

# Wellside Medical Centre

## Quality Report

3 Burton road, Derby.

DE1 1TH

Tel: 01332 737777

Website: [www.wellsidemedicalcentre.co.uk](http://www.wellsidemedicalcentre.co.uk)

Date of inspection visit: 9 November 2016

Date of publication: 10/01/2017

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?

Requires improvement



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

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	12
Areas for improvement	12

### Detailed findings from this inspection

Our inspection team	13
Background to Wellside Medical Centre	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15
Action we have told the provider to take	27

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Wellside medical Practice on 19 July 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 within the practice. Effective systems were in place to report, record and learn from significant events. Learning was shared with staff and community staff at monthly meetings.
- Most risks to patients were assessed and well managed. All recently recruited receptionists had received a DBS check, however, on the day we visited, there were some receptionists who had worked there for many years, who acted as a chaperone and had not received a DBS check. The practice informed us that a risk assessment was conducted immediately after our inspection.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Outcomes for patients were generally in line with local and national averages. However, exception reporting was significantly higher than CCG and national averages for QoF in some indicators.
- The practice had implemented a process to make reviews easier for patients and more efficient by introducing a 'Chronic Disease Annual Review' recall system. This enabled many people with multiple conditions to be reviewed at one annual appointment.
- Approximately 12% of the practice's population were aged over 65, with 5% of these being over the age of 75. The practice had recognised the increasing support and input required to ensure the needs of this population group were met. For example; taking a multi-disciplinary approach to providing care and holding fortnightly meetings with the community matron and multi-disciplinary team.
- The practice supported a women's refuge and frequently provided care for women who had suddenly left their own homes/towns due to suffering from

# Summary of findings

domestic abuse. The practice protected the confidentiality and safety of such patients by placing alerts on the system to ensure staff were aware not to discuss any aspect of the patient's details, unless a password was confirmed.

- Training was provided for staff which equipped them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patients told us they were able to get an appointment with a GP when they needed one, with urgent appointments available on the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs. Services were designed to meet the needs of patients.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

The areas where the provider must make improvement are:

- The practice should conduct a risk assessment for reception staff who act as chaperones and have not received a DBS check.

The areas where the provider should make improvement are:

- The practice should consider implementing a formal meeting structure that includes reception and administration staff.
- The practice should strengthen their record keeping, particularly in relation to following up on actions taken following a safety alert or MRHA alert, and ensure that staff follow the practice's own protocol.
- The provider should explore the reasons for high exception reporting in respect of mental health indicators and consider ways to reduce this to minimise risks to patient health and wellbeing.

**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 an effective system in place to ensure significant events were reported and recorded.
- Lessons were shared internally and externally when appropriate to make sure action was taken to improve safety in the practice.
- When things went wrong patients received support, information and apologies where appropriate. 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.
- Risks to patients were well assessed and managed within the practice.
- Appropriate recruitment checks had been carried out on recently recruited staff.
- There were systems in place to manage medicines alerts which were acted upon and recorded on the practice's computer system. However, safety alerts were managed inconsistently and actions taken were not recorded centrally.
- There was an effective process for managing incoming mail including test results which were acted upon on the same day if required.
- Reception and administration staff acted as a chaperone when required and had been trained for this role. However, some had not received a Disclosure and Barring Services (DBS) check, and the practice had not conducted a risk assessment in relation to this.

Requires improvement



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. The practice had achieved 98% of their available points compared to the CCG average of 97% and the national average of 95%. However, the exception reporting rate was significantly higher than CCG and national averages for some indicators.

Good



# Summary of findings

- Staff used current evidence based guidance and local guidelines to assess the needs of patients and deliver appropriate care.
- There was an ongoing programme of clinical audit within the practice. The audits undertaken demonstrated improvements in quality.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

## Are services caring?

The practice is rated as good for providing caring services.

**Good**



- Data from the national GP patient survey showed patients rated the practice as similar to others for several aspects of care. For example 82% of patient described their overall experience of the practice as good or fairly good. This was comparable with the CCG average of 87% and the national average of 85%.
- Patients said 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 saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

**Good**



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.

Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs.

Close working with multi-disciplinary teams to support patients at risk of unplanned hospital admission had resulted in an admission rate that was lower than other practices in the locality, although slightly higher than CCG and national averages.

