Whitemoor 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	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Whitemoor medical centre on 5 April 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. Learning was shared with staff at meetings.
- Risks to patients were assessed and well managed. Health and safety precautions had been taken which included checking equipment was fully working and safe to use and infection prevention control measures were in place.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment. Personal development was encouraged and provision made regularly for this for all staff via the appraisal process.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. They had achieved 97% of the total points available with an exception reporting rate of 7%
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Feedback from patients about their care was positive, however, patients reported that it was difficult to access a routine appointment. Same day appointments were available for urgent needs.
- The practice had good facilities and was well equipped to treat patients and meet their needs. This included baby changing facilities and treatment rooms which had been purpose built.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and the patient participation group.

Summary of findings

- The practice had a clear vision which was patient focussed. The strategy to deliver this vision had been shared with staff.

We saw two areas of outstanding practice:

- The practice proactively conducted a comprehensive case review of any suicide, which included external reviewers to improve clinicians' identification of those at risk of self-harm
- The practice worked in collaboration with four local practices on a project to drive improvement in care for older people and reduce emergency admissions from care homes. This had resulted in an 8% reduction in emergency admissions in the preceding 12 months.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

- There was an effective and robust system in place for reporting and recording significant events. All staff knew how to report incidents.
- Lessons were shared to make sure action was taken to improve safety in the practice. Detailed records included analysis of the events and risk assessment to reduce potential reoccurrence. Learning outcomes were shared in weekly practice meetings.
- When there were unintended or unexpected safety incidents, patients received support, information, and an apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. This included infection control procedures, management of medicines, staff recruitment procedures and appropriate training of staff in safeguarding.
- Risks to patients were assessed and well managed. This included health and safety, ensuring sufficient staff in place to meet patient needs and suitable emergency procedures if a patient presented with an urgent medical condition.

Are services effective?

Good

The practice is rated as good for providing effective services.

Our findings showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) and other locally agreed guidelines, and clinicians used these as part of their work.

Audits were undertaken over two cycles and improvements were made as a result to enhance patient care.

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

Staff worked closely with multidisciplinary teams to plan, monitor and deliver appropriate care for patients. The teams included midwives, health visitors, district nurses and the mental health team

Summary of findings

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 were 97% of the total number of points available, with 7% exception reporting. Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.

Are services caring?

Good

The practice is rated as good for providing caring services.

Data from the national GP patient survey showed patients rated the practice higher than others for some aspects of care. Feedback from patients about their care and treatment was consistently positive. For example; 87% of patients said their GP was good at listening to them and 96% of patients said they had trust and confidence in their GP. 93% of patients also said that nurses gave them enough time and 97% of patients said that they had confidence in them.

We observed a strong patient-centred culture. Patients told us they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Information for patients about the services available was easy to understand and accessible. We also saw staff treated patients with kindness and respect, ensuring that confidentiality was maintained.

Staff were motivated and inspired to offer kind and compassionate care. The practice had a holistic approach to treating patients, for example, they had a policy of sending out written confirmation of appointments made over the telephone by vulnerable patients or those who may forget.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

They were aware of the practice population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. It acted on suggestions for improvements and changed the way it delivered services in response to feedback from the patient participation group (PPG) and were innovative in responding to the specific needs of its community by providing extra support to patients.

Summary of findings

- They utilised the services of a Well-being Worker who was able to assist with referrals to the Live Life Better Derbyshire scheme. The scheme provided support for people with specific needs, including people who were carers or required help with exercise or activity, weight management, smoking cessation and help with issues such as debt and housing. A buddy could also be provided to assist people to attend appointments or services and this had assisted three patients in the preceding eight months.
- They were proactive in providing care for vulnerable people. Annual health checks were provided for all vulnerable people on their registers and there was a recall system to manage non-attenders.

Patients told us that urgent appointments were usually available the same day. However, patients told us that is was often difficult to get a routine appointment and to see their preferred GP. Telephone consultations and home visits were available by appointment and where required. There were also 'on the day' appointments available throughout the day for minor illness with the advanced nurse practitioner and the duty GP.

The practice had good facilities and was well equipped to treat patients and meet their needs. The premises were suitable for patients who had a disability

Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff

Are services well-led?

