

Blue Dykes Surgery - Grassmoor

Quality Report

186 North Wingfield Road
Grassmoor
Chesterfield
Derbyshire
S42 5ED
Tel: 01246 852995
Website: www.bluedykessurgery.co.uk

Date of inspection visit: 8 June 2016
Date of publication: 29/07/2016

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

Summary of findings

Contents

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	11
Areas for improvement	11

Detailed findings from this inspection

Our inspection team	12
Background to Blue Dykes Surgery - Grassmoor	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 Blue Dykes Surgery – Grassmoor on 8 June 2016.

Overall the practice is rated as good.

- We inspected the practice at a time when arrangements were in place to work in partnership with the Royal Primary Care from July 2016 to improve the sustainability of the practice and access to GP appointments.
- The practice had an open and transparent approach to safety and an effective system in place for reporting, recording and analysing significant events. Learning was shared widely across all staffing groups.
- Risks to patients were assessed and well managed. This included recruitment checks and procedures for managing medical emergencies.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. The care needs of patients with complex health conditions

and / or living in vulnerable circumstances was planned and co-ordinated in collaboration with other health and social care professionals to ensure their safety.

- Patients had access to two GP partners and clinical staff with a wide range of skills, experience and expertise. This included the practice employed community psychiatric nurse, pharmacists, advanced nurse practitioners and practice nurses.
- The practice had an effective programme in place for undertaking clinical audits and we saw evidence of audits driving improvements to patient outcomes.
- Patients were positive about their interactions with staff. They said they were treated with compassion and dignity; and were involved in decisions about their care and treatment.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Patients told us that access to GP appointments could sometimes be difficult and this was reflected in the results from the national GP patient survey.

Summary of findings

- Plans were in place to strengthen the overarching governance arrangements and increase the capacity of clinical leadership. This was to ensure better oversight of the practice's performance, delivery of services and professional development for clinical staff.
- The system in place for monitoring staff training needed to be strengthened to ensure staff were up to date with their mandatory and refresher training in line with the provider's procedures.
- Improvements were made to the quality of care as a result of complaints and concerns. All staff were involved in reviewing complaints to identify learning and key themes were also shared with the patient participation group (PPG).

- 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.

However there were areas where improvements should be made:

- Ensure an effective system is in place for monitoring staff training to assure the provider that all staff have completed mandatory and refresher training relevant to their roles.
- Ensure patient experience data (including access to appointments) continues to be reviewed, monitored and acted upon to continually drive service improvement.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting, recording and analysing significant events. Lessons were shared with staff to ensure appropriate action was taken to improve safety in the practice.
- The practice had processes in place to keep patients safe and safeguarded from abuse. This included regular safeguarding meetings with the health visitor.
- The arrangements for managing medicines and vaccines kept patients safe. This included robust systems for acting upon medicines related alerts and ensuring patients received appropriate reviews.
- Risks to patients were assessed and well managed. This included recruitment checks and risks related to health and safety, the premises, equipment and foreseeable emergencies.

Are services effective?

The practice is rated as good for providing effective services.

Good



- The care needs of patients were assessed and delivered in line with current evidence based guidance. Systems were in place to ensure all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average when compared to the local and national averages. For example, the practice had achieved an overall figure of 94% in 2014/15 and 97% for 2015/16. The latter results were yet to be verified and published.
- Clinical audits showed improvements in patient care and outcomes, including the management of their medicines.
- Staff worked with other health and social care professionals to understand and meet the range and complexity of patients' needs.
- Patients were offered health promotion advice, health reviews and screening checks to enable them to live healthier lives.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Patients said the practice offered a very good service and staff were helpful, caring and treated them with dignity and respect. Patients also felt involved in decisions about their care and treatment.
- This feedback was aligned with the January 2016 national GP patient survey results. For example, 93% of patients said the last nurse they spoke to was good at treating them with care and 88% said the last GP they saw or spoke to was good at listening to them. The satisfaction rates were in line with the local and national averages.
- The practice team was awarded the Derbyshire dignity campaign award in April 2015, in recognition of the work undertaken to promote dignity and respect within the practice.
- Care plans were used to facilitate shared decision making with patients, their carers and other professionals in respect of on-going care and treatment.
- The practice had identified 3.6% of its patients as carers and was proactive in providing personalised support for each carer.
- Staff responded compassionately to patients when they needed help and provided support when required.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Feedback from patients highlighted that access to a named GP and continuity of care was not always available quickly; although same day appointments for urgent medical needs were available from the practice or Clay Cross surgery.
- In addition, the January 2016 national patient survey results showed 56% of respondents described their experience of making an appointment as good compared to the CCG of 74% and national average of 73%.
- However, although the patient survey results were lower than average in areas relating to access, the provider had responded to local demand by expanding the skill mix at the practice to ensure patients received care and treatment to meet their needs.
- The practice had also reviewed the needs of its local population and a plan was in place to secure improvements for areas identified. This included partnership working with the Royal Primary Care to increase the clinical staffing skill mix and appointments for patients.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Good



Summary of findings

- Patients could get information about how to complain and learning from complaints had been shared with staff and the patient participation group.