# Summary of findings

There was evidence of appraisals and personal development plans for some staff. However, most had been delayed due to the recent recruitment of a practice manager and these were planned to be completed within the next few months.

- 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 had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised

## Are services well-led?

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

- The practice had undergone a period of instability due to retirement of two partners and other staff changes. The practice manager had been recently recruited and was working with the partners who were extremely motivated to making positive changes to some systems and processes. Staff had commented on general improvements seen recently at the practice and two staff members told us that they felt excited about the future of the practice and the changes that were being made.
- The partners had a long term plan to become a high performing practice and had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular practice meetings. These included the community support team where required and meeting minutes were made available on the practices computer system. They had held informal meetings with reception staff and had plans to formalise these meetings shortly.
- There was a governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The partners encouraged a culture of openness and honesty and staff told us that the partners and management were approachable and supportive.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- Approximately 12% of the practice's population were aged over 65, with 5% of these being over the age of 75. The practice had recognised the increasing support and input required to ensure the needs of this population group were met.
- The practice took a multidisciplinary team approach where possible, to manage an increasing older population with more than one illness and increasing social care needs.
- The practice utilised various community specialist teams, such as the adult respiratory team, community heart failure nurses and community allied health professionals in ensuring medical management was maximised. The practice worked closely with the community matron who made home visits.
- The practice utilised a care coordinator to ensure that patients were being supported by NHS, voluntary and private sector organisations where appropriate and held fortnightly clinical meetings at the practice, attended by the GPs, nurses, care co-ordinator, and community matrons. Monthly meetings were also held where a member of the community mental health team and a social worker also attended.
- Quarterly palliative care reviews were held with the district nurses and palliative care teams, so that patients reaching the end of life stage were managed and supported to ensure that dignity and comfort are maintained.
- The practice offered home visits and urgent appointments for those with enhanced needs, and provided flu vaccinations for housebound people in their own homes..

### People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. The practice had recognised that some patients with multiple conditions found letters for reviews were confusing and sometimes led to non-attendance. It had implemented a process to make the reviews easier for patients, and more efficient by introducing a 'Chronic Disease Annual Review' recall system. This enabled many people with multiple conditions to

# Summary of findings

be reviewed at one annual appointment. For those patients requiring more than one review a year, they had an 'Interim Review' recall added which was set for the time required, to ensure they were not missed.

- All these patients had a named GP and for those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice performance in QOF was comparable with clinical commissioning group (CCG) and national averages in most indicators relating to diabetes. For example 83% of patients with diabetes were reported as having satisfactory blood sugar levels maintained within the preceding 12 months, compared to the CCG average of 80% and the national average of 78%.
- Longer appointments and home visits were available when needed.

## Families, children and young people

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

- The practice was aware of the high number of safeguarding concerns because of the area the practice covered, and told us they were vigilant in following up any safeguarding concerns. Staff we spoke with confirmed this and gave appropriate examples of how concerns were managed.
- 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 accident and emergency (A&E) attendances. To ensure concerns were followed up, fortnightly safeguarding meetings were held with social services, health visitors and community teams to discuss families of concern.
- Immunisation rates were slightly lower than CCG average for all standard childhood immunisations.
- 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.
- Cervical screening rates at 75% were slightly lower than CCG and national averages. (These were 83% and 82% respectively)
- The practice provided routine eight week baby checks, and where an appointment was not available, they opened up embargoed appointments to be as accommodating as possible. This had been a conscious decision to increase

Good



# Summary of findings

patient engagement and enable the health and wellbeing of mother and baby to be reviewed. This meant that any issues or concerns, including signs of post-natal depression, were acted upon earlier.

- Appointments were available outside of school hours and the premises were suitable for children and babies. Where appointment slots were fully booked, the reception staff arranged for the on call GP to call the patient back. When a child was added to the triage list, reception staff alerted the on call GP of this, to ensure they were prioritised.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice provided contraceptive and family planning service for patients.

## **Working age people (including those recently retired and students)**

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

- 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 was proactive in offering online services where medicines could be requested and appointments made.
- The practice offered a range of health promotion and screening that reflected the needs for this age group.
- The practice maintained a Saturday morning appointment session to allow this group to book appointments in advance.