Good

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

There was a clear vision and strategy with quality and safety as its top priority. This was shared with staff who were clear about their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. High standards were promoted and owned by all practice staff and teams worked together across all roles. There were systems in place to monitor and improve quality and risk assessments conducted to identify risk.

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

Summary of findings

The practice had a proactive approach to caring for patients who were also carers. They had engaged with external providers and other practices in the locality to enable an enhanced package of care for patients who were also carers.

Staff had received comprehensive inductions, annual performance reviews and attended staff meetings and training opportunities. There was a high level of constructive engagement with staff and a high level of staff satisfaction. Learning and development was encouraged and supported by the partners and management team and dedicated time was assigned for staff to attend development opportunities

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- There were innovative approaches to providing integrated person-centred care. For example; multi-disciplinary meetings included the social care team, community nursing team, mental health team and care coordinator. The practice also utilised the services of a Well-being Worker who was able to assist with referrals to social care for assessment and support, and help with finding suitable community groups, social activities and befriending services. Assistance with shopping travel and small household maintenance tasks could be arranged.
- All patients over 75 had a named GP who worked with a care coordinator and advanced community practitioner to monitor admissions to hospital which may have been avoidable and planned future care to avoid further avoidable admissions. Care plans were utilised and shared where needed.
- The practice had recently appointed an Advanced Community Practitioner to assess and treat patients at home and provided longer appointments within the surgery for the over 65s.
- The practice worked closely with local care homes, each one having a named GP who visited monthly or more often where required. They also worked closely with a local geriatrician to identify older people who were high risk and plan appropriate care.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice participated in the 'Belper 5' project to enable collaborative working with other local surgeries to improve community care for patients, especially the frail elderly.

People with long term conditions

Good

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

- Patients with a long term condition had a named GP who worked collaboratively with the nursing staff who had lead roles in chronic disease management. They used robust clinical protocols in their structured reviews to check their health and medicines needs were being met which were conducted each year or more often where required

Summary of findings

- There were robust recall processes for non-attenders.
- Patients with chronic diseases were involved in writing their own care plan.
- The practice provided an anticoagulation service from the surgery, and also in patients' own homes where required.
- The practice had received funding for a Community pharmacist due to start in June 2016 and an additional advanced nurse practitioner to manage patients with long term conditions. This was as a result of their participation in the Belper 5 project.
- The practice provided In house diagnostics, for example spirometry, electro cardiogram (ECG), ambulatory blood pressure monitoring, Doppler ultrasound and 24 hour ECG.
- The practice had achieved 100% of QOF points for asthma related indicators which was 1% above the CCG average and 3% above the national average. They had an exception rate of 1% which was better than CCG or national averages.
- Longer appointments and home visits were available when needed.

Families, children and young people

Good

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

- The practice had a policy that any request for an appointment for a child was prioritised. They had provided basic phone triage training for staff to enable them to highlight any 'red flags' to the duty doctor immediately.
- The practice provided dedicated child immunisation clinics with 20 minute appointments to enable full consent and ensure patients were not rushed. This had resulted in immunisation rates being relatively high for all standard childhood immunisations. These were 95%-99% for children under 24 months.
- There was a breastfeeding room and a baby change area.
- The practice provided teenage clinics for contraception and sexual health advice and offered long acting contraception services and emergency contraception.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. There was a dedicated lead GP for child protection working closely with the health visiting and school nursing teams to identify and discuss children at risk.

Summary of findings

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

Good

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

The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.

- The practice offered early morning and late evening extended hours surgeries with GPs and nurses..
- The practice had implemented a 'contact us' button on the practice's website enabling queries to be directed straight to practice manager for rapid response.
- Appointments and repeat prescription could be booked on line and an automated telephone booking service was available.
- The practice held consultant led clinics in house for orthopaedics and general surgery so that patients didn't need to travel to hospital for their outpatient appointments for these specialities.
- The practice offered NHS health checks for people aged 40-74 and 17% of the practice population had attended in the preceding 12 months. The practice followed up any health risks or issues identified with strong emphasis on health promotion and disease prevention.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. The practice had provided a cervical screening test for 85% of eligible women in the preceding five years, which was 2% higher than the CCG average and 4% higher than the national average.
- The practice had participated in a research project which benefitted patients under 50s in identifying familial breast cancer. This had resulted in two patients being referred for further investigation and treatment who would otherwise not have been identified.

