

Oakwood Surgery

Quality Report

380 Bishops Drive, Oakwood, Derby,
Derbyshire DE21 2DF
Tel: 01332 281220
Website: oakwoodsurgeryderby.nhs.uk

Date of inspection visit: 27 October 2015
Date of publication: 28/01/2016

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

Ratings

Overall rating for this service

Outstanding



Are services safe?

Good



Are services effective?

Good



Are services caring?

Outstanding



Are services responsive to people's needs?

Good



Are services well-led?

Outstanding



Summary of findings

Contents

Summary of this inspection

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	11

Detailed findings from this inspection

Our inspection team	12
Background to Oakwood Surgery	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Oakwood Surgery on 27 October 2015. Overall the practice is rated as outstanding.

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

Feedback from patients was consistently positive about the care and treatment they received, and the way staff treated them. Staff involved and treated patients with compassion, dignity and respect.

Patients were able to access care and treatment when they needed it, and most people could access appointments in a way, and at a time that suited them.

The practice actively sought the views of patients and staff, which it acted on to improve the services. It had a very active patient participation group (PPG) which influenced practice development.

The practice used innovative and effective ways to improve outcomes for patients. High importance was placed on improving patients' wellbeing by offering regular health reviews and various screening checks.

The services were tailored to meet people's individual needs and delivered in a way to ensure flexibility, choice and continuity of care. The staff team worked collaboratively with other services to meet patients' needs, and support vulnerable individuals.

The practice had comprehensive and embedded systems in place to keep patients safe. There was a pro-active approach to anticipating and managing risks, and a focus on openness and learning when things went wrong.

The staff team continued to increase in size and skill mix to meet patients' needs and the expansion of the services. Staff were actively supported to continually develop their knowledge and skills to ensure the delivery of high quality care.

There had been significant improvements to the services provided, since the partners took over the practice in April 2013. The practice has demonstrated outstanding leadership skills in order to achieve this. The management and governance of the practice assured the delivery of high-quality person-centred care.

The culture and leadership empowered staff to carry out lead roles and drive continuous improvements. High standards were promoted and owned by all staff.

Summary of findings

We saw several areas of outstanding practice including:

High importance was placed on education and empowering patients to self manage their health, with a focus on long-term conditions. For example, patients with diabetes received a copy of their review form and test results prior to attending a review to enable them to be better informed and prepared. The focus of their reviews involved education and strategies to enable them to self-manage their condition and improve their health. Several people were also involved as 'patient experts' to obtain their views, and share their experiences and life style changes they had made with other patients and staff.

The practice was proactive in reaching out to patients who were reluctant to attend the surgery, including men. The practice ran a campaign in May 2015 promoting male

health and wellbeing, which encouraged men to see a GP or nurse about any health issues, or advice on how to make lifestyle changes. An additional 160 men attended the practice between May to August 2015, compared to the same period the previous year.

The practice actively engaged with young people and used innovative approaches to gather feedback from patients, which influenced practice development. For example, the young people on the patient participation group had looked at the practice's website as to how appropriate and useful the information was for them. Changes were made to the website in response to their feedback.

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.

Good



- Patients told us they felt safe when using the service.
- There were enough staff to keep patients safe.
- High priority was given to ensuring the welfare and safety of patients and staff. There was a pro-active approach to anticipating and managing risks, and a focus on openness and learning when things went wrong.
- The practice had comprehensive and embedded systems in place to keep patients safe.
- Effective systems were in place for managing significant events and incidents.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Systems were in place to ensure that all clinicians were up to date with both locally agreed and National Institute for Health and Care Excellence (NICE) guidelines.
- All staff were actively involved in monitoring and improving outcomes for patients.
- Data showed that the practice was performing highly when compared to neighbouring practices in the Clinical Commissioning Group.
- The practice used innovative and effective ways to improve patient outcomes.
- High importance was placed on improving patients' wellbeing by offering regular health reviews and various screening checks. For example, 82.5% of women aged 25 to 65 years had received a cervical screening test in the last 5 years, which was above the national average of 74.3% and local average of 77.7%.
- The staff team worked collaboratively with other services to ensure that patients 'received effective care and treatment.
- High importance was given to the continuing development of staff skills, competence and knowledge to ensure high quality care. Staff were actively supported to acquire new skills and share best practice.

Are services caring?

The practice is rated as outstanding for providing caring services.

Outstanding



- Data showed that patients rated the practice higher than others for almost all aspects of care.

