

# The Calow and Brimington Practice

## Quality Report

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

## Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at the Calow and Brimington Practice on 12 April 2016. Overall the practice is rated as good. Our key findings across all the areas we inspected were as follows:

- Feedback from patients was consistently very positive about the care and services they received. They described the staff as friendly, caring and supportive and said that they were treated with dignity and respect.
- Patients told us they were able to access care and treatment when they needed it, and nearly all patients said that they could access appointments and services in a way and at a time that suits them.
- The practice was well equipped to treat patients and meet their needs. The services were delivered in a way to ensure flexibility, choice and continuity of care.
- Comprehensive systems were generally in place to keep patients safe, including the arrangements for managing medicines. The security of medicines and the system for recording and managing medicine incidents have been strengthened.

- Staff were motivated and inspired to offer kind and compassionate care. There was effective teamwork and a commitment to improving patient experiences. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The practice worked in partnership with other services to meet patients' needs, and used innovative ways to improve outcomes for patients.
- The culture and leadership promotes the delivery of high-quality, person-centred care. The leadership had been strengthened by the appointment of new business, finance and office managers. The systems for monitoring the quality of services, identifying and managing risks and driving improvements, were being strengthened to ensure the services were well-led.
- The practice sought the views of patients and staff, which it acted on to improve the services. People felt able to raise concerns as the staff were approachable. Complaints were effectively managed and reviewed to ensure that appropriate learning and improvements had taken place.

The provider should:

# Summary of findings

- Monitor the system for reporting and recording medicine errors including incorrect picking of dispensed medicines, to ensure trends are identified and monitored and that patients receive safe treatment.
- Monitor the security of medicines to ensure they are only accessible to authorised staff.
- Further identify patients who are carers to ensure they receive appropriate support.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

Good



- Patients told us they felt safe when using the service.
- Staff told us there was an open culture in respect of reporting incidents. They understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- Comprehensive systems were generally in place to help keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and managed.
- An effective system was in place for managing significant incidents. Lessons were shared to make sure action was taken to improve safety in the practice.
- There were enough staff to keep patients safe.

### Are services effective?

Good



- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- A clinical and internal audit programme was in place, which was used to monitor quality and to make improvements. We saw examples of full cycle audits that had led to improvements in patient care and treatment.
- Staff sought patients' consent to care and treatment in line with legislation and guidance.
- Importance was placed on supporting people to live healthier lives through health promotion and prevention, by offering regular reviews and various screening checks.
- Staff worked in partnership with other services to ensure that patients 'received effective care and treatment.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews.
- Staff had the skills, knowledge and experience to carry out their roles effectively, and were actively supported to acquire new skills and share best practice to further develop the services.

### Are services caring?

Good



- Data showed that patients rated the practice higher than others for most aspects of care. For example, 92% said the last GP they spoke to was good at listening to them compared with the local average of 87% and national average of 89%.
- Feedback from patients was consistently positive about the way staff treated them and the high level of care they received.

# Summary of findings

- Patients were involved in decisions about their care and treatment. They received personal care from staff who were supportive and understood their needs.
- We observed a strong patient-centred culture. Staff were motivated and inspired to offer kind and compassionate care.
- The health care assistants provided support and advice to carers as part of their role. Several external providers including Citizens Advice also held services at the premises to provide support and advice to patients.
- Relationships between staff and patients were positive and very supportive. We saw that staff treated patients with kindness, dignity and respect, and maintained their confidentiality.
- Feedback from care home staff and community based staff was consistently positive with regards to the high levels of care provided by the practice team.

## Are services responsive to people's needs?

Good



- The services were delivered in a way to ensure flexibility, choice and continuity of care.
- People were able to access appropriate care and treatment when they needed it, and nearly all patients said that they could access appointments and services in a way and at a time that suits them.
- The practice took part in new initiatives, and provided additional in-house services to meet patients' needs.
- 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.
- The practice implemented suggestions for improvements and changed the way it delivered services, in response to feedback from patients and the patient participation group.
- There was a culture of openness and people were encouraged to raise concerns. Complaints were listened to and acted on to improve the service, and were investigated and responded to in a timely and appropriate way.