Are services well-led?

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

- The practice had a clear vision with patient care and improving patient's conditions as a priority.
- There was a clear leadership structure and succession planning was in place to manage staffing levels in the future. The imminent addition of Royal Primary Care as a partner was planned to allow additional leadership capacity and services for patients.
- The practice had a wide range of relevant policies and procedures to govern activity and these were regularly reviewed and updated.
- The partners and practice management team encouraged a culture of openness and honesty, and staff felt supported to raise issues and concerns.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was well established and met regularly. The PPG worked closely with the practice to review issues and were supported by the practice.
- However, systems to ensure mandatory training had been completed by all staff needed to be strengthened to ensure they were well managed.

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



- All patients aged 75 years and over had a named GP.
- Influenza, pneumococcal and shingles vaccinations were offered (where necessary) in accordance with national guidance.
- Nationally reported data showed the outcomes of conditions commonly found in older people were mostly comparable to the local and national averages.
- The practice held regular multi-disciplinary meetings to discuss the most vulnerable patients and those with complex care needs. This facilitated effective planning and co-ordination of care to meet the individual needs of patients and also helped to reduce the number of unnecessary hospital admissions.
- The practice provided primary medical services to a local care home for older people. A named nurse or GP attended to the residents care needs and visited at least weekly.
- The practice employed a pharmacist and community psychiatric nurse who carried out home visits for patients that required a review of their medicines or mental health needs.

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 data showed the practice performed in line with local and national averages for its management of long term conditions.
- All these patients had a named GP and an annual review was offered to check their health and medicines needs were being met. For those patients with the most complex needs, the named clinician worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Patients had access to a pharmacist (employed by the practice and CCG) to discuss and review their medicines and ensure their prescription remained appropriate.
- Patients at risk of hospital admission were identified as a priority and regular multidisciplinary meetings were held at the practice to review their care.
- A dedicated member of staff (care coordinator) monitored the support in place for these patients in liaison with the clinical team and other health and social care professionals.

Summary of findings

- There were longer appointments and home visits available for patients who had clinical needs which resulted in difficulty attending the practice. For example, some patients taking anti-coagulant medicines were monitored at home by the practice nurses.

Families, children and young people

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

- Childhood immunisation rates were high and comparable to the local averages. For example, vaccination rates for children aged five ranged from 81.8% to 100%, compared to a local average of between 96.2% and 99.6%.
- The practice facilitated monthly meetings with the health visitors to identify and follow-up children living in disadvantaged circumstances, at risk of abuse or deteriorating health.
- The premises were suitable for families, children and young people. For example, the practice had baby changing facilities and a private room was available to mothers who wished to breastfeed onsite.
- GP appointments were limited to three days a week at the practice and some appointments were available outside of school hours. However, parents could access GP appointments for their children on other days at the provider's Clay Cross surgery. Staff told us same day appointments were available for unwell children.

Good



Working age people (including those recently retired and students)

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

- The main area of concern for patients related to availability of GP appointments at the practice as this was only available three days a week (Monday morning, Tuesday and Friday afternoon). However, patients could also access additional GP appointments from Clay Cross Surgery on the other two days. Patient feedback showed this was not always convenient for some patients.

There were, however, examples of good practice.

- The practice offered NHS health checks for patients aged 40 to 74 and a range of health promotion advice related to diet, smoking and alcohol intake

Good



Summary of findings

- Patients had access to national cancer screening programmes; and data showed the uptake rate was comparable to the local and national averages. For example, 55% of patients aged 60 to 69 had been screened for bowel cancer within six months of invitation against a local average of 57% and national average of 55%.
- Patients could book appointments and order repeat prescriptions online.
- Treatment room services were available to patients and they had access to advanced nurse practitioners with particular skills in minor illness, ear conditions and musculoskeletal problems.
- Telephone consultations were offered in addition to extended hour's services on a Wednesday or Thursday for pre-booked routine appointments at Clay Cross Surgery only

People whose circumstances may make them vulnerable

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

Good



- The practice offered longer appointments and annual health checks for patients with a learning disability.
- The practice worked closely with other health care professionals in the case management of vulnerable patients. For example, patients receiving end of life / palliative care were reviewed as part of weekly multi-disciplinary meetings attended by social services, district nurses, a representative from the mental health team and the community matron.
- The practice employed a care coordinator who worked closely with the community matron to ensure patients received appropriate support when needed. For example, ongoing care following an acute relapse, hospital discharge or long term complex conditions.
- The premises were easily accessible for patients with poor mobility or a disability.
- Staff we spoke with knew how to recognise signs of abuse and safeguard patients. Following our inspection, all staff had completed adult and child safeguarding training.
- The practice provided personalised care to carers and this included health checks and signposting to various support groups and voluntary organisations.