Summary of findings

- Feedback from patients and stakeholders was consistently positive about the care, and the way staff treated people.
- Relationships between staff and patients were very positive and supportive. Staff were committed to working in partnership with patients to ensure they were actively involved in their care.
- We observed a strong patient-centred culture.
- Patients were respected as individuals; their emotional and social needs were seen as important as their physical needs.
- We found positive examples of staff going that extra mile to provide a caring service. For example, staff having taken certain elderly patients home who were unwell and were unable to make their own way.
- Staff were motivated and inspired to offer kind and compassionate care. For example, staff helped patients who were anxious about their condition by chasing up lost or delayed hospital results on their behalf.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- People were able to access appropriate care and treatment when they needed it, and most people could access appointments and services in a way and at a time that suits them.
- The services were delivered in a way to ensure flexibility, choice and continuity of care.
- The practice worked closely with the local community and other organisations in planning how services were provided, to ensure that they meet people's needs. For example, the practice was part of a collaborative working group, which had aligned the local care homes to specific GP practices. This had improved the continuity of care for patients, and resulted in more effective use of resources.
- There were innovative approaches to enabling people to access services locally. For example, the practice worked in partnership with other GP practices and the acute trusts, to enable people to access certain NHS services at a local health centre, rather than attending hospital.
- The practice actively implemented improvements and changed the way it delivered services, as a result of feedback from patients and the patient participation group.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Complaints were actively reviewed to ensure that appropriate learning and improvements had taken place.

Summary of findings

Are services well-led?

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

- It had a clear vision with quality and safety as its top priority. The vision had been produced with stakeholders, and was regularly reviewed and discussed with staff.
- Since the partners took over the practice in April 2013 they had made significant improvements to ensure the services were well-led. For example, a continuous audit programme, comprehensive policies, a business plan, a structured training programme, a wide range of patient satisfaction surveys and staff meetings had been put in place. The practice has demonstrated outstanding leadership skills in order to achieve this.
- The practice carried out proactive succession planning. For example, they had employed additional clinical staff to what was currently needed, to further develop staff roles, and cover absences and a planned reduction in a GP partner's hours in June 2016.
- The culture, leadership and governance arrangements were robust and ensured the delivery of high-quality person-centred care.
- There was a high level of satisfaction and constructive engagement with staff.
- There was a strong focus on continuous learning at all levels within the practice.
- The practice actively sought the views of patients and staff, which it acted on to improve the services. The patient participation group (PPG) was actively involved in the planning and delivery of services. For example, they were involved in all changes and new projects.

Outstanding



Summary of findings

The six population groups and what we found

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

Older people

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

- Patients over 75 years were invited to attend an annual health check, and had a named GP to provide continuity of care and ensure their needs were being met.
- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Care plans were in place for people who had complex needs or required additional support, to ensure that patients and families received appropriate care.
- The practice was performing above others when compared with local and national averages, in respect of the management of clinical conditions commonly affecting older people. For example; the practice performance in relation to osteoporosis, stroke and transient ischaemic attacks was 100%.
- Flu vaccination rates for the over 65s were 75.5%, which compared with the CCG average.

Outstanding



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management having received appropriate training.
- High importance was placed on patient empowerment, education and self-management of their condition. For example, patients with diabetes received a copy of their planned review and test results, prior to their review to enable them to prepare for this.
- Several people were involved as 'patient experts' to obtain their views regarding changes or new projects, and to share their experiences with other patients. This mostly related to patients with diabetes and heart failure, although there were plans to expand this to include other long-term conditions.
- The practice offered proactive care. Patients received structured reviews, which included education and strategies to enable them to self-manage their condition and improve their health.

Outstanding



Summary of findings

- High numbers of patients had received a recent health review. For example, 82.3% of patients with asthma, 90.6% of patients with chronic obstructive pulmonary disease and 92.6% of patients with rheumatoid arthritis had received a review in the last 12 months.
- The practice actively screened patients for various long-term conditions during a new patient check and other health reviews.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances or who were at risk. For example, children and young people who had a high number of A&E) attendances.
- We saw good examples of joint working with midwives, health visitors and school nurses.
- Immunisation rates were high for all standard childhood immunisations.
- Children and young people were treated in an age-appropriate way.
- Priority was given to appointment requests for babies and young children; they were seen the same day if unwell. Appointments were available outside of school and college hours.
- The premises were equipped and suitable for children and young people.
- The practice provided advice on sexual health and screening for teenagers.

Outstanding



Working age people (including those recently retired and students)

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

- The needs of 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 and flexible. For example, extended hours surgeries were available on Monday evenings and Saturday mornings. Patients also had access to 'choose and book' when referred to secondary services, which provided flexibility over when and where their test took place.