## Are services well-led?

Good



- Patients were asked for their views, and their feedback was acted on to continuously improve the service.
- There was effective teamwork and a commitment to improving patient experiences. High standards were promoted and owned by all staff.
- There was an open, positive and supportive culture. There were high levels of staff satisfaction and engagement.

# Summary of findings

- There was a strong focus on continuous learning and improvement at all levels within the practice.
- The culture and leadership empowered staff to further develop their skills, and carry out lead roles to support the delivery of high quality care.
- The leadership had been strengthened by the appointment of new business, finance and office managers.
- The systems for monitoring the quality of services, identifying and managing risks and driving improvements, were being strengthened to ensure the services were well managed.

# Summary of findings

## The six population groups and what we found

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

### Older people

Good



- The practice provided personalised care to meet patients needs.
- Patients over 75 years and palliative care patients had a named GP for continuity of care and to oversee their needs.
- The practice was responsive to the needs of older people, and offered urgent appointments and home visits for those who needed them.
- The practice was signed up to the unplanned admissions enhanced services, and maintained a register of 2.8% of patients over 18 years, which was 0.8% above the service requirement of 2%. All vulnerable and older patients at risk had a care plan in place to ensure they received appropriate care and support, to help avoid unplanned admissions to hospital.
- The practice worked in line with recognised standards of high quality end of life care.
- The practice maintained a palliative care register, and end of life care plans were in place for those patients it was appropriate, which set out their wishes and plans for future care.
- The practice held monthly multidisciplinary and palliative care meetings to discuss and review patients' needs.
- The care co-ordinators at the practice provided support to older people, and contacted them on discharge from hospital to assess if they required more help.
- The 2014-2015 flu vaccination rates for people 65 and over was 77%, compared to the national average of 72.8% and the local average of 75.9%.

### People with long term conditions

Good



- The practice held a register of people with long term conditions.
- Various clinical staff had lead roles in managing long-term conditions having received extensive training.
- Patients with long term conditions and other needs were reviewed at a single appointment where possible. Longer appointments and home visits were available where needed.
- The practice provided an in-house anticoagulation service to monitor patient's blood to determine the correct dose of their medicine. This enabled patients to be treated locally.

# Summary of findings

- High importance was placed on patient empowerment and enabling them to self-manage their condition. For example, certain working patients on anti-coagulant medicine had received training and had a support plan in place, to enable them to self-monitor their blood clotting ratio and manage their medicine.
- A GP at the practice was part of a team of consultants and GPs who ran an angina management programme for patients across North Derbyshire. Patients at the practice benefited from this expertise, which focussed on empowerment and education. Data showed that the programme had improved the quality of life of patients involved, and helped reduce the number of A & E visits and hospital admissions across practices in North Derbyshire.
- The practice provided insulin initiation (teaching patients how to inject and manage their insulin regime) for patients with diabetes, whose body doesn't produce enough insulin to function properly.
- The practice nurses had also received specific training to initiate a group of medicines (glucagon-like peptide-1), that can be used to treat patients with Type 2 Diabetes.
- The practice worked closely with the heart failure, diabetes and respiratory specialist nurses, and referred appropriate patients to pulmonary rehabilitation and angina management programmes.
- Patients were offered a structured annual health review and interim reviews when required, which included education and strategies to enable them to manage their conditions effectively.
- The number of patients who had received an annual health review in the last 12 months was high. For example, 378 out of 391 (97%) patients with diabetes, and 247 out of 330 (75%) patients with asthma had received a review.

## Families, children and young people

- Priority was given to appointment requests for children; they were seen the same day if unwell.
- Appointments and telephone consultations were available outside of school and college hours.
- The premises were equipped and suitable for children and young people.
- The practice worked in partnership with midwives and health visitors to provide shared maternity and child development care.