People experiencing poor mental health (including people with dementia)

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

Good



Summary of findings

Benchmarking data for 2014/15 showed:

- 100% of patients with a diagnosed mental health need had a care plan documented in the last 12 months which was above the local average of 91% and national average of 88%. This was achieved with an exception reporting rate of 30% and this was 13.6% above the CCG and 17.4. % above the national average.
- 100% of people diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months which was above the local average of 87% and national average of 85%. This was achieved with an exception reporting rate of 12.5% and this was 2% above the CCG and 4.2% above the national average.
- Patients experiencing poor mental health could access appointments with the practice employed community psychiatric nurse (CPN). The CPN took a lead role in the review and management of these patients to ensure they received coordinated support in the community where possible. Patients were also signposted to various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Summary of findings

What people who use the service say

As part of our inspection we asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received two comment cards which were all positive about the standard of care received.

We spoke with five patients during the inspection. Most patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. However, some patients felt the availability of GP appointments needed to be increased to ensure ease of access at the practice. This was reflected in the practice's March 2016 survey results which showed appointments was still a main area of concern for patients. The provider had plans in place to address this in partnership with Royal Primary Care.

We reviewed the national GP patient survey results published in January 2016. A total of 342 survey forms were distributed and 115 were returned. This represented a 34% completion rate and 6.7% of the practice's patient list size. The results showed the practice was performing in line with local and national averages. For example:

- 87% of respondents said the last GP they saw or spoke to was good at giving them enough time compared to the CCG of 85% and national average of 87%.
- 99% of respondents had confidence and trust in the last nurse they saw or spoke to compared to the CCG of 98% and national average of 97%.
- 88% of respondents say the last GP they saw or spoke to was good at listening to them compared to the CCG of 87% and national average of 89%.

What this practice could improve on related to opening hours and availability of appointments. For example:

- 52% of respondents were satisfied with the surgery's opening hours compared to the CCG and national averages of 75%.
- 55% would recommend this surgery to someone new to the area compared to the CCG of 76% and national average of 78%.
- 56% described their experience of making an appointment as good compared to the CCG of 74% and national average of 73%.

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure an effective system is in place for monitoring staff training to assure the provider that all staff have completed mandatory and refresher training relevant to their roles.
- Ensure patient experience data (including access to appointments) continues to be reviewed, monitored and acted upon to continually drive service improvement.

Blue Dykes Surgery - Grassmoor

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a Pharmacist Specialist from the CQC medicines team.

Background to Blue Dykes Surgery - Grassmoor

The provider Blue Dykes Surgery has two separate locations registered with the Care Quality Commission. We inspected both locations on the same day and most staff worked at both surgeries.

Blue Dykes Surgery - Grassmoor provides care to 1719 patients through a primary medical care services (PMS) contract commissioned by NHS England and Hardwick Clinical Commissioning Group (CCG). The practice operates from a purpose-built building, in the town of Grassmoor, Chesterfield.

The level of deprivation within the practice population is above the national average. The practice is in the fourth most deprived decile meaning that it has a higher proportion of people living there who are classed as deprived than most areas.

The practice team comprises of two GP partners (one male and one female), a salaried female GP (currently on maternity leave until November 2016) and a range of clinical staff including:

- Two pharmacists

- Four advanced nurse practitioners
- A lead mental health nurse, also qualified as a community psychiatric nurse
- Six practice nurses and a health care assistant

The clinical team is supported by a care coordinator, practice manager, an assistant practice manager and a team of reception and administrative staff.

The practice is open between 8am and 6.30pm on Monday and Friday; 1pm to 6.30pm on a Tuesday and 8am to 1pm on Wednesday and Thursday.

- GP appointments are available on Monday (8am to 12pm), Tuesday (2.30pm to 6.30pm) and Friday (2.30pm to 6.30pm) only; although patients had access to GP appointments at Clay Cross surgery on Wednesday and Thursday.
- Patients also had access to daily appointments with a treatment room nurse, ANP, CPN and healthcare assistant.

The practice has opted out of providing out-of-hours services to its own patients. When the practice is closed patients are directed to Derbyshire Health United (DHU) via the 111 service.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

Detailed findings

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

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).

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. This included NHS England Local Area Team, Hardwick Clinical Commissioning Group and Healthwatch. We carried out an announced visit on 8 June 2016. During our visit we:

- Spoke with a range of staff (GPs, advanced nurse practitioner, practice nurses, pharmacists, health care assistant, practice manager, assistant practice manager, reception and administrative staff)
- Spoke with five patients who used the service and this included two members of the Patient Participation Group (PPG).
- Observed interactions between staff and patients.
- Reviewed a range of records held by the practice and a sample of the treatment records of patients to corroborate our evidence.
- Reviewed two comment cards where patients shared their views and experiences of the service.

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

Are services safe?

Our findings

Safe track record and learning

The provider Blue Dykes Surgery has two separate locations registered with the Care Quality Commission (Grassmoor and Clay Cross surgeries) and most staff work at both sites. We inspected both locations on the same day and found the arrangements for managing incident reporting and safety related issues was mainly carried out from the Clay Cross Surgery. There was an effective system in place for reporting, recording and investigating significant events.