**Good**



## **People whose circumstances may make them vulnerable**

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

- The practice supported a women's refuge and had frequently provided care for women who had suddenly left their own homes/towns due to suffering from domestic abuse. These situations were often chaotic and unpredictable, resulting in a high need for input for both mental and physical health. The practice ensured confidentiality and safety of such patients by placing alerts on the system so that staff were aware not to discuss any aspect of the patients details, unless a password was confirmed.

**Good**



# Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments and annual reviews for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. Fortnightly meetings were held to discuss patients who were vulnerable and agree plans.
- 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. 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.
- For patients who were reliant on carers or who became anxious when attending the surgery, an additional appointment slot would be opened if none were available on the system so that these patients could be accommodated.

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

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

- A total of 86% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is comparable with the CCG average of 84% and the national average of 83%.
- The practice involved and engaged the carer to ensure they are supported in helping the patient, for example introduction of blister packs, opening embargoed appointments to make their attendance easier, or home visits and regular telephone reviews. The practice was vigilant in monitoring the health of the carer(s) to ensure they did not become unwell themselves.
- The practice achieved 96% of available points for the indicator relating to patients with a mental health disorder having had a care plan documented compared to the CCG average of 93% and the national average of 89%. However, their exception reporting rate was 40% which was more than 20% higher than CCG and national averages. The practice told us that this was a particularly difficult group to manage as there was often poor engagement, chaotic lifestyles and poor adherence to treatment plans. They were aware of the need to improve compliance and planned to discuss this as a team.

**Requires improvement**



# Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia and carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended emergency A&E 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. For patients who were at risk of self-harming, the practice managed medication quantities to reduce risks, organised regular reviews and advised patients at risk that they could contact the surgery at anytime if they felt their mental health was worsening.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. 284 survey forms were distributed and 115 were returned. This represented a 40% response rate.

- 70% 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%.
- 72% 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 82% and the national average of 85%.
- 82% of patients described the overall experience of this GP practice as good compared to the CCG average of 87% and the national average of 85%.
- 72% 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 82%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 78 comment cards which were all positive about the standard of care received. Patients commented that the standard of care was excellent and that GPs and nurses took time to listen. Patients commented on the fact that they thought staff were approachable, committed, professional, helpful, respectful and caring. However, 10 comments related to being dissatisfied about the appointment system.

We spoke with four patients during the inspection. All four patients said they were happy with the care they received. Comments relating to the appointment system was mixed, two were happy that they could get an appointment when they wanted one, including a longer appointment if needed, and two told us that it was difficult to get an appointment unless they called for an urgent one on the day.

## Areas for improvement

### Action the service **MUST** take to improve

The areas where the provider must make improvement are:

- The practice should conduct a risk assessment for reception staff who act as chaperones and have not received a DBS check.

### Action the service **SHOULD** take to improve

The areas where the provider should make improvement are:

- The practice should consider implementing a formal meeting structure that includes reception and administration staff.
- The practice should strengthen their record keeping, particularly in relation to following up on actions taken following a safety alert or MRHA alert, and ensure that staff follow the practice's own protocol.
- The provider should explore the reasons for high exception reporting in respect of mental health indicators and consider ways to reduce this to minimise risks to patient health and wellbeing

# Wellside 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.

## Background to Wellside Medical Centre

Wellside Medical Centre provides general medical services to 8,099 patients, and is run by a partnership of three GPs (two male and one female) and a salaried GP who is female.

The main practice is in Derby with a branch surgery nearby in the area of Mackworth. Patients can attend either the main practice or the branch practice.

We did not visit the branch surgery as part of our inspection.

The practice population live in an area of high deprivation, which is the 2nd most deprived on the decile scale. Income deprivation affecting children is 8% higher than the national average and affects older people by about 12% more than the CCG average.

About 11% of the practice population are unemployed which is double the CCG and national averages, which are both 5%.

The practice demand for people with a chronic illness is significantly higher than CCG and national averages.

The practice team includes a lead nurse four practice nurses, and a healthcare assistant (HCA). There is a full time practice manager, a reception manager and a number of reception and administrative staff.

The practice holds the General Medical Services (GMS) contract to deliver essential primary care services. The practice is generally open between 8am and 6.30pm Monday to Friday. Appointments are available from 8.30am to 12pm and 3.30pm to 5.30pm Monday to Friday. Extended surgery appointments are available each Saturday from 8am to 11am and are pre-bookable.