People whose circumstances may make them vulnerable

Good

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

Summary of findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. They offered longer appointments for patients with a learning disability and worked closely with their carers. .
- Annual health checks were provided by a specialist nurse for all vulnerable people on their registers and there was a recall system to manage non-attenders.
- The practice staff regularly worked with multi-disciplinary teams in the case management of vulnerable people. The meetings included community staff, social team, mental health team, care coordinator as well as practice staff.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. Citizens Advice Bureau clinics were held within the surgery.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. A GP from the practice had recently been appointed as a named adult safeguarding lead for Derbyshire.

People experiencing poor mental health (including people with dementia)

Good

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

- 76% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was 8% lower than CCG and national averages. Exception reporting at 9% was the same as the CCG and national averages.
- The practice carried out advance care planning for patients with dementia and care plans were shared with carers. There was a named GP who reviewed patients with dementia in local care homes.
- The practice utilised a care coordinator to follow up patients with dementia who had been discharged from hospital. A variety of services were being accessed to support patients and their carers, and multi-disciplinary meetings were held to plan ongoing care.
- The practice had a GP who had received specific training in the management of substance misuse. Some support services were available at the practice, for example, alcohol support services

Summary of findings

- There was a counselling service and cognitive behavioural therapy (CBT) available at the practice and there was regular contact and discussion with the practice team.
- The practice told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. 238 survey forms were distributed and 118 were returned. This represented a 50% response rate.

- 66% of patients found it easy to get through to this practice by phone compared to the CCG average of 74% and a national average of 73%.
- 79% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 86% and national average of 85%.
- 82% of patients described the overall experience of this GP practice as good compared to the CCG average of 82% and the national average of 85%).
- 76% 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 national average of 88%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 22 comment cards which were almost all positive about the standard of care received. Patients told us that staff were professional, kind and caring. Many praised the GPs, nurses and receptionists for their excellent service, considerate manner and said that they were treated with respect.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. However, most referred to difficulties in making a routine appointment when they needed one, but that urgent appointments were usually accommodated.

Outstanding practice

We saw two areas of outstanding practice:

- The practice proactively conducted a comprehensive case review of any suicide, which included external reviewers to improve clinicians' identification of those at risk of self-harm
- The practice worked in collaboration with four local practices on a project to drive improvement in care for older people and reduce emergency admissions from care homes. This had resulted in an 8% reduction in emergency admissions in the preceding 12 months.

Whitemoor 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 and a second CQC inspector,

Background to Whitemoor Medical Centre

Whitemoor Medical Centre is located in Belper which is in Southern Derbyshire.

The practice currently has a list size of approximately 12,463 patients.

The practice holds a General Medical Services (GMS) contract which is a contract between general practices and NHS England for delivering primary care services to local communities.

The practice is situated in an area of very low deprivation. It has a higher than national average adult population who are of working age. A higher number of those of working age registered at the practice are employed compared with the local CCG average.

The practice is run by a partnership of seven partners which includes six GPs and the practice manager. There are eight GPs in total, three of which are female and five are male.

The practice is a training practice for trainee GPs and is regularly involved in the teaching of medical students from a local medical school.

There are five practice nurses. an advanced nurse practitioner and three health care assistants, plus a recently appointed advanced community practitioner. All of the nursing team provide annual health checks and the nurse practitioners have received training in managing chronic illness. The advanced community practitioner is a prescriber and manages various aspects of care including home visits, chronic disease management, dementia care, care home visits and carers' clinics.

The clinical team is supported by a practice manager, deputy practice manager, and reception and administration staff.

The practice is open on Mondays to Fridays from 8am to 6.30pm with an extended opening time on Mondays until 8pm. Appointments are available each day from 8.40am to 12.20pm and 3.30pm to 6.10pm with extended appointment times offered on Monday evenings from 6.30pm to 7.20pm and Wednesday mornings from 7.10am to 7.50am. There are additional appointment slots available throughout the day for people to see the advanced nurse practitioner for minor illness.

The practice has opted out of providing GP services to patients out of hours such as nights and weekends. During these times GP services are currently provided by Derbyshire Health United. When the practice is closed, there is a recorded message giving details of the out of hours service.