Outstanding



Summary of findings

- The practice was proactive in offering online and telephone services, as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice was proactive in reaching out to patients who were reluctant to attend the surgery, including men.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. needed.
- Robust arrangements were in place to safeguard children and vulnerable adults from abuse.
- Patients with a learning disability were invited to attend an annual health check with a named nurse to provide continuity of care.
- Records showed that 10 out of 13 eligible patients with learning disabilities had received an annual health check in the last 12 months. All patients had been invited to attend. Six patients had a health action plan recorded.
- Sign language support and email appointments were available to people who were deaf.

Outstanding



People experiencing poor mental health (including people with dementia)

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

- The practice held a register of patients with poor mental health, including people with dementia.
- Staff had a good understanding of how to support people with poor mental health having attended appropriate training.
- The practice was performing above others when compared with local and national averages, in respect of management of patients' with poor mental health and dementia.
- 85% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months.
- Patients with poor mental health had been offered an annual health check, and 11 out of 20 people had attended this. All of these had a comprehensive care plan documented.

Outstanding



Summary of findings

- Patients were able to access counselling and psychological therapies at the practice to enable them to be treated locally. A consultant geriatrician from a local trust also held clinics at the practice, to review the needs of patients with poor mental health.
- The GP lead for mental health chaired five meetings a year to discuss mental health issues, involving other providers. The meetings provided a forum to share new developments and information, to ensure that patients' treatment was in line with current best practice.
- The practice actively screened patients for dementia as part of the new patient check and reviews of long term conditions, to facilitate early referral and diagnosis where dementia was indicated.

Summary of findings

What people who use the service say

We spoke with 14 patients during our inspection. Feedback from patients was consistently positive about the care and services they received and the way staff treat them. They described the staff as friendly and helpful, and said that they were treated with kindness, dignity and respect. Importantly, they received care from a staff team who were very caring and supportive.

Patients told us they were able to access appropriate care and treatment when they needed it. Most people described their experience of making an appointment as good, with urgent appointments usually available the same day. They also said that they felt listened to, and able to raise any concerns with staff if they were unhappy with their care or treatment at the service, as the staff were approachable. They found the premises welcoming, clean and accessible.

We also asked for CQC comment cards to be completed by patients prior to our inspection. We received 52 comment cards. The feedback was generally very positive about the care and services people received. For example, 15 people referred to the staff team and service as excellent. Whilst three people stated that they had experienced difficulty in obtaining appointments at times.

The national GP patient survey results published in July 2015 showed high levels of patient satisfaction with the

care and treatment people received. In almost all areas the practice's results were higher than the local and national average. There were 116 responses and a response rate of 34%.

- 93% found it easy to get through to this surgery by phone compared with a CCG average of 75% and a national average of 73%.
- 87% found the receptionists at this surgery helpful compared with a CCG average of 87% and a national average of 87%.
- 89% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 87% and a national average of 85%.
- 82% described their experience of making an appointment as good compared with a CCG average of 74% and a national average of 73%.
- 69% felt they don't normally have to wait too long to be seen compared with a CCG average of 62% and a national average of 58%.
- 66% with a preferred GP usually got to see or speak to that GP compared with a CCG average of 60% and a national average of 60%.
- 92% said the last GP they saw or spoke to was good at treating them with care and concern, compared with a CCG average of 87% and a national average of 85%.

Oakwood Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead Inspector. The team included a GP specialist advisor and a practice manager specialist advisor.

Background to Oakwood Surgery

Oakwood Surgery is run by a partnership of eleven GPs and the practice manager. Oakwood Surgery provides primary medical services to approximately 4,100 patients. The practice is located at 380 Bishops Drive, Oakwood, Derby DE21 2DF. The partners took over the management of the practice in April 2013.

The partners also manage The Park Medical Practice, which is located just over a mile from Oakwood Surgery in Chaddesden in Derby. This practice is registered under a separate registration and location, and has a branch surgery at the University of Derby and Borrowash in Derbyshire, providing primary medical services to over 25,000 patients.

There is a large staff team that works across the two practices and branch surgeries. The team includes administrative staff, a practice manager, assistant practice manager, IT manager, nurse manager, patients services manager, accountant, a business manager, nine practice nurses, five nurse practitioners, a specialist nurse, five health care assistants, a pharmacist and 15 GPs including three salaried and one GP retainer. The staff team are female except for six male GPs.

To provide continuity of care designated administrative staff and four GPs, two nurse practitioners and three practice nurses regularly work at Oakwood Surgery.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are from 8.30am to 11.35 am every morning, and at various times between 2pm to 5.50pm daily. Extended hours surgeries are available on Monday evenings and Saturday mornings.

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.

The practice holds the General Medical Services (GMS) contract to deliver essential primary care services.