The practice does not provide out-of-hours services to the patients registered there. During the evenings and at weekends an out-of-hours service is provided by Derbyshire Health United. Contact is via the NHS 111 telephone number.

## 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 on 9 November 2016. During our visit we:

# Detailed findings

- Spoke with a range of staff (GPs, practice manager, care coordinator, practice nurse, community matron, reception and administration staff) and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area, 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 shared their views and experiences of the service.'

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

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

- Is it well-led?

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events. There had been 15 events recorded in the preceding 18 months. A summary of the past 18 months demonstrated learning was shared, and when appropriate changes were made to protocols and practice.

- Staff told us they would inform the practice manager or a GP of any incidents and there was a recording form available which was completed manually. The incident recording form supported the recording of notifiable incidents under 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).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. For example; when a routine referral was missed, the practice amended their process and included making the referral via the computer task system. This meant that referrals were logged on the computer.
- The practice discussed significant events at their fortnightly clinical meetings and weekly partners' meetings.

The practice had a process to review and cascade medicines alerts received via the Medicines and Healthcare Regulatory products Agency (MHRA). When this raised concerns about specific medicines, searches were undertaken by the Lead GP for medicines management to check individual patients to see that effective action was taken to ensure they were safe. For example, prescribing an alternative medicine if a concern had been raised about the safety of a particular medicine. These were discussed at the monthly medicines management meetings and actions taken were recorded, however, not all clinical staff knew where to find these.

Safety alerts were cascaded to relevant staff and acted upon where required, however, there was no central record of actions taken. The practice took action to rectify this immediately after our inspection.

### Overview of safety systems and processes

The practice had clearly defined systems and processes in place to keep patients safe. For example:

- The practice had suitable arrangements to safeguard children and vulnerable adults from abuse which reflected relevant legislation and local requirements. The GP was the safeguarding lead and had undertaken level three training for child safeguarding. Staff demonstrated they understood their responsibilities to safeguard patients and all had received training relevant to their role. Records reviewed showed that safeguarding concerns were routinely discussed at fortnightly clinical meetings where the GP, lead nurse, and community matron discussed patients in vulnerable circumstances including children. An additional safeguarding meeting took place every two months which included the lead GP for safeguarding, a health visitor and the practice manager. A system was in place for highlighting vulnerable patients on the practice's computer system to ensure staff were aware of any relevant issues when patients attended appointments.
- Information telling patients that they could ask for a chaperone was visible in the reception area. Newly recruited staff who acted as chaperones 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 had trained all receptionists in the chaperoning role and gave appropriate examples of acting in this role, however, some receptionists who had worked there for many years had not completed a DBS check. A risk assessment had not been made. The practice informed us that a comprehensive risk assessment was completed immediately after our inspection.
- The main practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice had a lead nurse as the nominated infection control lead who was able to liaise with the CCG infection control lead. There was an infection control policy in place and staff had received infection control training, for example, training in handwashing and specimen handling. We saw that an audit had been carried out in the preceding in May 2016 in conjunction with the CCG infection control lead. The

# Are services safe?

audit identified a number of issues which were acted upon. This included some stock that was found to be out of date, which was immediately removed by the practice. A re-audit in July 2016 showed no further stock out of date. All stock we checked on the day was in date.

- There were effective arrangements in place for managing incoming mail including test results. These were checked daily by GPs, and where a test result showed an abnormal result, a GP would contact the patient on the same day to discuss or make an appointment for them. Where a GP was sick or on holiday, another GP would check and action those results
- There were systems in place to ensure results were received for all samples sent for the cervical screening programme. There was a dedicated administrator who followed up on samples sent to ensure that no results were missed. Any abnormal results were dealt with on the day by GPs.
- Arrangements for managing medicines ensured that patients were kept safe. For example, there was a GP who was the lead for medicines management and worked with the clinical commissioning group (CCG) pharmacist to monitor adherence to protocols relating to prescribing. Monthly meetings with the medicines management team took place and regular medicines reviews were conducted and actions recommended by the CCG pharmacist were followed up by GPs. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. We saw evidence to show that patients on high risk medicines were appropriately reviewed. There was a temperature monitoring system in the medicines fridges to ensure that vaccines were stored at the correct temperature, and emergency drugs were in date, and regularly checked.
- Blank prescription pads and paper were stored securely and processes were in place to monitor their use.
- Patient Group Directions (PGDs) and Patient Specific Directions (PSDs) were being used by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed four 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, with the exception of conducting a DBS check for all chaperones.