- Staff we spoke with were aware of their responsibilities to raise concerns, and how to report incidents and near misses. They told us they would inform the practice manager, assistant practice manager and / or one the GP partners of any incidents and a recording form would be completed.
- We reviewed 18 incident forms completed within the last 12 months. The records showed an analysis of the significant events had been carried out and outcomes were reviewed at practice meetings. Appropriate learning and improvements had taken place and the findings were communicated widely amongst the staff.
- For example, the communication between the practice staff and local pharmacies had been strengthened to ensure any changes made to medicines dispensed in blister packs was actioned prior to this being given to the patient. In addition, a list of patients using a blister pack was obtained from each local pharmacy and their medical records were clearly marked to ensure staff were aware.

The practice had a robust system in place for receiving and acting on medicine alerts, medical devices alerts and other patient safety alerts. One of the pharmacists took a lead role in disseminating the alerts to the practice team, undertook searches to check the medical records of individual patients and arrangements were made for affected patients to be seen by a clinician to ensure their safety. For example, patients had their care and treatment reviewed in response to updated best practice guidance on limiting the prescribing of specific medicines used to treat high blood pressure and prevent / reduce the risk of chest pain.

Overview of safety systems and processes

- Arrangements were in place to safeguard children and vulnerable adults from abuse.

Staff had access to policies and procedures to guide them in identifying and preventing abuse from happening. This included information on whom to contact for further guidance if they had concerns about a patient's welfare. One of the GP partners was the safeguarding lead and was trained to an appropriate level in child safeguarding (level three). Regular safeguarding meetings were held to discuss children and families at risk of abuse or deteriorating health needs. This included monthly meetings with the health visitor and an annual meeting involving the GPs, health visitor, nursery nurse and the practice manager.

Staff we spoke with demonstrated they understood their responsibilities to safeguard patients. However, not all staff had received relevant training on safeguarding children and vulnerable adults at the time of our inspection.

- Notices were displayed in the waiting area to advise patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- The practice maintained appropriate standards of cleanliness and hygiene.

We observed the premises to be visibly clean and tidy. One of the practice nurses 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 relevant training. Records reviewed showed an audit had been completed in May 2016 and identified improvements had been implemented. A Legionella risk assessment had also been completed and a monitoring system was in place to check water outlets were flushed weekly and regular temperature checks were carried out. Legionella is a term for a particular bacterium which can contaminate water systems in buildings.

Are services safe?

- The arrangements for managing medicines including vaccines kept patients safe. We reviewed the processes related to obtaining, prescribing, recording, handling, storing, security and disposal of medicines.

The provider employed two practice pharmacists (total 41 hours) and they worked in collaboration with the clinical commissioning group (CCG) medicines management team and a local community pharmacist. This increased the capacity to review patients' medicines, and freed up GP time. Patients were actively encouraged to make an appointment for a medication review. For example the practice attached to prescriptions a red coloured prompt note stating "to ensure your repeat prescriptions are still appropriate and synchronised, please make an appointment for a medication review".

The practice carried out regular medicines audits to ensure they were in line with best practice guidelines for safe prescribing. We saw that clinical audits were often linked to medicines management information or safety alerts and there was evidence of repeat cycles showing improvement in patient care. Systems were in place to handle high risk medicines and to ensure patients received regular monitoring and tests.

Blank prescription printer forms (this includes pads and computer paper) were held securely and logged on arrival in the practice before use. Prescriptions were not tracked through the surgery in line with national guidance although this was rectified before the end of our inspection.

Four of the nurses were qualified as advanced nurse practitioners and could prescribe medicines for specific clinical conditions. They received mentorship and support from the GP partners for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines such as the vitamin B12 injection against a patient specific direction from a prescriber.

- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

- There were procedures in place for monitoring and managing risks to patient and staff safety. Risks to patients were assessed and well managed.

The practice commissioned a consultancy firm to provide guidance and advice on health and safety at work. The firm had recently reviewed the practice's procedures and recommendations for improvement had been implemented by the practice team staff. The health and safety staff handbooks had also been updated and shared with the practice team.

The practice had a fire risk assessment in place and designated staff members had received fire warden training. Fire alarm tests were undertaken weekly and the most recent fire evacuation drill had been completed a week before our inspection.

All fire and electrical equipment had been checked to ensure they were safe to use. For example, all portable appliance testing had been completed in May 2016. Clinical equipment had also been calibrated to ensure it was working properly.

The practice had a variety of other risk assessments in place to monitor the safety of staff and the premises. For example, risk assessments related to home visits, the waiting room and control of substances hazardous to health had been discussed with staff.

- Staffing arrangements was an identified area of improvement and future plans were in place to increase GP capacity in particular.

The provider had faced challenges in recruiting GPs and as a result implemented a care model which comprised of specialist clinical staff to complement the two GP partners and salaried GP (currently on maternity leave). This included two pharmacists, four advanced nurse practitioners (ANP), a lead nurse for mental health (community psychiatric nurse - CPN) and a range of nursing staff.

The clinical team working from Grassmoor surgery included two GP partners, an ANP, a CPN, treatment room nurse, healthcare assistant and the CCG employed pharmacist. They were supported by the practice managers and three reception staff. The practice team worked flexibly and used a rota system to ensure enough staff were on duty.