Good





# Summary of findings

- Systems were in place to identify and follow up children at risk of abuse, or living in disadvantaged circumstances. The practice held a register of children at risk of abuse or harm, and held monthly meetings with their health visitor and midwife to discuss their needs.
- Children and young people had access to a counselling and support service.
- The practice offered a range of sexual health and family planning services including contraceptive implants and intrauterine devices.
- Chlamydia testing kits were available to young people at the practice.
- Immunisation rates for all standard childhood vaccinations were high.

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

Good



- 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.
- Patients were able to book appointments around their working day by telephone or on line. They also had access to telephone consultations. The practice used text reminders to confirm appointments.
- In response to requests from patients some appointments could be booked up to three months in advance.
- Repeat prescription requests were available on line, which patients could collect from their preferred pharmacy.
- Extended hour surgeries were generally offered three early mornings a week for working people and those unable to attend during the day. An evening surgery was also offered at least once a month. The days varied when the surgeries were held.
- The practice was proactive in offering online services as well as health checks and screening that reflects the needs for this age group. There was a high uptake for both health screening and checks. For example, data showed that 82.6% of women aged 25 to 64 had attended cervical screening (compared to the CCG average of 79% and national average of 74.3%).

# Summary of findings

## People whose circumstances may make them vulnerable

Good



- The practice was responsive to the needs of people whose circumstances may make them vulnerable. Patients were offered longer appointments or home visits where needed.
- Patients were informed about how to access various support groups and voluntary organisations.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice worked with multi-disciplinary teams to meet the needs of vulnerable people, and to safeguard children and adults from abuse or harm.
- All staff had received training on safeguarding vulnerable children and adults including learning disabilities, and knew how to recognise and respond to signs of abuse and how to contact relevant agencies.
- 1.5% of the practice population had a learning disability. Various information and letters were available in picture and easy to read form that patients could understand.
- The practice had achieved a high uptake of annual health checks for patients with a learning disability; 86% of eligible patients had received a health check in the last 12 months and ten patients had declined this.
- The practice supported two main care homes providing nursing for people with learning disabilities. An established named GP carried out at least monthly visits to review patients' needs and ensure continuity of care. The GP was also involved in various best interest meetings for patients, the most recent was in regards to the annual influenza immunisation.
- The practice also supported a further two care homes providing personal care for people with learning disabilities.
- The practice worked with relevant local services to support a homeless person who was registered with the surgery.

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

Good



- The practice held a register of patients experiencing poor mental health, including people with dementia.
- Patients were invited to attend an annual health check; 37 out of 40 eligible patients (97.5%) on the register had received a check in the last 12 months. Three patients did not respond to invites to attend. All patients had a comprehensive care plan in place.
- The practice worked with multi-disciplinary teams in the case management of people with poor mental health, including those with dementia.

# Summary of findings

- Systems were in place to follow up patients discharged from hospital or who had attended the accident and emergency department, where they may have been experiencing poor mental health.
- Patients had access to the local mental health team, the alcohol advice service and therapists. A counsellor held a weekly surgery at the practice.
- The practice actively screened appropriate patients for dementia, to support early referral and diagnosis where indicated.
- All staff had received training in dementia care, and were working towards becoming a 'dementia friendly' practice.

# Summary of findings

## What people who use the service say

We spoke with eight patients during our inspection. We also received 43 CQC comment cards, which patients had completed prior to our inspection.

Feedback from patients was consistently very positive about the service they received; 19 patients referred to the staff, care or service as excellent, fantastic or brilliant. They described the practice as friendly and patient focused.

Patients said they were happy with the care and service they received, and felt the staff were very caring and treated them with kindness, dignity and respect. Nearly all patients said that they could access appointments or telephone consultations in a way, and at a time that suited them.

People found the premises welcoming, clean and accessible.