- The practice had procedures in place to monitor and manage risks to patients and staff safety. There was a health and safety policy which was accessible to all staff electronically.
- Newly recruited staff were offered a hepatitis B vaccination as part of their induction. Existing staff had their hepatitis B status recorded in their file, however, there was no central record of this. The practice informed us that they had updated their records immediately after our visit.
- Fire alarms were tested weekly and records kept, and staff told us they knew what to do in the event of a fire. A fire drill exercise had been carried out in July 2016. A comprehensive fire risk assessment was overdue and the practice told us that this had been planned for 8 December.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. We saw a record to show that equipment had last been calibrated in October 2016.
- The practice had processes in place to monitor safety of the premises such as control of substances hazardous to health and legionella (Legionella is a bacterium which can contaminate water systems in buildings).
- Arrangements were in place to plan and monitor staffing levels needed to meet patients' needs. GPs would cover other GP's annual leave, and two regular locum GPs were utilised where required.

## Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was a panic alarm system in all the consultation and treatment rooms which alerted staff to any emergency.
- Basic life support training was delivered annually and there were emergency equipment available which we found to be in date.

## Are services safe?

- There was a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available.
- Emergency medicines were kept in a secure area of the practice and all staff knew of their location. The medicines we checked were in date.
- The practice had a comprehensive business continuity plan in place. This covered major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and a paper copy was available at each site.

# 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, including National Institute for Health and Care Excellence (NICE) best practice guidelines and local guidelines.

- Systems were in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and local guidelines electronically. Relevant updates to these were discussed in clinical meetings and through educational sessions.
- Staff attended regular training which supported their knowledge about changes and updates to guidelines.
- The practice monitored that these guidelines were followed through risk assessments, audits and checks of patient records.

### 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 were 98% of the total number of points available.

Data from 2015/16 showed:

- Performance for diabetes related indicators was 100% which was higher than CCG and national average. However, exception reporting ranged between 6% and 25% between the three indicators, which were all higher than clinical commissioning group (CCG) and national averages for exception reporting.
- Performance for mental health related indicators was 100% which was higher than CCG and national averages. However, exception reporting was between 35% and 40% for three of the five indicators. The practice were aware of this and planned to explore new ways of engaging this patient group in attending for follow up appointments. The practice had achieved 100% for conducting a blood test for patients on Lithium therapy in the last nine months, which was above CCG and national averages. They had achieved this with a 0% exception reporting.

• They had provided a face to face review for 92% of patients diagnosed with chronic obstructive airways disease (COPD) in the preceding 12 months. This was 3% higher than the CCG average and 2% higher than the national average. The exception reporting was 21% which was 5% higher than the CCG average and 10% higher than the national average.

There was evidence of quality improvement including clinical audit.

- There had been a number of completed audits undertaken in the last 12 months. These covered areas relevant to the practice's needs and had been undertaken to ensure latest guidance was being followed and highlight changes which could be made to practice.
- We reviewed four clinical audits where the improvements made had been implemented and monitored. For example the practice had undertaken an audit of patients undergoing minor surgery. The audit and repeated audit showed that practice was in line with agreed protocols for sending specimens for histology examination.
- Regular medicines audits were undertaken when updates were received.

### Effective staffing

We saw that staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had comprehensive, role specific, induction programmes for newly appointed clinical and non-clinical staff. These covered areas such health and safety, information technology, fire safety, infection control and confidentiality. Staff were well supported during their induction and probation periods with opportunities to shadow colleagues and regular reviews with their line manager.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. Staff were encouraged and supported to develop in their roles to support the practice and to meet the needs of their patients. Staff were also supported to undertake training to broaden the scope of their roles.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence.

# Are services effective?

## (for example, treatment is effective)

Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice nurse meetings.

