedback from a fourth member of the PPG. All patients told us they were highly satisfied with the care provided by the practice and their dignity and privacy was respected.

This was aligned with the national GP patient survey results which showed patients felt they were treated with compassion and respect. For example:

- 89% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the clinical commissioning group (CCG) average of 92% and the national average of 91%.
- 87% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 85%.
- 81% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard.
- Reception staff offered a private room to patients when they wanted to discuss sensitive issues or appeared distressed
- The dignity of female patients was promoted by ensuring access to a female GP and / or chaperone for intimate examinations when needed.

Care planning and involvement in decisions about care and treatment

The practice team worked together with patients (and their next of kin) to ensure shared decision-making took place. For example:

- Patients nearing the end of their lives had care plans in place and these were reviewed during quarterly palliative care meetings or earlier if needed.
- About 1.4% of the practice population had "right care plan" in place which had been shared with the out of hours provider. A quarterly audit was undertaken by the practice manager to ensure each patient had received contact with a clinician.
- The practice team monitored patients who had been admitted and discharged from hospital, and telephoned them to review if any additional help may be required.

Patients told us they felt involved and encouraged to be partners in their care and in making decisions, with any support they needed. This included being provided with a range of information and leaflets relating to their health condition and access to an interpreter or bi-lingual staff for patients who did not speak English as a first language. We saw notices in the reception area informing patients the interpreting service was available, however this was only in English. Facilities were available on the practice website to translate information. Clinical and reception staff were described as taking their time in explaining information and making patients understand their care, treatment and condition.

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

Are services caring?

involvement in planning and making decisions about their care and treatment. Satisfaction scores for consultations with GPs and nurses were mostly in line with local and national averages. For example:

- 97% had confidence and trust in the last GP they saw or spoke to compared to the CCG average of 96% and national average of 95%.
- 92% of patients said the GP gave them enough time compared to the CCG and national average of 87%.
- 91% of patients said the GP was good at listening to them compared to the CCG average of 90% and the national average of 89%.
- 85% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG and national average of 86%.
- 83% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national averages of 82%.

Patient and carer support to cope emotionally with care and treatment

Patient feedback highlighted that staff responded compassionately when they needed help and provided support when required. Patient information leaflets and notices were available in the waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice team had undertaken improvement work relating to the identification and support for carers; and this was an outstanding feature. The practice had a GP lead for carers and a comprehensive review of the carers register including patients that were cared for had been completed to ensure their needs were met. For example:

- Records reviewed showed 301 patients had been identified as carers, of whom 207 were patients registered with the practice. This represented 4.6% of the practice list.
- A total of 204 out of 207 (98.6%) carers had been seen by the practice team in the last twelve months and the uptake rate of flu immunisations for carers was 73% as at March 2016.
- Signposting events were held quarterly in the surgery for patients and representatives from Derbyshire Carers Association including an interpreter routinely attended to direct carers to the various avenues of support available to them and written information.
- Following our inspection we received confirmation of face to face carer assessments being completed by Derbyshire Carers at the practice with effect from 14 September 2016. The assessments considered the wider health and social care needs of a carer and a support plan was developed. An anonymised plan shared with us included the carer's future goals and desired outcomes and the arrangements put in place to support them. In addition, a training session for the practice team had been facilitated on 27 September 2016 by Derbyshire Carers to ensure staff understood the carers' assessment process and possible outcomes for patients.

Most of the patients registered at the practice were of Pakistani, Indian or Bangladeshi background. As such, the deceased family required a rapid certification of their loved one's death to ensure burial was undertaken timely in line with religious and cultural beliefs. This meant GPs had to visit out of hours or at weekends on some occasions to complete the medical certificate of cause of death. Family members could access bereavement support from the GPs including a patient consultation at a flexible time and location to meet their needs when needed.