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. We carried out an announced visit on5 April 2016. During our visit we:

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

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

· Is it safe?

· Is it effective?

· Is it caring?

· Is it responsive to people's needs?

· Is it well-led?

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

· Older people

· People with long-term conditions

· Families, children and young people

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

· People whose circumstances may make them vulnerable

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

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

Good

Are services safe?

Our findings

Safe track record and learning

The practice had systems and processes in place to enable staff to report and record incidents and significant events effectively.

- Staff told us they would inform the practice manager of any incidents. There was a recording template available on the practice's computer system and staff knew where to find this.
- The practice carried out a thorough analysis of significant events and these were discussed at weekly practice meetings and learning was shared with staff.

The practice staff knew how to raise significant events and they said they felt confident to do this.

Nine significant events had been recorded on a register in the preceding 12 months and these had been appropriately recorded, reviewed and learning shared with practice and any other relevant staff . For example, when information had been placed in the wrong patient's notes, the practice implemented an alert system to be used for patients with similar names.

The practice were commended by the CCG for their actions taken when a receptionist noticed a potential problem at the roadside on her way into work and reported this to a GP who was able to take immediate action.

Records showed that where there were unintended or unexpected safety incidents, patients were offered support, information about what had happened and apologies where appropriate.

We reviewed safety records, incident reports patient safety alerts and minutes of meetings where these were discussed. We found that there was a robust process to act on safety alerts and that staff understood what to do and recorded their actions. We looked at the last three patient safety alerts relating to medicines and found that each one had been reviewed, acted upon and documented.

Overview of safety systems and processes

- We saw the practice had robust systems, processes and practices in place to keep patients safe and safeguarded from abuse. These included arrangements to safeguard children and vulnerable adults from abuse which were in line with local requirements and national legislation. There was a lead GP responsible for safeguarding within the practice and staff were aware of who this was. The GP was also the named lead for safeguarding (adults) for Derbyshire. The practice had policies and procedures in place to support staff to fulfil their roles and staff knew who to contact for further guidance if they had concerns about patient welfare. Staff had received training relevant to their role and GPs were trained to an appropriate level to manage safeguarding concerns. Staff we spoke with were able to give examples of action they had taken, or would take in response to concerns they had regarding patient welfare.
- A poster was displayed in the waiting area and on all consulting room doors which advised patients that chaperones were available if required. The nurses and some reception staff acted as chaperones and were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice had arrangements in place to ensure appropriate standards of cleanliness and hygiene were maintained. A GP was the overall lead for infection prevention and control (IPC) and the daily management was led by the deputy practice manager. This was a recent change following the absence of a practice nurse who previously managed this activity. We saw that current staff had completed mandatory infection control training. Regular infection control audits were undertaken, the most recent formal audit being in June 2015. However, the new IPC lead had conducted an additional audit as part of her induction into the role and had identified a number of areas for improvement which had been acted upon. For example; decluttering of some consulting rooms, and providing a laminated copy of handwashing instructions in every room. She had also planned for handwashing audits to take place.

The arrangements for managing medicines, including emergency medicines and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). We reviewed a sample of patients prescribed medicines that require

frequent patient monitoring due to the risk of adverse effects. The review of these records indicated that the practice had adopted suitable recall measures to monitor these patients.

- Regular prescribing audits were undertaken to ensure prescribing was in line with best practice guidelines for safe prescribing. For example; an audit of non-steroidal anti-inflammatory medicines (NSAIDS) showed that some patients who may need stomach protection medicines alongside their NSAIDS were not receiving them. The practice invited those patients to attend an appointment to review their care.
- Prescriptions were stored securely and processes were in place to monitor their use. Patient Group Directions (PGDs) were being used appropriately by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and staff we spoke with were able to identify potential health and safety concerns. We saw that health and safety issues were sometimes discussed at practice meetings. The practice had up to date fire risk assessments which were conducted by an external company, and carried out regular fire drills. We saw comprehensive records to show that all electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).These were comprehensive and regularly reviewed.

Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. Locum doctors were not routinely used but the GP partners covered each other for any absence to ensure enough clinical cover was in place. The practice had also recently recruited some administrative staff and an advanced community practitioner. A CCG pharmacist had been recruited through funding aligned with The Belper 5 project, and was due to start work in June.