We also spoke with six members of the patient participation group (PPG). They told us they felt supported in their role to represent the views of patients to improve the service. They also said that they were very happy with the care and service they received.

The national GP patient survey results published on 7 January 2016 mostly showed that the practice was performing in line with local and national averages. 254 survey forms were issued to patients and 107 were returned.

- 94% said the last appointment they got was convenient (CCG average 94%, national average 92%).
- 63% said that they usually get to see or speak with their preferred GP (CCG average of 61% and a national average of 59%)
- 90% said the GP gave them enough time (CCG average 90%, national average 87%).
- 92% said the last nurse they saw or spoke to was good at involving them in decisions about their care (CCG average 88%, national average 85%).

The practice and the PPG carried out a patient survey in 2015 regarding access to appointments, which 88 people completed. The results of patient experiences were very positive. The average satisfaction scores were higher than the previous three year averages, in regards to access to appointments, the approach of the receptionists and how telephone calls were dealt with.

The NHS Friends and Family test results showed that 140 out of 157 people, who completed this during 31 January 2015 to 31 March 2016, were extremely likely to recommend the practice to friends and family if they needed similar care.

# The Calow and Brimington Practice

## 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, a member of the CQC medicines team and an Expert by Experience.

## Background to The Calow and Brimington Practice

The Calow and Brimington Practice is run by a partnership of four GPs. The main practice is in Foljambe Road, Brimington near Chesterfield, with a branch surgery at Calow approximately 2.5 miles away. The Calow surgery is a dispensing practice to approximately 650 patients. We inspected the dispensing service as part of this inspection.

The Calow and Brimington Practice provides primary medical services to just under 7,000 patients. It is located in a former coal mining area, and has areas of higher deprivation. The partners own the premises. Brimington Practice was purpose built in the early 1990's, and Calow Practice was originally a detached dwelling house built in the 1970's, which has been converted and extended to a GP Surgery.

The practice team includes administrative staff, three practice nurses, an apprentice, two health care assistants/care coordinators, a care administrator, a dispenser, an office manager, a business manager and a finance manager, one salaried GP and four partners (four female, one male). Most of the staff work across the two surgeries.

The practice holds the Personal Medical Services (PMS) contract to deliver essential primary care services. The practice is open between 8am and 6.30pm Monday to Friday. Appointments at the main practice are generally available from 8.30am to 11.30am and 3pm to 5pm daily.

Extended hour surgeries are usually offered from 7am to 8am three mornings a week, and from 6.30pm to 7.30pm at least once a month. The surgeries are held on different days.

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

## Why we carried out this inspection

We 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 we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 12 April 2016.

During our visit we:

- Spoke with various staff including the business, office and finance managers, two practice nurses including the senior nurse, two healthcare assistants, the dispenser, three GP partners, a salaried GP and reception and administrative staff.
- Spoke with patients who used the service and observed how they were being cared for. We also talked with carers and/or family members.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