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The involvement of other organisations and the local community was integral to how services were planned and ensured that services meet people's needs. For example, the practice team was consistent in supporting people to live healthier lives through a targeted and proactive approach to health promotion and prevention of ill-health. This included collaborative working with two local GP practices, Derby City council public health team and other health and social care professionals. Events hosted to date included:

- October 2015 – The “healthy kids are happy kids” event which had been facilitated at the local Indian community centre to educate and promote child health and wellbeing. Over 70 people (children and adults) attended and received advice from an optician, dentist, school nurses, public health team, Healthwatch and fire services.
- May 2016 - The Stroke Association had provided advice to about 20 people (patients who had experienced a stroke and family members) on how to manage their health and well-being after a stroke. The patients benefited from blood pressure checks, dietary advice, information on how to avoid a secondary stroke and information on coping with the after effects. Other patients were able to discuss stroke prevention with the nurse advisor.
- May 2016 – The fifth bowel cancer awareness workshop had been facilitated by the specialist nurses from Royal Derby and dementia awareness had also been promoted by staff from the Indian Community Centre.
- July 2016 - Up to 100 patients had attended a multi-agency presentation on cancer awareness at the local Indian community centre. One of the GP partners had facilitated a discussion on the importance of free cancer screening and the impact of various forms of cancer on patients from South Asian populations. As a result of this learning event eight new patients signed up for bowel cancer screening.
- September 2016 - representatives from Sure Start Children's' Services had presented information on their services and support offered to patients with young

children. Some patients had also attended the Sure Start fun day in August 2016 of which practice staff had also attended to provide advice and information on the practice.

People's individual needs and preferences were central to the planning and delivery of tailored services. For example, since 2003, the practice has employed an interpreter who speaks Urdu, Mirpur Punjabi and Hindi and some other Asian dialects less proficiently. An evaluation of their role demonstrated positive outcomes for both patients and clinicians whose first language was not English.

- 98% of patients that had accessed this service expressed high level of satisfaction and this was aligned with the feedback we received on the inspection day. Having a regular interpreter onsite ensured continuity of care and flexibility of accessing appointments convenient to the patient.
- The interpreter had been supported with additional training on medical terminology and procedures to ensure consistent explanations were clearly explained to patients and clinicians times was efficiently managed.
- The interpreter signposted patients to a range of services that deal with benefits, housing and education.
- Patients could access both male and female clinicians at the practice.
- The premises were accessible for patients with a disability and there was a hearing loop available.

A range of services were offered in the practice to ensure care was delivered closer to home and reduced burden on secondary care services. For example:

- A psychiatrist from the local hospital facilitated a fortnightly clinic for patients experiencing poor mental health; and patients could access a counsellor who attended on a weekly clinic.
- Services such as minor surgery (incisions and injections), anti-coagulation, travel vaccinations, blood pressure monitoring and wound care were also offered.
- Antenatal and post-natal care was available to pregnant women and new mothers. This included home visits from the attached midwife, regular review of pregnant women at risk of gestational diabetes and / or foetal abnormalities.



Are services responsive to people's needs?

(for example, to feedback?)

- Patients with multiple long term conditions, a learning disability and experiencing poor mental health were seen in one extended appointment to ensure a holistic assessment of their needs and prevent the need for multiple appointments.

The practice was aware of the needs of patients whose circumstances might make them vulnerable and had worked with other organisations to promote the health and wellbeing of these patients. For example, the practice maintained a “cold weather register” which listed patients at risk of deteriorating health or care needs due to the impact of severe cold weather conditions. The register was reviewed in clinical meetings in autumn and follow-up action was taken to ensure their health and wellbeing over winter. This included offering flu jabs, advice relating to the stocking up medicines and food as well as review of care plans in place. The most recent winter awareness workshop was held in November 2015 with input from Derby City Public health team.

Access to the service

The practice was open between 8am and 6.30pm daily with the exception of Thursday when the practice closed at 8.30pm. GP appointments were available from 8.30am to 6pm. Extended hours appointments were offered from 6.30pm to 8.30pm on Thursday with a practice nurse for patients who could not attend during normal opening hours.

Most people we spoke with told us they were able to get appointments when they needed them. This included: same day appointments for children and those patients with medical problems that require same day consultation; home visits for older patients and patients who had clinical needs which resulted in difficulty attending the practice.