- Appraisals had been delayed for most staff due to the appointment of a new practice manager who was taking the opportunity to get to know staff and plan further development. We saw evidence of scheduled appraisals and reviewed four that had been completed during October. Objectives had been identified, however, there were no clear development plans for staff.
- Staff had access to training to meet their learning needs and to cover the scope of their work. This included ongoing support, meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses.
- Staff received training that included: safeguarding, fire safety, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

Information needed to plan and deliver care was available to staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and investigation and test results. The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

There was a strong emphasis on multidisciplinary working within the practice. Multidisciplinary meetings with other health and social care professionals were held on a regular basis. These included palliative care meetings and safeguarding children and adult meetings, where patients' needs were assessed and ongoing care and treatment was planned in conjunction with a care coordinator.

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

The practice identified patients who might be in need of extra support. For example, at risk of developing a long-term condition, patients with a learning disability or experiencing poor mental health. Patients were given advice or signposted to the relevant service and this included Live Well Derbyshire, which is a healthy lifestyle service for patients and offers free 12-month programmes to help adults and children improve their health and wellbeing. For example, for weight management, healthy pregnancy, smoking cessation, child weight management and men's health.

The practice's uptake for the cervical screening programme was 77% which was slightly lower than the CCG average of 87% and the national average of 82%. The practice telephoned patients who did not attend for their cervical screening test to remind them of its importance. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 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.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92% to 94% and five year olds from 88% to 96%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

# Are services effective?

(for example, treatment is effective)

NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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 78 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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:

- 89% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 89% of patients said the GP gave them enough time compared to the CCG average of 87% 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%.
- 84% 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%.

91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.

- 86% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%

The practice had recently conducted their own satisfaction survey and displayed the results in the waiting area. The results showed that 74% of patients were satisfied with appointment times, 80% of patients were satisfied with consultations, 65% were satisfied with telephone consultations and 95% were satisfied with the reception staff.

### Care planning and involvement in decisions about care and treatment

Feedback from patients demonstrated that they felt involved in decision making about the care and treatment they received. Patients told us they felt listened to, made to feel at ease and well supported by staff. They also told us they were given time during consultations to make informed decisions 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 saw evidence that care plans were personalised to account of the individual needs and wishes of patients.

Results from the national GP patient survey showed the majority of 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:

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 82%.
- 92% 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:

## Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. There were also members of staff including GPs who were bilingual.
- Information leaflets were available in easy read format.

### **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 116 patients as carers (1.5% of the practice list). The register was maintained by the care coordinator who was able to signpost carers to Derbyshire carers association and social services as required. Written information was available to direct carers to the various avenues of support available to them. The practice also provided a counselling service weekly which was available to carers.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a family 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.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. Approximately 12% of the practice's population were aged over 65, with 5% of these being over the age of 75. The practice had recognised the increasing support and input required to ensure the needs of this population group were met. For example;

- The practice took a multidisciplinary team approach to manage an increasing older population with multiple comorbidities and increasing social care needs. They utilised various community specialist teams, such as the adult respiratory team, community heart failure nurses and community allied health professionals in ensuring medical management was maximised.
- They worked closely with the community matron who made home visits.
- They utilised a care coordinator to ensure that patients were being supported by NHS, voluntary and private sector organisations where appropriate and held fortnightly clinical meetings at the practice, attended by the GPs, nurses, care co-ordinator, and community matrons. Monthly meetings were also held where a member of the community mental health team and a social worker also attended.

The practice was aware of the increased potential for a high number of safeguarding concerns due to the area the population lived in, and responded accordingly. For example;

- Staff were vigilant in following up any safeguarding concerns.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, including children and young people who had a high number of accident and emergency (A&E) attendances.
- To ensure concerns were followed up, fortnightly safeguarding meetings were held with social services, health visitors and community teams to discuss families of concern.
- Provided routine eight week baby checks, and where an appointment was not available, they opened up

embargoed (additional) appointments to be as accommodating as possible. This had been a conscious decision to increase patient engagement and enable the health and wellbeing of mother and baby to be reviewed. This meant that any issues or concerns, including signs of post-natal depression, were acted upon earlier.