Are services safe?

The March 2016 practice survey results showed patients were unhappy that the GP sessions had been reduced from seven to four sessions per week. Although patients had the option of using Clay Cross surgery, and many did, some patients did not like to travel. The provider told us reducing the GP provision at Grassmoor was a decision not taken lightly but there was a need to ensure a GP was always present at Clay Cross to provide clinical supervision. The Clay Cross Surgery had a patient list size of 8600 which was five times larger the number of patients at Grassmoor surgery (1719).

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Staff received training in basic life support and / or cardio pulmonary resuscitation.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. Processes were in place to check that emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and appropriately stored.
- 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 patient's needs and delivered care in line with relevant and current evidence based guidance and standards. For example:

- Staff had access to National Institute for Health and Care Excellence (NICE) best practice guidelines and local prescribing guidelines. They used this information to deliver care and treatment that met patients' needs.
- NICE guidelines were discussed at regular clinical meetings to ensure staff were aware of changes and updates.
- The practice monitored that these guidelines were followed through risk assessments, audits and checks of patient records.
- Clinicians had access to a range of risk stratification tools to inform their assessment and review of patient needs. This included tools for identifying patients at risk of specific long term conditions, dementia and hospital admission.
- Clinical staff also held daily debrief meetings to discuss the care needs of patients they had seen during the morning session or patients triaged as needing a same day home visit, appointment or telephone consultation. This also served as a peer support system and ensured patients were seen by the appropriate clinician.

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 for the year 2014/15. The results showed the practice had achieved 94.1% of the total number of QOF points available. This was in line with the clinical commissioning group (CCG) average of 94.9% and the national average of 94.7%.

The practice had achieved an overall exception rate of 12.5% which was above the CCG average of 9.5% and the national average of 9.2%. Exception reporting is the

removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

- Performance for diabetes related indicators was about 92% and this was marginally above the CCG and national averages of 89%. The overall exception reporting rate for diabetes was 13% compared to the CCG and national averages of 11%.
- Performance for indicators related to hypertension was 100% and this was marginally above the CCG and national averages of 98%. The overall exception reporting rate for hypertension was 6% compared to the CCG average of 3% and national average of 4%.
- Performance for dementia health related indicators was about 87% which was below the CCG average of 92% and national average of 95%. The exception reporting rate for dementia related indicators was 8% which was below the CCG average of 11.5% and the national average of 8.3%.
- Performance for mental health related indicators was 100% which was above the CCG average of 94% and national average of 93%. The exception reporting rate for mental health related indicators was 40.5% which was above the CCG average of 13% and the national average of 11%.

The data showed exception reporting was above the local and national averages for some clinical indicators such as mental health, cancer, depression and rheumatoid arthritis. Records reviewed and discussions held with practice staff showed the decision to exception report was based on appropriate clinical judgement with clear and auditable reasons coded or entered in free text on the patient record. Examples of exclusions included:

- Patients who had not attended their health reviews in spite of being invited on three occasions.
- Patients for whom prescribing a specific medicine or treatment was not clinically appropriate and / or
- Patients newly diagnosed or who had recently registered with the practice who should have had measurements made within three months.

Are services effective?

(for example, treatment is effective)

Practice supplied data for 2015/16 showed approximately 97% of the total number of QOF points had been achieved. This data was yet to be verified and published.

There was evidence of quality improvement including clinical audit.

- The clinical staff we spoke with commented positively about the culture in the practice around clinical audit and quality improvement. For example, clinicians attended biennial meetings where learning was disseminated in respect of the clinical audit outcomes.
- One of the practice pharmacists was the clinical audit lead, who facilitated suggestions from staff for future topics and maintained overall oversight of the completion of audits.
- The practice had a planned audit programme in place and clinical audits were primarily linked to medicines management information and patient safety alerts.
- The practice showed us 19 clinical audits that had been undertaken in the last 12 months. Four of these were completed audits where the practice was able to demonstrate the resulting or improved changes since the initial audit was completed.
- For example we saw a completed audit cycle regarding the prescribing of medicines used to lower cholesterol levels and to reduce the risk of heart attack and stroke. Following the audit, the GPs carried out medication reviews for patients who were prescribed these medicines and altered their prescribing practice in line with the guidelines.
- The practice was aware of their high antimicrobial prescribing rate, and were actively auditing this prior to implementing an action plan.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff and this included shadowing opportunities to learn the practice specific systems and patient pathways.
- The practice could demonstrate how they ensured role-specific training was undertaken. For example, staff administering vaccines, taking samples for cervical screening and / or blood samples had received specific

training which included an assessment of competence. However, the system in place for monitoring staff training needed to be strengthened to ensure staff were up to date with their mandatory and refresher training in line with the provider's procedures.