Why we carried out this inspection

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

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 27 October 2015. During our visit we:

- Spoke with a range of staff including the practice manager, a nurse practitioner, nurse manager, practice nurse team leader, pharmacist, IT manager, reception and administrative staff and four GP partners. We also obtained feedback from several external staff who worked closely with the practice including a health visitor, district nurse and a care home manager.
- Spoke with 14 patients who used the service.
- Observed how people were being cared for and talked with carers and/or family members
- Reviewed 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 are provided for specific groups of people and what good care looks 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.

- Staff told us there was an open culture to reporting incidents and near misses. They were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses.
- The practice carried out a thorough analysis of all significant events.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. When there are unintended or unexpected safety incidents, people affected by the incident received reasonable support, truthful information, an apology and were told about any actions to improve processes to prevent the same thing happening again.

Lessons were shared across the staff team and wider where appropriate; to make sure action was taken to improve safety in the practice. For example, a member of staff had sustained a recent injury, as a result of an external employee not adhering to safety procedures. The practice had raised concerns about the incident with the relevant provider and agencies. They had received a report of the provider's findings and assurances that the matter had been addressed to prevent further incidents. The learning was shared with the staff team.

Overview of safety systems and processes

The practice had clear and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse. For example,

- Comprehensive arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements, and policies were accessible to all staff. We found that safeguarding systems were operated effectively to protect people from abuse and the risk of harm. For example, records we checked relating to vulnerable patients and those at risk of abuse were correctly coded, to clearly show this on the practice's

electronic record. In addition, the alert system to highlight vulnerable patients including those at risk of harm, subject to safeguarding procedures or on a child protection plan were reliably completed.

- The safeguarding policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There were lead members of staff for safeguarding. The GPs attended safeguarding meetings when possible, and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to safeguarding level 3 for children.
- A notice was visible in the waiting area and consulting rooms advising patients that a nurse, health care assistant or reception staff would act as chaperones, if required. Staff who acted as chaperones were trained for the role and had received a disclosure and barring 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 maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. Records showed that the fixed fabric seating in the waiting area was regularly cleaned. The practice had identified the need to replace the seating and the fixed office tables in the consulting rooms, with an easily washable material, to fully comply with infection control standards. The practice had made efforts to resolve this, but an agreement had not yet been reached with the owner of the premises to replace them. The practice was consulting with NHS England and the Clinical Commissioning Group, regarding plans to move to new purpose built premises.
- The nurse manager was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place, and staff had received up to date training.
- Annual infection control audits were undertaken, and we saw evidence that action was taken to address improvements identified as a result. The sink taps in the treatment and consulting rooms could be operated by elbow, to aid hand washing. Recent audits recorded that

Are services safe?

mixer taps were not fitted to further aid effective hand washing. The practice had made efforts to resolve this, but an agreement had not yet been reached with the owner of the premises to fit them.

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security).
- The practice had a strong commitment to medicines management, demonstrated by the employment of a practice pharmacist one day a week. Their role involved working on practice projects and audits, which provided a safety check to ensure that patients' medicines were safe and still appropriate.
- The practice also carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacy team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.
- Several patients told us that the system in place for obtaining repeat prescriptions, worked well to enable them to obtain further supplies of medicines.
- We reviewed three staff personnel files and found that appropriate recruitment checks had been undertaken prior to their 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.

- The practice used a range of information to identify risks and improve patient safety.
- There were procedures in place for monitoring and managing risks to patient and staff safety.
- There was a health and safety policy available with a poster in the reception office. The practice had an up to date fire risk assessment. Records were not available to show that the practice carried out regular fire drills, to ensure that staff were aware of the procedure to follow in the event of a fire. Following the inspection, we

received confirmation that a fire drill was carried out on 29 October 2015. Senior managers assured us that two fire drills were carried out each year; they agreed to keep clear records to support this.

- 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 also had a variety of other health and safety risk assessments in place to assess the risks to staff and patients. This included control of substances hazardous to health, infection control and legionella. We saw evidence that the practice had taken appropriate action to help minimise the risks.
- 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.
- The staffing cover and levels were flexible to meet the needs of the service, and to cover staff sickness and holidays. To provide continuity of care designated administrative staff and four GPs, two nurse practitioners and three practice nurses regularly worked at Oakwood Surgery.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system 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 accessible to staff in a secure area of the practice. All staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had 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.
- 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.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed patients needs and delivered care in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and checks of patient records. We also saw evidence to confirm that these guidelines were positively influencing and improving practice and outcomes for patients.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 99.8% of the total number of points available. Data for the 2014 to 2015 QOF results showed;

- Performance for diabetes related indicators was 99.5%, and this was 6.6 percentage points above the CCG average and 9.4 points above the national average.
- The percentage of patients with hypertension whose last blood pressure reading (measured in the preceding 12 months) was 150/90 mmHg or less was 87%. This was 5.5 percentage points above the CCG average and 6.6.points above the national average.
- Performance for mental health and dementia related indicators was 100%, which was above the CCG and national averages.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the last 12 months, was 85%, which was 7.5 points above the CCG average and 8 points above the national average.