Arrangements to deal with emergencies and major incidents

The practice had robust arrangements in place to respond to emergencies and major incidents and staff knew how to respond.

· There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.

· All staff received annual basic life support training and emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date. There was a system and process for checking emergency equipment and we saw records to show that this was followed.

· The practice had two defibrillators available on the premises and oxygen with adult and children's masks which were checked and found to be in date and fit for use.

· 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.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice routinely used National Institute for Health and Care Excellence (NICE) best practice guidance and other national and locally agreed guidelines and protocols as part of their consultations with patients. They monitored these guidelines which were followed through with comprehensive risk assessments. The practice had systems in place to ensure all clinical staff were kept up to date.

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 that the practice had achieved 97% of the total number of points available, with 7% exception reporting. (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 2014 -15 showed;

- Performance for indicators relating to chronic obstructive pulmonary disease was 98% which was the same as the CCG average and 2% above the national average. Exception reporting for these indicators was 7% which was better than the CCG average of 15% and the national average of 12%.
- Performance for indicators relating to diabetes was 93% which was the same as the CCG average and 4% higher than the national average. The exception reporting for these indicators was 9%. This was better than the CCG average of 13% and the national average of 11%.
- The performance for indicators relating to osteoporosis was 68% which was significantly lower than the CCG average of 93% and the national average of 81%.

They had achieved 100% in almost all other clinical indicators, with an exception reporting rate that was lower or comparable with the CCG and national averages

Clinical audits demonstrated quality improvement. We were shown a number of clinical audits undertaken in the last two years, and we reviewed two of these where the improvements made were implemented and monitored. For example;

- An audit was conducted over two cycles to identify whether patients diagnosed with depression were receiving a follow up appointment that was optimal for their treatment. Amendments were made to the appointments protocol to enable patients to be seen two weeks after initial diagnosis.
- An audit was conducted to see whether patients diagnosed with atrial fibrillation were being appropriately monitored and treated with anti-coagulant therapy to prevent stroke. Amendments were made to improve monitoring and to maintain good performance.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. We looked at the records for recently recruited staff and found that there was a comprehensive induction checklist that had been completed. Recently appointed staff told us that they had been impressed with their induction programme which had provided role specific learning and that supervision and support was ongoing
- There was an active appraisal system in operation at the practice, and all staff had received their appraisal in the preceding 12 months. Training was driven by outcomes of appraisals. Staff were supported to undertake training to meet personal learning needs to develop their roles and enhance the scope of their work. For example, for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- All staff had received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to

and made use of e-learning training modules and in-house training. All staff were able to attend a QUEST session whereby the practice closed for one afternoon each month for clinical and team meetings and training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and the computer system. This included care plans, medical records and test results. All relevant information was shared with other services in a timely way, for example when people were referred to other services and with the attached community team.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis incorporating reviews of patients at risk of hospital admission, end of life patients, and those who had complex needs. These meetings included a care coordinator, community health team representatives, a district nurse, a health visitor, the social care team and the community mental health team where required.

The practice also utilised a wellbeing worker who was able to arrange for a 12 week lifestyle enhancement programme for patients. Examples of this included an exercise programme where two free activity sessions were provided per week over a 12 week period; a wellbeing appointment for information and advice about issues such as debt and housing; smoking cessation weekly support sessions, and a 12 week weight management programme. All these were provided by the 'Live Life Better Derbyshire' organisation. GPs and nurses were also able to refer patients directly to the wellbeing worker following assessment.

Consent to care and treatment

Staff understood and sought patients' consent to care and treatment in line with legislation and guidance, including the Mental Capacity Act 2005.

When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance, and where a patient's mental capacity was unclear the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment. Staff gave appropriate examples of how they assessed a patient's mental capacity.

Staff recorded consent to treatment and procedures in the patient's record. We saw that written consent had been obtained for surgical procedures and verbal consent was obtained for treatment room procedures carried out by nurses which were then recorded in the patient's record.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet or smoking cessation. Patients were then signposted to the relevant service by the GP, nurse or care coordinator.