- Staff had access to appropriate training to meet their learning needs and cover the scope of their work. This included e-learning training modules and face to face training.
- The learning needs of staff were identified through a system of informal discussions, meetings, appraisals and review of practice development needs. Non clinical staff employed for over a year had received an appraisal within the last 12 months.
- The appraisals for clinicians had been put on hold due to the imminent partnership with the Royal Primary Care as objectives and practice needs were likely to change. Plans were in place to streamline the clinical supervision procedures and to set up peer support group sessions for the different clinical staff, for example nurses and pharmacists.
- In the interim of these changes, clinical staff could access clinical supervision from one of the GP partners, and one GP partner had accessed support from an external GP mentor.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was accessible to relevant staff through the practice's patient record system and their intranet system.

- This included medical records, test results and care plans.
- The practice shared relevant information with other services. For example when referring patients to secondary care services and when patients moved between services.

The practice worked with other health and social care providers to manage the complexity of patients' individual care needs. For example, the practice held regular multi-disciplinary meetings to discuss the needs of people receiving end of life care, people with complex long terms conditions, patients at risk of hospital admission or in hospital, as well as older people who were frail. These meetings were attended by a range of professionals including social services, the community matron, district nurse and other community based specialist nurses.

Are services effective?

(for example, treatment is effective)

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, clinical staff undertook assessments of capacity.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- People with learning disabilities, patients at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. The nursing staff offered advice and / or patients were signposted to local services.
- All patients with a learning disability had been offered an annual health check. One of the four eligible patients had received their health check in the last 12 months; and others had either declined or were unable to attend.

- The practice offered health checks for new patients and NHS health checks for patients aged 40–74. Follow-up action was taken to mitigate abnormalities or risk factors identified during these checks.
- The immunisation rates for most of the vaccinations given to children were in line with the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92.9% to 100% and five year olds ranged from 81.8% to 100%. The lower percentages were achieved due to two patients not attending. The practice was actively following up with the parents and health visitor.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The 2014/15 Public Health England data showed the practice's cancer screening was comparable to the CCG and national averages. For example:

- 76% of females aged between 25 and 64 years had a record of cervical screening within the target period compared to a CCG average of 78% and national average of 74%.
- 74% of females aged between 50 and 70 years had been screened for breast cancer in the last three years compared to a CCG average of 76% and national average of 72%.
- 51% of patients between 60 and 69 years had been screened for bowel cancer in the last
- 30 months (2.5 year) compared to a CCG average of 60% and national average of 58%.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

The practice team told us of the positive relationships they had built up with patients and it was evident they knew their patients very well. We observed members of staff to be courteous, friendly and helpful to patients. Staff promoted and respected the privacy and dignity of patients by ensuring:

- Consultation and treatment room doors were closed during consultations to ensure conversations taking place in these rooms could not be overheard.
- Curtains were provided in consulting rooms during examinations, investigations and treatments.
- Confidentiality was maintained in the handling of their personal information. The reception area was partitioned by a glass screen so telephone conversations could not be overheard in the waiting area.
- The practice team had also been awarded the Derbyshire dignity campaign award in April 2015, in recognition of work undertaken to embed dignity and respect within the practice

All the five patients we spoke with told us they were listened to and were treated with compassion, dignity and respect by staff. Some patients also expressed a high level of satisfaction about the care and services they received from the reception staff in particular. This positive feedback was aligned with the results of the national GP patient survey and two comment cards we received.

The January 2016 national GP patient survey results showed the practice achieved comparable results to the local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 95% of patients said they had confidence and trust in the last GP they saw compared to the clinical commissioning group (CCG) average of 96% and the national average of 95%
- 88% of patients said the GP was good at listening to them compared to the CCG average of 88% and the national average of 89%.

- 85% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG and national averages of 85%.
- 99% of patients said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and the national average of 97%.
- 92% of patients said the nurse was good at listening to them compared to the CCG average of 94% and the national average of 91%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 91%.

Satisfaction scores for interactions with reception staff were marginally lower than the CCG and national averages:

- 80% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%

Care planning and involvement in decisions about care and treatment

Patients assessed at high risk of being admitted to hospital had a care plan in place to avoid this. The care plans included the patient's wishes, support in place and decisions about resuscitation if appropriate. The above information was shared with other providers such as the local out of hours to ensure they were aware of the needs of these patients when the surgery was closed. In addition, care plans were put in place for patients receiving end of life care, frail older persons and those with complex long term health conditions.

Patients told us they felt involved in decision making about the care and treatment they received. They also felt had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Translation services were also available for patients whose first language was not English to ensure they were fully involved in decisions about their care

Patient feedback from the comment cards we received and the results from the national GP patient survey were also positive and aligned with these views. Plans were in place to improve on areas where the survey results were marginally lower when compared to local and national averages. For example:

Are services caring?

- 87% of patients said the GP gave them enough time during consultations compared to the CCG average of 85% and the national average of 87%.
- 77% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 75% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 82%.
- 92% of patients said the nurse gave them enough time compared to the CCG average of 94% and the national average of 92%.
- 86% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 92% and the national average of 90%.
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 90% and the national average of 85%.
- New carers were proactively identified upon registration and during consultations. The practice had identified 63 patients as carers and this represented 3.6% of the practice list.
- A designated member of staff was the carers' champion and the practice team referred all carers to them to enable personalised support to be provided. This included providing information and / or signposting carers to the various avenues of support available to them. This included the local carers association which the practice worked closely with.
- The carers register was proactively reviewed and used to improve the care of carers. For example, carers had access to flu vaccinations and health checks. Longer appointments and home visits were also offered if required, to fit around the often busy lifestyle of a carer.