- The practice supported a women's refuge and frequently provided care for women who had suddenly left their own homes/towns due to suffering from domestic abuse. The practice ensured confidentiality and safety for patients by placing alerts on the system to ensure staff were aware not discuss any aspect of the patient's details, unless a password was confirmed by the patient.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

In addition, the practice;

- Had recognised that some patients with multiple conditions found that letters for reviews were confusing and sometimes led to non-attendance. They had implemented a process to make the reviews easier for patients, and more efficient by introducing a 'Chronic Disease Annual Review' recall system. This enabled many people with multiple conditions to be reviewed at one annual appointment. For those patients requiring more than one review a year, they had an 'Interim Review' recall added which was set for the time required, to ensure they were not missed.
- Involved and engaged carers to ensure they were supported in helping the patient, for example introduction of blister packs, opening embargoed appointments to make their attendance easier, or home visits and regular telephone reviews. The practice were also vigilant in monitoring the health of the carer(s) to ensure they did not become unwell themselves.
- Opened up additional appointment slots for patients who were reliant on carers or who became anxious when attending the surgery.
- Made appointments available outside of school hours. Where appointment slots were fully booked, the reception staff arranged for the on call GP to call the patient back. When a child was added to the triage list, reception staff alerted the on call GP of this, to ensure they were prioritised.

# Are services responsive to people's needs?

(for example, to feedback?)

## Access to the service

The practice was open between 8am and 6.30pm Monday to Friday, and 8am to 11am on Saturdays. Appointments were from 8.30am to 12pm every morning and 3.30pm to 5.30pm daily. Extended hours appointments were offered every Saturday from 8.30am to 11am. Appointments could be booked up to two weeks in advance and there were urgent appointments available on the day. Additional appointment slots were always available for children, vulnerable people and carers.

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

- 68% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 78%.
- 70% of patients said they could get through easily to the practice by phone compared to the CCG average of 72% and the national average of 73%.

Although the patient survey results suggested that it was difficult to get appointments, patients told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits. Receptionists were able to speak to the on call GP for advice about prioritising appointments for patients.

## Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system

We looked at 12 complaints received in the last 10 months and these were satisfactorily handled, dealt with in a timely way. Complainants were invited into the practice to discuss their concerns and efforts were made to resolve issues where necessary.

# 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 been through a number of challenges and senior staff changes during the preceding year which had led to period of instability for staff. However, there was still a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement 'To provide a responsive, patient centred, high quality and safe healthcare service for our patient population'.
- Staff knew and understood the values of the practice and told us that these were centred around 'putting the patient first'.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

The practice was committed to collaborative working and had plans for future working that involved place based commissioning working together with five city centre practices. Placed based care is a government initiative that encourages local commissioning services to work with practices to plan more integrated care for services users.

### 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. Clinical and non-clinical staff had lead roles in a range of areas such as chronic disease management, prescribing, performance and safeguarding.
- Practice specific policies were implemented and were available to all staff through the practice's computer system.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, some recording systems needed

strengthening to enable ease of access for staff. Improvements were also needed with regards to conducting a risk assessment for staff who were acting as a chaperone but had not received a DBS check.

### Leadership and culture

The partners and management within the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. Clinical and non-clinical staff had a wide range of skills and experience. Staff told us they prioritised safe, high quality and compassionate care. Staff told us the partners and management were approachable and always took the time to listen to all members of staff.

• Regular meetings were held within the practice. In addition to the partnership/management meetings, there was a rolling programme of meetings including clinical meetings and multi-disciplinary meetings with attached community staff. However, there were no practice-wide meetings that included all staff and there was no formal structured meeting for reception staff, although receptionists met daily for a team briefing with the reception manager. The practice told us that it had plans to implement quarterly meetings for receptionists.

• Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at meetings and felt confident and supported in doing so.

• Staff said they felt respected, valued and supported, particularly by the partners and management within the practice. Staff felt involved in discussions about how to run and develop the practice and the partners encouraged staff to identify opportunities to improve the service delivered by the practice.

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). The partners encouraged a culture of openness and honesty.

The practice had systems in place to ensure that when things went wrong with care and treatment, they gave affected people reasonable support, truthful information and a verbal and written apology

There was a clear leadership structure in place and staff felt supported by management.

# Are services well-led?

Good 

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

- Staff told us the practice held regular team meetings, apart from the reception team.
- Staff said they felt respected, valued and supported by the partners in the practice.

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

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

· The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team.

· The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment  <b>The provider did not fully ensure that care and treatment was provided in a safe way for service users by;</b> <ul style="list-style-type: none"><li>Ensuring that staff acting in the role of chaperone had received a DBS check or that a risk assessment had been made in the absence of a DBS check.</li></ul>