When the partners took over the practice in April 2013 they identified a lot of patients, who were not coded and diagnosed correctly on the QOF disease registers. As a result of the work undertaken, various disease registers had increased considerably in the last 18 months. This resulted in high numbers of patients requiring follow up and reviews of their conditions.

The practice's QOF clinical exception rate was 14.3%, which was 3.2% above the CCG and 5.1% above national averages. Exception reporting rates for certain disease areas were high. For example, the exception rate for the percentage of patients with diabetes, with a record of a foot examination and risk classification in the preceding 12 months was 19.2%. Also, the exception rate for the percentage of patients who had a record of blood pressure in the preceding 12 months was 40%.

The practice had identified various reasons for the high exception rates, and had put action plans in place to further engage with patients and encourage them to attend health reviews. Senior managers anticipated a reduction in the exception reporting rates for QOF year ending March 2016. Checks carried out on the inspection showed that the practice was exemption reporting patients correctly.

The practice had a comprehensive audit programme, which was proactive and reactive. Clinical audits demonstrated quality improvement.

- There had been 33 clinical audits completed in the last two years, nine of these were completed audits where the improvements made were implemented and monitored. For example, following an initial audit a monthly recall system was put in place, to ensure that all patients on certain medication to help regulate their heart were regularly reviewed to ensure they received the required blood tests, and the correct level of medication. A re-audit undertaken in October 2015 showed that all patients were receiving appropriate monitoring and treatment.
- The practice participated in applicable audits, national benchmarking, and peer reviews.
- Since the partners took over the practice there had been a considerable reduction in several top speciality referrals to Derby Hospitals, including dermatology and ear, nose and throat. For example, for the period July

Are services effective?

(for example, treatment is effective)

2013 to June 2014 there was a 62% reduction in ear, nose and throat referrals compared to the previous year. The practice considered the reduction in referral rates was due to the following issues:

A robust audit system was now in place to monitor the appropriateness of referrals to secondary care. Appropriate training had also been provided to up-skill clinical staff's skills and competence to treat patients locally. Recent audits had not highlighted any referrals that were inappropriate.

We found positive examples of improved outcomes for patients in response to patients receiving effective care and treatment. For example, when the partners took over the practice the surgery had three patients with long standing leg ulcers and wounds. Clinical staff changed the patients' treatment in line with best practice guidelines, and all three patients ulcers fully healed.

The practice had completed an audit of patients living in local care homes, who had attended Accident and Emergency (A&E) as a result of trips and falls. This showed that the number of patients attending A&E from one care home was relatively higher. This resulted in the falls team providing education and training to the care home's staff, to help reduce the incidence of falls and A&E attendances.

Effective staffing

The practice had a highly motivated staff team with extensive knowledge, skills and experience to enable them to deliver effective care and treatment.

- The staff team continued to increase in size and skill mix to meet patients' needs and the growth of the service. Above all, the skill mix and numbers of whole time equivalent nursing staff had increased considerably, as nurses had taken on additional roles to support the GPs and the expansion of the services.
- The continued development of nurse prescribers had also allowed for more holistic nurse-led patient care.
- All staff we spoke with praised the level of training, personal development and support they received.
- Newly appointed members of staff completed the practice's induction programme, which covered topics such as safeguarding, fire safety, infection prevention and control, confidentiality and health and safety.

- Staff received essential training updates that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff also had access to and made use of e-learning training modules, in-house and external training.
- The practice could demonstrate how they provided role-specific training, and appropriate updates for relevant staff. For example, for staff reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of staff were identified through an effective appraisal system and meetings. Staff had access to appropriate training, clinical supervision and facilitation and support for the revalidation of doctors, to meet these learning needs and to cover the scope of their work. All staff had had an appraisal within the last 12 months, which set out their training and development needs.

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 intranet system and patient records.

- This included 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 people to other services.
- The practice had strong links and worked collaboratively with other services, to ensure that patients' received effective and integrated care and treatment.
- The practice worked actively with other services to help reduce the risk of unplanned admissions to hospital, and enable patients to remain at home, where possible.
- Data for the period July 2013 to June 2015 showed that the practice's A & E attendances and emergency admissions in regards to conditions, which are considered to be preventable in some cases, were considerably lower compared to other local practices and the national averages.

Are services effective?

(for example, treatment is effective)

- We saw evidence that various multi-disciplinary meetings to discuss the care of children and adults took place at monthly to two monthly intervals, and that care plans were appropriately reviewed and updated.