- Patients we spoke with told us they felt safe when using the service.
- 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.
- Records showed that risks to patients were assessed and managed. Systems were in place for managing and actioning safety incidents, including patient safety alerts to improve safety in the practice.
- A system was in place to manage medicine alerts. The staff at Brimington practice and Calow surgery told us that they received Medicines and Healthcare Products Regulatory Agency (MHRA) alerts, and took action in response to these. Records were kept of action taken in response to MHRA alerts and who saw them. The MHRA is a government body responsible for circulating alerts about adverse incidents, medicines and medical devices to ensure patient safety. Further information we received following the inspection showed that the medicine alert system was robust.
- When there were unintended or unexpected safety incidents, patients received an apology, and were told about any actions taken to prevent the same thing happening again.
- An effective system was in place for managing significant events. The practice carried out a thorough analysis of all events. Lessons were shared to make sure action was taken to improve safety in the practice. For example, in response to a prescription printing issue the incident was discussed with the staff team, and relevant staff received refresher training to ensure they followed the correct procedure when printing requests.
- The practice had also completed an in-depth review of an incident concerning a patient's unexpected death, with involvement of relevant external agencies. The report was reviewed with the staff team to identify any learning from the incident. It was also shared with NHS England area team to provide assurances that the practice had reviewed the incident.
- Arrangements in place to safeguard children and vulnerable adults from abuse and the risk of harm that reflected relevant legislation and local requirements.
- The safeguarding policies were accessible to all staff, and outlined who to contact if staff had concerns about a patient's welfare.
- One of the GP partners was the lead for safeguarding. The GPs provided reports for other agencies concerning safeguarding matters where required. Staff demonstrated they understood their responsibilities and had received training relevant to their role. GPs were trained to Safeguarding level 3.
- Systems were in place to ensure that vulnerable patients were clearly identified and reviewed, and that all staff were aware of any relevant issues when patients contacted the practice or attended appointments.
- Records showed that the clinical staff and partner agencies regularly met to share information about vulnerable children and adults.
- A notice in the waiting room advised 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 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. The senior nurse had the lead role for infection control, and liaised with the local infection prevention team to keep up to date with best practice. An infection control policy was in place and staff had received refresher training. Annual infection control audits were carried out and we saw evidence that action was taken to address any improvements identified as a result.
- Overall, the arrangements for managing medicines, including vaccines and emergency medicines kept patients safe (including obtaining, prescribing, recording, handling, storing and security).
- The practice carried out regular medicines audits, with the support of the local CCG medicines team, to ensure that prescribing was in line with best practice guidelines for safe prescribing.
- The practice was signed up to the dispensing services quality scheme (DSQS), which focuses on patient safety

### Overview of safety systems and processes

Systems and procedures were generally in place to keep patients safe, which included:

## Are services safe?

and rewards practices for providing high quality services to their dispensing patients. Supporting information showed that the practice was compliant with the scheme during 2015 to 2016.

- We inspected the dispensing service at Calow surgery as part of this inspection. Staff showed us written procedures that covered the dispensing process to ensure a safe system was in place. There was a robust process in place to ensure that the GP signed the prescriptions before dispensing them.
- Reception staff handled blank prescription forms in accordance with national guidance and the practice kept them securely. A procedure was in place to track blank forms through the surgery.
- A formal process was in place for identifying, recording and managing medicine incidents and near misses. By talking to staff and looking at logs of medicine errors we established that dispensing errors were being recorded, but errors involving incorrect picking of medicines were not consistently reported and recorded. This meant that trends could not be clearly identified and monitored. Following the inspection, we received written confirmation that the system had been strengthened.
- There was a system in place for the management of high-risk medicines, and we saw examples of how this worked to keep patients safe.
- There were suitable arrangements in place for the storage, recording and destruction of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse).
- Access to medicines at the Brimington practice was restricted to clinical staff that worked there. Although the district nurses attached to the Calow surgery who worked from there at times had access to the dispensary; senior managers told us the access would change immediately. Following the inspection, we received written confirmation that this had been actioned.
- Patient Group Directions were in place to allow nurses to administer certain medicines in line with legislation. Patient Specific Directions were also in place to allow health care assistants to administer certain vaccinations after specific training.
- We reviewed three staff personnel files and found that appropriate recruitment checks had generally been

undertaken prior to their employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and a DBS check.

- At the time of the inspection, the DBS policy was not available to show when a new check was obtained when appropriate, and in what circumstances a check from a previous employer was accepted and for what period.
- The recruitment procedure stated that applicants completed an application form or an NHS job form. However, we saw that one file relating to a clinical member of staff included a copy of their CV. Following the inspection, we received information to show that the DBS and the recruitment policy had been updated, to ensure that robust procedures were followed when employing new staff.