This was aligned with some of the national GP patient survey data published in July 2016. For example:

- 92% of patients said the last appointment they got was convenient compared to the clinical commissioning group (CCG) average of 93% and the national averages of 92%.
- 82% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 76%.

The practice staff were aware of the issues patients experienced when trying to access the service and make appointments. For example:

- 48% of respondents found it easy to get through to this surgery by phone compared to the CCG average of 72% and the national average of 73%.
- 62% of patients described their experience of making an appointment as good compared to the CCG average of 72% and the national average of 73%.

Patient feedback and records reviewed showed the practice team regularly discussed telephone access and appointment availability with the patient participation group (PPG). As a result of patient feedback the appointment system was designed to ensure:

- Most of the GP appointments were released on a daily basis with limited pre-bookable appointments.
- Patients could leave voicemail messages for GPs and call backs were dealt with in order of clinical priority on the same day.
- The most recent access audit demonstrated positive outcomes for patients including guaranteed same day appointments or telephone consultations and reduced numbers of people not attending appointments. The telephone system had also been improved in 2014 and included an automated welcome message in Urdu and English.

Listening and learning from concerns and complaints

The practice had effective systems in place to handle concerns and complaints.

- 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 to help patients understand the complaints system. Posters and leaflets were available in the waiting area which informed patients how to make a complaint.
- All reception staff received formal training in the handling of complaints and as part of wider annual customer care training. From this training staff were



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

encouraged to “listen, empathise, summarise and solve” (less). If they were unable to complete all four steps the complaints were routinely referred to the practice manager.

The practice had received 12 complaints in the last 12 months. Records reviewed showed the practice had responded to complaints promptly and provided complainants with explanations and apologies where appropriate. Learning was identified and patients were told

about actions taken to improve the quality of care. An annual review of complaints was undertaken to detect any themes or trends and to ensure any identified learning had been widely disseminated and embedded. The annual review of complaints undertaken in February 2016 identified the complaints relating to GP access and the telephone system were at their lowest compared to previous years due to improvements made.

Are services well-led?

Outstanding



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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care that was flexible to meet the individual needs of its culturally diverse practice population. We found the practice team had an excellent understanding of the needs of its practice population and took proactive steps through outreach work to achieve the best possible outcomes for patients. This included an ongoing programme of patient education and wider external stakeholder engagement to tackle health inequalities affecting patients and the wider community; as well as the practice leadership having an inspiring shared purpose to motivate staff to succeed.

- The practice had a mission statement in place and this was displayed in the waiting areas and on the practice website. Staff we spoke to knew and understood the practice values.
- One of the practice values adopted following feedback from the patient participation group (PPG) stated: “to promote patient self-help and health education through delivery of the practice’s own education programme or in direct partnership with other agencies / sectors where this will be the benefit of Peartree patients”.
- The practice had a service improvement plan in place which reflected their mission and values. The plan was regularly reviewed by the GP partners and the practice management to monitor progress and improvements made.
- Staff implemented a range of strategies that took account of language, literacy, religion and cultural factors to ensure patients were able to access the services when needed.

Governance arrangements

Governance and performance management arrangements were proactively reviewed to ensure the framework was effective in driving improvements to service provision. For example:

- Governance meetings were attended by the GP partners and practice management team at least every six to eight weeks. The governance framework was reviewed annually to evaluate the progress made, the most recent in February 2016.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. Lead responsibilities had been reviewed in September 2015 and the systems of accountability were clearly set out and understood by staff we spoke to.
- Practice specific policies were implemented and were available to all staff. Staff feedback and records reviewed demonstrated practice policies were discussed during induction, training and staff meetings.
- A comprehensive understanding of the performance of the practice was maintained. This was demonstrated in the practice’s ongoing review of its performance against qualitative and quantitative data published by external stakeholders. This included NHS England, Southern Derbyshire clinical commissioning group, the national GP patient survey and the Care Quality Commission (CQC).
- One of the GP partners had a lead role for overseeing clinical audits. A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, we found the provider had ensured areas identified as being non-compliant at the point of registration with the CQC had been completed. This covered areas such as completing risk assessments relating to the premises and infection control, having contingency arrangements for emergencies and a repeat prescribing protocol in place.