Consent to care and treatment

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

- Staff received relevant training and understood the relevant consent and decision-making guidance and legislation requirements, 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.
- 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, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits, to ensure it followed relevant guidance, and met the requirements of legislation.

Health promotion and prevention

- The waiting area displays were well set out and included a wide range of health promotion information for patients and carers.
- The practice and the patient participation group held education and health awareness events for all population groups. A further event was due to be held at Oakwood in April 2016 for all its patient population, involving various external agencies such as Age UK, Parkinson's and attention deficit hyperactivity disorder (ADHD) support group.
- 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 requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

- The clinical staff worked closely with specialist teams to support patients to manage long-term conditions effectively and locally. For example, First Diabetes, which provides specialist diabetes care, that would traditionally be provided in a hospital setting.
- The clinical staff were pro-active in using their contact with patients to help improve their health and wellbeing, including offering opportunist screening checks. For example, 82.5% of women aged 25 to 65 years had received a cervical screening test in the last 5 years, which was above the national average of 74.3% and local average of 77.7%. The screening uptake had increased significantly over the last two years, following the introduction of a lead nurse and the high levels of opportunistic screening carried out when patients attended the practice.
- The practice was proactive in reaching out to patients who were reluctant to attend the surgery, including men. The practice ran a campaign promoting male health and wellbeing, which encouraged men to see a GP or nurse about any health issues, or advice on how to make lifestyle changes. Data showed that an additional 160 men attended the practice between May to August 2015, compared to the same period for the previous year.
- Childhood immunisation rates for the vaccinations given were above the CCG and national averages. For example, the rates for the vaccinations given to under two year olds with the exception of Meningitis C were 100%, and the rates for five year olds were 100% to 96.9%.
- The 2014-2015 flu vaccination rates for the over 65s were 75.5%, and at risk groups was 46.8%.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where risk factors or irregularities were identified.



Are services caring?

Our findings

spect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people 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, and that conversations taking place in these rooms could not be overheard.
- Reception staff responded to patients who wanted to discuss sensitive issues or appeared distressed, by ensuring their privacy was maintained.

Records supported that all reception staff had attended recent in-house training on customer care.

- We found many positive examples of staff going the extra mile to provide a caring service. For example, staff had taken certain elderly patients home who were unwell, and who were unable to make their own way. Also, in response to concerns about a patient's wellbeing who had failed to attend several appointments, clinical staff had tried to contact the patient to speak with them, and had sought advice from relevant agencies.
- Feedback from patients and external staff who worked closely with the practice was consistently positive about the way staff treated people.
- Fourteen patients we spoke with described the staff as friendly and helpful, and said that they were treated with kindness, dignity and respect. They also said that they felt listened to and that their views and wishes were respected. Importantly, they felt that they received personal care from staff who were very caring and supportive, and who understood their needs.
- We also spoke with three members of the patient participation group. They also told us they were extremely satisfied with the care provided, and said their dignity and privacy was respected.

- We also received 52 comment cards from patients. The feedback was very positive and aligned with the above views.

The 2015 national GP patient survey results showed that patients felt they were treated with compassion, dignity and respect. The practice's satisfaction scores on consultations with doctors and nurses rated the practice higher than others for almost all aspects of care. For example:

- 94% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 99% said they had confidence and trust in the last GP they saw (CCG average 96% and national average 95%)
- 92% said the last GP they spoke to was good at treating them with care and concern (CCG average 87% and national average 85%).
- 92% said the last nurse they saw or spoke with was good at giving them enough time (CCG average 92%, national average 92%).
- 94% said the last nurse they saw or spoke to was good at treating them with care and concern (CCG average 91%, national average 90%).
- 87% said they found the receptionists at the practice helpful (CCG average 87%, national average 87%)

Care planning and involvement in decisions about care and treatment

Patients told us that they felt involved in decisions about the care and treatment they received. They were given sufficient time and information during consultations to enable them to make informed choices. Patient feedback on the comment cards we received was also positive and aligned with these views.

We obtained positive examples to show that patients were actively involved in their care, and that their choices and needs were respected. For example, the nurse manager contacted all patients with learning disabilities or their carer, to discuss how best to carry out their annual health check to meet their individual needs. Taking into account such issues as would it be better to complete this in one or several shorter sessions, if they wanted someone with them, and what was the best time for the patient.



Are services caring?

The 2015 national GP patient survey results showed that patients responded positively to questions about their involvement in decisions about their care and treatment. Results were above the local and national averages. For example:

- 90% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 89% said the last GP they saw was good at involving them in decisions about their care (CCG average 84%, national average 81%)

Staff told us that translation services were available for patients who did not have English as a first language. We saw that information was available in the reception area and on the practice's website, informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Patients were respected as individuals; their emotional and social needs were seen as important as their physical needs. The 2015 national GP patient survey results showed that patients responded positively to questions about the emotional support they received from staff.