### Monitoring risks to patients

Most risks to patients were assessed and managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety.
- Records showed that essential health and safety checks were carried out to ensure the services were safe.
- All electrical equipment was regularly checked to ensure it was safe to use, and clinical equipment was checked to ensure it was working properly.
- The practice carried out fire drills to ensure that staff were aware of the procedure to follow in the event of a fire. New fire evacuation procedures had been provided throughout the building for patients and staff.
- A new fire safety risk assessment was completed on 23rd June 2015; where risks were identified appropriate action plans had been put in place to minimise the risks. Whilst effective systems were in place in the event of a fire, the practice had recently highlighted that the emergency lighting at Brimington surgery and certain lighting at Calow surgery was not working. The emergency lighting required replacing, and the business manager had put plans in place to replace this as a matter of urgency.
- Following the inspection, we sought advice from Derbyshire Fire and Rescue Service regarding the absence of emergency lighting. They assured us that people were not at risk given the services provided, the time of the year and that the practice had put satisfactory plans in place to replace the lighting.



## Are services safe?

- The practice had a variety of other risk assessments in place to monitor safety of the premises; including the control of substances hazardous to health, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- A new Legionella risk assessment was completed on 23rd March 2016. Following the inspection, we received a copy of the risk assessment reports for Calow and Brimington practice, which highlighted no imminent dangers. The risk assessments highlighted a number of improvements needed around recording and testing, and the business manager had put plans in place to address this.
- Arrangements were in place for planning and monitoring the number and skill mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. Staff we spoke with felt that there were enough staff on duty to keep patients safe, and ensure the smooth running of the practice.

### **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 alert system on the computers in all the consultation and treatment rooms, which alerted staff to any emergency.
- All staff received annual basic life support training. Emergency medicines and equipment were accessible to staff in a secure area of the practice. All the medicines we checked were in date.
- The practice had a defibrillator and oxygen available on the premises with adult and children's masks.
- 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

Patients we spoke with told us they received appropriate care and treatment. Feedback from senior staff at the two main care homes where patients were registered with the practice also supported this.

The practice considered 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.

### 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 QOF results showed that the practice had achieved 96.9% of the total number of points available, with an overall low exception reporting rate of 5.7%, compared to the local average of 11% and national average of 9.2%. Exception reporting is the removal of patients from QOF calculations where, for example, the patients had repeatedly failed to attend a review meeting or certain medicines could not be prescribed because of side effects.

The QOF data from 2014-2015 showed that the practice:

- Achieved high performance ranging from 90% to 100%. Performance for 15 out of the 19 clinical areas featured were 100%, including heart failure, hypertension, asthma, dementia, palliative care, depression and learning disability.
- Performance for mental health related indicators was 97.3%, which was higher than the national average of 92.9% and 0.8% below the CCG average.

- The performance for diabetes related indicators was 90%, which was 6.7% below the CCG average and 0.8% above the national average. The lower performance was explained as being due to the fact that 6% of newly registered patients from other practices, had diabetes with less than adequate control.
- The percentage of patients with hypertension having regular blood pressure tests was higher than local and national averages at 89.5% (80.8% and 80.4% respectively). In addition, the practice data showed that 100% of patients received regular blood pressure tests together with low exception reporting levels.
- The practice participated in local audits, national benchmarking and peer reviews.

The practice had completed various clinical audits in the previous two years relating to the surgery, to ensure that patients received the right care and treatment. This included five completed audits, where the improvements made were implemented and monitored.

For example, clinical staff had completed an annual audit of surgical procedures since 2006, to monitor the effectiveness of the procedures including the infection rates. The audits showed that there had been a reduction in the infection rates since single use instruments were introduced. Recent audits had highlighted no post-surgery complications and high patient satisfaction scores. The number of completed clinical audits exceeded CQC guidance, which recommends a baseline of one two cycle audit per year.