Patients had access to a range of information and leaflets relating to support groups and organisations. This included the citizens advice bureau, dementia support service, stroke association and the law centre.

Staff told us that if families had experienced bereavement, their usual GP contacted them. 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.

Patient and carer support to cope emotionally with care and treatment

The practice had effective systems in place for identifying and supporting carers. For example:

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. For example, the provider worked to meet patients' needs with the available resources they had and were in the final stages of formalising their partnership with the Royal Primary Care; with the view to handing the contract to them after a six month interim period. This followed a consultation with the CCG, patients and staff. Benefits of the partnership included increased GP capacity as additional GPs had been recruited by Royal Primary Care and plans were in place for them to start in July 2016.

The six population groups we inspected had access to a range of practice employed specialist nursing staff with extensive knowledge, skills and experience. This enabled patients to receive care and treatment from the most appropriate clinician. For example,

- Patients with mental health needs including anxiety, depression and low self-esteem could access support from the lead mental health nurse, who was a qualified community psychiatrist nurse (CPN). Patients could access support during difficult periods of their illness and were assured of continued support within the community if appropriate. Consequently, the referral rates to the crisis team were low as proactive care planning and management took place and this ensured patients received appropriate care and treatment. The March 2016 practice survey results showed 87.5% of respondents had seen the CPN and were satisfied with the care received.
- Patients with minor illnesses, ear conditions and musculoskeletal problems for example could be seen by an advanced nurse practitioner (ANP). ANPs are able to take medical histories, perform examinations, diagnose and treat health care needs or refer to an appropriate specialist if needed. The practice survey showed 71% of respondents had accessed this service and all of them were satisfied with the service received.
- The community matron managed a caseload of patients who were either receiving end of life care or having an

acute relapse and needed short term help. For these patients, the practice held weekly multi-disciplinary meetings to plan their on-going care and treatment plans.

- The care coordinator worked closely with the community matron and social services to ensure care packages and support was in place for patients who needed it. This included patients on the admissions avoidance, long term conditions and end of life registers. They were also able to refer patients for certain services such as physiotherapy and occupational therapy.
- The CCG employed pharmacist was based at the practice on a Wednesday morning for four hours. On average they saw seven patients requiring a medicine review and also dealt with medicine / prescription queries and reviewed medicine information detailed on discharge letters. Monthly reports were produced and we saw evidence of reduced polypharmacy and prescribing costs, as well as adherence to local prescribing guidelines. The practice survey showed 71% of respondents knew about this service and patient satisfaction was extremely high at about 99%. Patients also had access to the two practice employed pharmacists based at the Clay Cross surgery.
- The practice provided a range of services on site to help avoid long journeys for patients to access care. This included phlebotomy, spirometry, wound care, blood pressure monitoring, travel advice and vaccinations. Patients were seen by the practice nurse and / or health care assistant.
- The premises provided good access for patients in wheelchairs, or those with limited mobility. Services were accessed on the ground floor.

Access to the service

The provider Blue Dykes Surgery is a partnership of two doctors and has two locations (GP practices) registered with the Care Quality Commission. At the time of our inspection, the opening hours of Grassmoor surgery had been reduced due to workforce challenges experienced by the provider and a need to effectively use the shared clinical staff to meet patient demand. As a result, patients had an option to access care and treatment from the Clay Cross surgery when Grassmoor surgery was closed as clinical staff worked across both practices.

Are services responsive to people's needs?

(for example, to feedback?)

The provider had engaged the patient participation group regarding these changes and plans were in place to take a detailed capacity and demand review from August 2016; following partnership working with Royal Primary Care had commenced.

The practice was open between 8am and 6.30pm on Monday and Friday; 1pm to 6.30pm on a Tuesday and 8am to 1pm on Wednesday and Thursday.

- GP appointments were available on Monday (8.15am to 12pm), Tuesday (2.30pm to 6.30pm) and Friday (2.30pm to 6.30pm) only.
- On the day appointments were available through a sit and wait service (Monday drop in clinic) and patients were seen by the most appropriate clinician. Due to the nature of these appointments a wait of up to an hour and longer could be experienced but patients were guaranteed of being seen.
- Next day appointments, two week pre-bookable GP appointments and home visits were also offered.

Some patients we spoke with told us they were not always able to get GP appointments when they needed them at the practice. This was aligned with the January 2016 national GP patient survey results. For example:

- 52% of patients were satisfied with the practice's opening hours compared to the CCG and national averages of 75%.
- 56% described their experience of making an appointment as good compared to the CCG average of 74% and national average of 73%.
- 60% found it easy to get through to this surgery by phone compared to the CCG average of 74% and national average of 73%.
- 70% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG and national averages of 85%.