Patients we spoke with during the inspection and comment cards we received were also consistent with the above survey information. For example, a patient had had a recent health scare, and the GP had spent a considerable time with the family providing support and assurances.

Notices in the patient waiting area told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 47 patients as carers. Written information was available to direct carers to the various avenues of support available to them.

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 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.

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 actively engaged with the NHS England Area Team and Clinical Commissioning Group (CCG), to secure improvements to services where these were identified. For example, when the partners took over the management of the practice, they identified the need to provide extended appointment times, an in-house phlebotomy service, certain minor surgery and fit intra-uterine and implant contraceptive devices. The services were duly provided to meet patients' needs.

The practice had appropriate facilities and was well equipped to treat patients and meet their needs. To meet the future needs of the service, the practice was in consultation with NHS England and the CCG, regarding plans to move to new purpose built premises.

The practice worked closely with the local community and other organisations in planning how services were provided, to ensure that they meet people's needs. For example, they were part of a collaborative working group involving five local GP practices. The practice had led on a project, which had aligned the local care homes to specific practices. This had resulted in more effective use of resources, improved communication and continuity of care for patients.

The collaborative working group met regularly to discuss future projects. They were looking at piloting the benefits of having a social worker based within the practices, to support people's social needs.

There were innovative approaches to enabling people to access services locally. For example, the practice worked in partnership with four local GP practices and the acute trusts, to enable people to access certain NHS services at a nearby local centre, rather than attending hospital.

All five GP practices were able to refer patients directly to the above local services, which included a consultant led gynaecology service, where patients were generally seen within three weeks of their referral, compared to eight to nine weeks if referred to the acute hospital. Patient satisfaction feedback relating to this service was extremely positive.

The partnership five GP practices could also refer patients to a musculoskeletal service. This was led by a GP and a physio-therapist with relevant expertise, who provided shared care assessment and triage of a patient's condition, to ensure they were referred to the most appropriate clinician.

The practice actively implemented improvements and changed the way it delivered services, as a result of feedback from patients and the patient participation group. For example, the telephone system was being updated to further improve access for patients.

Access to the service

Patients told us that they were able to access appropriate care and treatment when they needed it, and most people could access appointments and services in a way and at a time that suited them.

The practice had an appointment/access group that regularly met to review patient access, to ensure this met the needs of the service. This enabled the practice to effectively monitor access, and change the number of available appointments and telephone consultations to meet the demands on the service.

We found that the services were delivered in a way to ensure flexibility, choice and continuity of care.

- The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 11.35am every morning, and various times between 2pm to 5.50pm daily.
- Extended hours surgeries were available on Monday evenings and Saturday mornings, for working patients who could not attend during normal opening hours.
- In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.
- Same day appointments were available for children and those with serious medical conditions.
- Longer appointments were available for patients where required, including people with complex needs, who were vulnerable, frail or elderly.
- Patients were encouraged to see the same clinician for re-current issues such as wound care, to ensure continuity of care.

Are services responsive to people's needs?

(for example, to feedback?)

- Home visits were available for frail, elderly, vulnerable or disabled patients who were unable to attend the surgery.
- Disabled facilities, a hearing loop and translation services were available.

The July 2015 national GP patient survey satisfaction scores showed that patients responded positively to questions about access to the service, mostly rating the practice higher than others. For example:

- 77% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and national average of 75%.
- 93% of patients said they could get through easily to the surgery by phone compared to the CCG average of 75% and national average of 73%.
- 82% of patients described their experience of making an appointment as good compared to the CCG average of 74% and national average of 73%.
- 71% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 69% and national average of 65%.

Listening and learning from concerns and complaints

Patients said they felt listened to and were able to raise concerns about the practice as the staff were approachable.

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 responsible person who handled all complaints in the practice.
- We saw that information about how to complain was available and easy to understand.
- We looked at two complaints the practice had received in the last 12 months and found that they had been acknowledged, investigated and responded to, in a timely and transparent way in line with the practice's policy.
- Complaints were actively reviewed at three monthly intervals as to how they were managed, to ensure that appropriate learning and improvements had taken place to improve the care for patients. For example,
- In response to an incident resulting in harm to a patient, the learning points were shared with the whole team. Clinical staff also completed relevant training to further their knowledge and understanding of the related health issue. Clinical audits of patients' medication and related clinical condition were also completed, to provide assurances that people were receiving appropriate care and treatment.
- Staff told us that the practice was open and transparent when things went wrong, and that patients received an apology when mistakes occurred. Records we looked at supported this.