The practice was able to provide some services on site, for example, dietary advice, dementia screening, and carers' advice packs. Smoking cessation and weight management programmes were provided via the Live Life Better Derbyshire organisation and available via the wellbeing worker following referral from the GP's or nurses. Access to counselling was also provided via a local provider following GP referral or patients could self-refer to this service.

The practice's uptake for the cervical screening programme was 85%, which was 2% higher than the CCG average and 4% higher than the national average. There was a policy to offer reminders for patients who did not attend for their cervical screening test and text message reminders were used for people who had signed up for this. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening and had achieved 78% attendance for breast screening and 67% attendance for bowel screening for relevant people. This was comparable with CCG and national averages.

Childhood immunisation rates for the vaccinations given were higher than CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 99% and five year olds from 89% to 99%.

Patients had access to appropriate health assessments and in the preceding year, they had provided these for 17% of their population aged 40 – 74.

Good

Are services effective?

(for example, treatment is effective)

Flu vaccination rates for the over 65s were 75%, and at risk groups 57%. These were comparable with the CCG average of 75% and 53% respectively.

Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

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

All of the 22 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the GPs, nurses and reception staff were helpful, caring and treated them with dignity and respect. Most comments cards were overwhelmingly positive about the care they had received and described the service as second to none.

We spoke with three members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 87% of patients said the GP was good at listening to them compared to the CCG average of 90% and the national average of 89%.
- 87% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%
- 82% 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 the national average of 85%.
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised and that patients had the opportunity to contribute to writing their care plan.

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

- 87% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 76% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 82%.
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. However, the practice told us that this was rarely required.
- Information leaflets were available in an easy read format.
- Patients and carers were invited to contribute to writing their individual care plan.

Good

Are services caring?

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient 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's computer system alerted GPs if a patient was also a carer. The practice had identified 137 patients as carers which represented around 1% of the practice list. The practice were proactive in caring for patients who were carers. For example;

- An annual health check was offered
- Carers were able to attend a carers clinic at any of the five GP practices in the locality to receive help, advice and emotional support and were able to choose the venue and a time to suit them.
- A comprehensive carers' pack was provided to direct carers to the various avenues of support available to them.
- A 60 minute appointment was available to carers at the practice on a monthly basis where they could receive practical help and advice about all sorts of non-medical issues.

Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to make improvements to services where these were identified.

- The practice offered a 'Commuters' Clinic' on a Wednesday morning from 7.10am to 7.50am and a Monday evening until 7.20pm for working patients who could not attend during normal opening hours.
- Patients could make appointments by telephone and online. Urgent appointments were available on the same day and routine appointments could be booked up to two weeks in advance. However, patient survey results showed that it was not easy to make an appointment. For example 62% patients described their experience of making an appointment as good, compared to the CCG and national averages which were 73%.

The practice had identified this as an issue and had recruited an advance community practitioner to provide minor illness clinics and to make home visits for housebound patients and ward rounds at local care homes. They were currently recruiting an additional person for this role.

- The practice used a triage system to prioritise urgent requests and had a policy of notifying the duty doctor straight away if a baby appeared unduly distressed or unwell. If a parent was extremely concerned about their baby whilst on the telephone, a receptionist would contact a GP for advice. Distressed and unwell babies in the waiting room were prioritised so that they were seen next.
- There were longer appointments available for patients with a learning disability.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.

The practice offered in house electrocardiogram (ECG), spirometry and home blood pressure monitoring services.

- The practice hosted specialist consultations at the practice for orthopaedics and general surgery so that patients did not have to travel to hospital for an outpatient appointment.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open between 8am and 8pm on Mondays, from 6.45am to 8pm on Wednesdays, and from 8am to 6.30pm on Tuesdays, Thursdays and Fridays. Appointments were from 8.10am to 12.20pm every morning and 3.30pm to 6.10pm daily. Extended hours appointments were offered on Monday evening from 6.30pm to 7.20pm and on Wednesday mornings from 7.10am to 7.50am. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them.

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

- 66% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and the national average of 75%.
- 66% of patients said they could get through easily to the practice by phone compared to the CCG average of 74% and the national average of 73%.