Although the patient survey results were lower than average in areas relating to access, the provider had responded to local demand by expanding the skill mix at the practice to ensure patients received care and treatment to meet their needs. For example, in addition to GP appointments, patients had access to daily appointments with a treatment room nurse, ANP, CPN and healthcare assistant as appropriate. Our review of the appointment system showed patients with medical problems that required to be seen urgently could access same day GP appointments; but this meant a travel to Clay Cross surgery when GPs were not available at Grassmoor surgery.

Listening and learning from concerns and complaints

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

- The practice's 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 and the most appropriate member of staff would assist in investigating complaints when required.
- The provider had received 21 complaints in the last 12 months and four complaints related to Grassmoor surgery. We saw that the practice had responded to complaints and provided complainants with explanations and / or apologies where appropriate. Learning was identified where possible and improvements made to the service.
- Leaflets for patients wishing to make a complaint were available from the reception and a notice was visibly displayed in the waiting area.
- Complaints, incidents and compliments were anonymised and discussed with the patient participation group (PPG) to ensure they were aware of key issues raised by patients.

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

There was a clear vision and strategy in place to deliver high quality care and promote good outcomes for patients. This included:

- Ensuring patients were seen by the most appropriate and skilled clinician and community teams were involved where appropriate.
- Involving patients in the decisions about their care and a focus on prevention of disease and promoting healthy living.

Staff were engaged with the practice vision and were aware of the importance of their roles in delivering it.

- A business plan was in place, which set out the plans for future development and demonstrated a commitment to ongoing improvement and succession planning. For example, plans were in place for the provider (Blue Dykes surgery) to go into partnership with Royal Primary Care in July 2016. This was in response to challenges experienced in recruiting GPs and the need to embrace new care models of working.
- In addition, the provider considered this an effective way of providing stability and sustainability of health services for the patients and employment for staff.

Governance arrangements

The practice had governance systems in place which were mostly effective and supported the delivery of good quality care. These outlined the structures and procedures in place within the practice and ensured that:

- The practice had a clear staffing structure and staff were aware of their roles and responsibilities.
- A wide range of practice specific policies and protocols were in place and accessible to all staff. We saw that policies and protocols were regularly reviewed.
- Arrangements were in place to identify, record and manage risks and ensure mitigating actions were implemented. For example, the provider declared non-compliance at the point of registration in the following areas; safety and suitability of premises, care and welfare of people who use the services and infection control. We found the areas of concern had been addressed at this inspection.

- A programme of continuous clinical and internal audit was used to assess and monitor the service provision and to make improvements.

However, we saw that the practice manager had raised the lack of mandatory training completed by staff at a recent meeting and an action plan was put in place to ensure the members of staff who had not completed the training would complete it in a timely manner. During the inspection we found that 28 out of 41 members of staff had still to complete child or adult safeguarding updates as well as some other modules for subject such as infection control and manual handling. When we spoke to staff they were aware of the protocols in place and several of them had completed equivalent training with second employers. However the practice had not collected evidence of this to assure them that this training had been completed. Once we raised this as a concern it was acted on and most staff had completed the training within a week of the inspection.

Leadership and culture

We found the partners and practice management prioritised safe, high quality and compassionate care. The two GP partners were very much aware of the demands on them to balance the clinical care they delivered and to maintain the managerial oversight for both Grassmoor and Clay Cross surgeries with a total patient list size of 10 319. The GP partners acknowledged they would benefit from additional capacity to run the practice effectively and ensure robust clinical leadership and professional development programme for the nursing staff in particular. The GP partners and two representatives from the Royal Primary Care we spoke with told us of plans to address this including increased managerial support.

The practice manager and assistant practice manager were based at Clay Cross Surgery. However, the assistant practice manager regularly visited the practice and staff told us they were approachable and took the time to listen to all them.

There was a clear leadership structure in place and a number of staff had lead roles in a range of clinical and non-clinical areas. Regular practice team meetings were held and all staff had access to copies of the minutes for review. Staff told us:

- They felt respected, valued and supported by the management team within the practice.

Are services well-led?

Good 

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

- There was an open and transparent culture within the practice.
- They had the opportunity to raise any issues at team meetings and felt confident in doing so.

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

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

- The practice gathered feedback from patients through the patient participation group (PPG), practice survey, and friends and family test results.
- We spoke with two members of the PPG and they gave positive feedback about their engagement with practice staff. The PPG held monthly meetings which were also attended by a GP partner or practice manager. On occasions, guest speakers would attend from the CCG or Royal Care Primary to involve a wider conversation on service provision and delivery of care.
- The PPG was actively involved in fundraising activities and had secured funds to purchase a defibrillator, the water cooler and consumables, for the benefit of patients.
- The practice's March 2016 survey results showed most of the 103 patients who responded were happy with the services provided; although GP appointments appeared the main area of concern.
- Meetings had been facilitated with patients and staff regarding partnership working with Royal Primary Care.
- The partners and practice management encouraged staff engagement and promoted an ethos of team working within the practice. Staff feedback was obtained during meetings, appraisals and informal discussions.
- All staff we spoke with felt encouraged to identify opportunities to improve the service delivered by the practice.
- There was an embedded culture of learning and improvement through clinical audit, and analysis of significant events and complaints.