Are services well-led?

Outstanding



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

Our findings

Vision and strategy

- The practice had a clear vision to deliver high quality care and promote good outcomes for patients.
- The practice had a mission statement, which was displayed in key areas of the practice. The staff knew and understood the values, as the full team were involved in completing this.
- The practice had a robust strategy and supporting business plans, which reflected the vision and values.
- The partners attended an annual away day to review the strategy, challenges and aims for the coming year.

There had been significant improvements to ensure the delivery of high quality person centred care, since the partners took over the practice in April 2013. For example, a continuous audit programme, comprehensive policies, a structured training programme, a wide range of patient satisfaction surveys and staff meetings had been put in place. The practice has demonstrated outstanding leadership skills in order to achieve this. Regular meetings were held to review the finances, performance and business plans.

The practice carried out proactive succession planning. For example, they had employed additional clinical staff to what was currently needed, to further develop staff roles, and cover absences and a planned reduction in a partner's hours in June 2016.

Governance arrangements

The practice had a comprehensive governance framework, which supported the delivery of good quality care. This outlined the procedures and systems in place and ensured that:

- There was a clear staffing structure and that staff were clearly aware of their roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- Robust systems were in place for regularly reviewing the performance of the practice.

- A comprehensive programme of continuous clinical and internal audit was in place, which was used to monitor quality and to make improvements.
- Effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

A schedule was set out to highlight when policies were due to be reviewed. Several key policies we looked at had been reviewed recently to ensure they were up-to-date, although a few procedures had not been reviewed within their stated review date. The practice manager assured us that these were due to be reviewed.

Leadership, openness and transparency

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

The practice had a highly motivated and committed staff team, to enable them to deliver well-led services. There were high levels of staff satisfaction and engagement. Staff we spoke said they were proud of the organisation as a place to work.

There was effective teamwork and a commitment to improving patient experiences. High standards were promoted and owned by all staff. The culture and leadership empowered staff to carry out lead roles, and innovative ways of working to meet patients' needs, and to drive continuous improvements.

The findings of this inspection showed that the senior management team had the experience, capacity and capability to run the practice, and ensure high quality care. They prioritised safe, high quality and compassionate care.

The partners and senior managers were visible in the practice, and staff told us that they were approachable and take the time to listen them.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. Staff told us:

- The practice held regular team meetings. An annual full team away day was also held. Records we looked at supported this.

Are services well-led?

Outstanding



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

- There was an open culture within the practice and they had the opportunity to raise any issues at team meetings, and felt confident and supported if they did.
- They felt respected, valued and supported, by all staff. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

The practice had effective systems in place for knowing about and managing notifiable safety incidents. When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology, where appropriate.
- They kept written records of verbal communications and written correspondence.

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

The practice encouraged and valued feedback from patients, the public and staff. It actively sought patients' views through:

- The patient participation group (PPG), comment cards, complaints and a wide range of surveys.
- There was a very active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG took part in a recent survey to obtain patients views about changing the extended hours. The PPG fed back the survey findings, which was forwarded to NHS England area team and the changes were implemented.
- The PPG was actively involved in the planning and delivery of services. For example, they were involved in all changes and new projects.
- The practice actively engaged with young people and used innovative approaches to gather feedback from patients, which influenced practice development. For example, the young people on the PPG had looked at the practice's website, as to how appropriate and useful the information was for them. Changes were made to the website in response to their feedback.

The practice had also gathered feedback from staff through staff away days, meetings, appraisals and general 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.

Continuous improvement

There was a strong focus on continuous learning at all levels within the practice. Training and development needs were discussed at induction and at appraisals.

The commitment to learning and the development of staffs' skills was recognised as essential to ensuring high quality care. Staff told us that they were actively supported to acquire new skills, and obtain further qualifications to improve the services. For example, all five nurse practitioners were qualified or currently working towards Masters level qualifications.

The practice team was forward thinking and took part in local pilot schemes to improve outcomes for patients. For example, the practice was involved in a new pilot involving an online triage system, whereby patients can follow a step-by-step set of questions relating to their problem. Once they have completed the on line template, a GP then emails the patient back with advice within a certain time frame. The new system was being set up to enable patients to access it.

There was a pro-active and innovative approach to seeking out and embedding new ways of working and seeking patients views. For example,

- The practice ran a campaign promoting male health and wellbeing, which encouraged men to see a GP or nurse about any health issues, or advice on how to make lifestyle changes.
- The practice had an appointment/access group that regularly met to review patient access, to ensure this met the needs of the service.
- Several people were involved as 'patient experts' to obtain their views, and share their experiences and life style changes they had made with other patients and staff.