The practice were aware of this and had taken steps to explore how it could be improved. They had recruited a patients services manager to monitor and manage the appointments daily. She described plans to meet with relevant staff to explore ways of improving the situation and had involved the PPG in plans to conduct a patient survey specifically to find out what patients really wanted in their appointments service.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

Good

Are services responsive to people's needs?

(for example, to feedback?)

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

We looked at 15 complaints received in the last 12 months which were a combination of verbal and written complaints. We found these complaints were satisfactorily handled, dealt with in a timely way, and there was openness and transparency in dealing with the complaint. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, following a complaint about travel vaccination appointments, the practice introduced a new system to manage the appointments within a required timescale.

Are services well-led?

Good

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

Our findings

Vision and strategy

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

The practice had a robust strategy and supporting business plans which reflected the vision and values of the practice. For example; there were plans to recruit a further advanced community practitioner and plans were in place to improve access to routine appointments following a patient survey and work led by the newly appointed patients services manager.

The practice also took the lead on local project commissioned by Southern Derbyshire CCG in which they were one of five local practice working collaboratively with Derbyshire Community Health Service NHS Trust. The purpose of the project was to create whole systems solutions to issues such as; creating a stable workforce; providing care closer to home; reducing unnecessary admissions, and reducing premature admissions to long term care. This had led to an 8% reduction in emergency admissions in the preceding 12 months.

They had engaged with external stakeholders so that a carers' clinic could be held at the practice for one day each month where carers could access 60 minute appointments with Derbyshire Carers association for support and advice to assist them in their carer's role, including physical, mental and emotional wellbeing. The practice had also worked collaboratively with other local providers so that carers were able to attend any of the five GP practices within the 'Belper 5' group to receive care at a time and place that suited them.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas, for example, medicines management, infection prevention and control, chronic disease management, information governance, safeguarding, end of life care and Caldicott guardian.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction
- Practice specific policies were implemented and were available to all staff via the practices computer system. These were updated and reviewed regularly.
- Practice meetings were held monthly and his provided an opportunity for staff to learn about the performance of the practice. The practice was closed for one afternoon every month to enable staff to attend meetings and development opportunities.
- The performance of the practice was proactively discussed with staff which had enabled high achievement of QOF points with a low exception reporting rate.
- A programme of clinical and internal audit and reviews which was used to monitor quality and to make improvements.
- There were arrangements in place for identifying, recording and managing risks.
- There was a robust meeting structure in place that allowed for lessons to be learned and shared following significant events and complaints.
- The practice proactively reviewed its procedures following any significant event. For example, where a patient suicide had occurred, they conducted a comprehensive investigation to see whether there had been any triggers or red flags that were missed. When none were identified, they invited an external agency into the practice to review their processes. The practice adjusted their practice to ensure that a risk assessment discussion took place with all patients diagnosed with depression which was recorded in the patients' notes.
- The practice proactively conducted a case review of any suicide, including external reviewers to improve clinicians' identification of those at risk of self-harm

Leadership and culture

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

Are services well-led?

Good

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

We saw from meeting minutes that regular team meetings were held. Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and were confident in doing so and felt supported if they did. Meetings had agenda items that included significant events and minutes were available for practice staff to view. Staff said they felt respected, valued and supported,

Staff told us that they were very happy working at the practice and felt involved in discussions and decisions about the practice, and that the leadership within the practice was fair, consistent and generated an atmosphere of team working.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. For example, they had appointed a patients services manager to monitor patients access to services so that this could be improved

The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met bi–monthly carried out patient surveys and submitted proposals for improvements to the practice management team. For example, a number of initiatives had been implemented to improve the patients' experience of making an appointment, including; appointing an access lead, targets for reception telephone response times, monitoring of daily 'wait time' for next available routine appointment, GP triage system for urgent appointments, and recruiting an advanced nurse practitioner to see patients with minor illness.

The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they felt able to approach any of the GP partners and manager to give feedback and discuss any concerns or issues. They encouraged and valued feedback from patients, the public and staff and proactively engaged patients in the delivery of the service.

Continuous improvement

- The practice team were forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, participating in a local initiative with five other GP practices in the locality to work collaboratively with Derbyshire Community Health Service NHS Trust to find solutions to issues identified by Southern Derbyshire CCG.
- The practice closed for one afternoon each month and encouraged all staff to attend relevant meetings and development sessions.