Leadership and culture

On the inspection day, the practice manager and GP partners demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. Our inspection findings demonstrated the practice team was motivated to work together to prioritise safe, high quality and compassionate care.

- There was a clear leadership structure in place with named members of staff in lead roles. Staff felt supported by management and had protected time to complete their lead roles.



Are services well-led?

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

- Team meetings were held every four to six weeks for the different staffing groups including clinical staff and receptionists. Staff told us they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- The practice manager and nursing staff had all undertaken the 'being open' e-learning module to ensure they promoted a culture of openness and transparency. All of the staff we spoke to confirmed that a no blame culture was promoted within the practice.
- All the staff we spoke to told us there was a strong ethos of team working within the practice and most staff said "it's like being part of a family".
- The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- Feedback from external stakeholders and patients confirmed the GP partners were highly regarded as community leaders who proactively promoted better health outcomes for the South Asian community in particular.
- The PPG members told us the practice worked well with them and encouraged their full involvement and engagement. The practice team described them as a "critical friend and sounding board" and appreciated the positive impact they had made to service improvements. Seasonal newsletters were produced for patients and this included information on survey results, updates on action plans and services offered.
- The practice had gathered feedback from staff through surveys, meetings, appraisals and exit interviews when staff left. Staff told us the management team was approachable and they would not hesitate to give feedback and discuss any concerns or issues.
- Staff told us they felt involved and engaged to improve how the practice was run and they were proud of the services the practice offered.
- There was a low level of staff turnover and staff told us they enjoyed working in the practice. They reported that a flexible approach was taken to accommodate their leave requests to participate in religious festivals and meet childcare needs.

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

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

- The practice had an active PPG comprising of at least 20 patients; and had identified that Asian ladies were underrepresented at the meetings. As a result, a ladies only PPG meeting was facilitated and this included nine regular ladies meeting at the local library. We spoke with four PPG members and all of them were able to give examples to demonstrate the practice had implemented suggestions for improvements and made changes to the way it delivered services as a consequence of their feedback. For example, commencing from May 2016, the phone lines opened 15 minutes earlier than the front counter to allow telephone callers a fairer chance to access GP appointments.
- There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, as part of the Prime Ministers Challenge Fund, the practice had worked with the facilitators to improve patient access through their website and use of electronic prescription service.
- Some of the GP partners and the practice manager held external strategic roles aimed at driving improvements to patient care. For example:
- The practice manager was part of the "healthy Normanton working group" formed by Derby City council with an aim of coordinating an ongoing programme relating to health education and support for children, in particular dealing with childhood obesity. The practice had hosted and participated in local events to raise awareness of children's health issues including a family fun day at the local Indian community centre. The practice manager had also met with the head teachers of a local junior school and primary school as part of working together on health initiatives.

Are services well-led?

Outstanding



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

- The practice had a strong focus on education. Community based health educational meetings were held at least three times a year at the local community centre to improve breast and bowel screening.
- The practice staff completed pictorial presentations relating to specific aspects of the service they were interested in or needed to improve their knowledge. For example, complaints process and role of a chaperone. This was presented to the wider team as part of an annual event. The practice leadership felt this was a fun way of engaging staff in learning.
- A summary of the practice's achievements was produced and used to motivate staff and celebrate success.
- The practice had secured planning permission to improve the premises to cope with the demands of an increasing list size. The building plans included two consulting rooms and a clinical waste storage room.
- The practice nurses attended a forum facilitated with other nurses from local GP practices and the practice manager attended the monthly locality meetings as part of peer support and professional development.
- The practice was a founding member of a local federation comprising of 91 GP practices (Alexin Healthcare) aimed at developing frameworks and relationships which take advantage of economies of scale and improved ways of working.