Benchmarking data showed that:

- The practice performed well or comparable to other practices against various prescribing indicators, but was an outlier on certain antibiotic prescribing. A poster campaign was in the two surgeries to inform patients' about antibiotic resistance.
- The practice had highlighted some inconsistencies with the prescribing data, but had arranged for the CCG medicines management pharmacist to carry out an in depth audit to review prescribing patterns. Following the inspection we received written assurances that the audit found antibiotic prescribing to be appropriate. In addition, the most recent CCG quarter's prescribing data showed that the practice was within average ranges. The practice used 'Optimise RX' software to assist in cost effective prescribing.

# Are services effective?

## (for example, treatment is effective)

- Referrals to dermatology, general surgery, paediatrics and ear, nose and throat were high compared to CCG averages. However, further information showed that the referral data had been suspended by the CCG in view of the inconsistencies and concerns regarding the accuracy of this. The practice had explored the reasons for the high referrals, which were due to a number of factors but mostly out of date list size data and incorrect weighting.
- A & E attendance and emergency admission rates to general surgery, ear, nose and throat, general medicine and paediatrics were high compared to CCG averages. The practice population of people under 18 years was 20.3%, which was above the CCG average of 18%, which impacted on paediatric referrals and admissions.
- Discussions with staff and supporting records showed that the practice had explored the reasons for the above with the CCG in January 2015, and had put action plans in place to help reduce the rates, including:
  - The GPs had reviewed each other's referrals to ensure they were appropriate. This had showed that referrals were generally suitable.
  - A comprehensive audit system had been put in place to monitor the appropriateness of referrals, admissions and A & E attendances, and action had been taken to help reduce the rates. For example, the practice had arranged for dermatology training to up-skill clinical staff's competence to treat patients locally, where appropriate.
  - The practice was able to demonstrate that they had undertaken extensive work on their admissions and A&E attendance to help reduce this. Various issues such as the location of the nearby hospital was a contributing factor to A & E attendances.
  - One of the GP's had been invited to be part of a working group looking at displaying data in a more accurate and meaningful way.
  - The practice had developed an extensive range of chronic disease management templates, to enable the clinical staff to provide better care for patients with long term conditions.
- Discussions with staff and records we checked showed that staff were actively supported to acquire new skills, and share best practice to further develop the services.
- Newly appointed staff completed an induction programme that was specific to their role. An induction pack was also available for locum staff online.
- Relevant staff had attended role-specific training and updates, including those reviewing patients with long-term conditions.
- Staff administering vaccinations and taking samples for the cervical screening programme had received specific training, which had included an assessment of competence. They could also demonstrate how they remained up to date with changes, by accessing on line resources, external courses and discussion at practice meetings.
- A GP had received relevant training and maintained accreditation to carry out minor surgery including joint injections.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews. Staff were actively supported to develop their skills and made use of e-learning training modules and in-house and external training to cover the scope of their work.
- All staff we spoke with praised the level of training, support and development they received, and said that they had had an appraisal in the last 12 months. Records we looked at supported this.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and intranet system.

- This included risk assessments, care plans, medical records and investigation and test results.
- Systems were in place to ensure that the practice promptly followed up abnormal test results and investigations.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice worked in partnership with other services to ensure that patients' needs were met, and to assess

### Effective staffing

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

# Are services effective?

## (for example, treatment is effective)

and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.

- We saw evidence that regular multi-disciplinary team meetings took place, and that care plans were reviewed and updated. The practice had 144 patients on the hospital admission avoidance and palliative care register. All patients had a care plan in place.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through record audits.

### Supporting patients to live healthier lives

The practice website and waiting area displays were well set out, and included various health promotion information for patients and carers.

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 abnormalities or risk factors were identified.

A patient registration form requested essential information about a person's health and needs. New patients also received an information booklet about the practice.

The practice used a range of alerts to ensure all staff were aware of patients who may need extra care and attention, including those receiving palliative care, were vulnerable, at risk of harm or had a visual or hearing impairment. Patients were supported and signposted to relevant services.

High importance was placed on patient empowerment, education and self-management of their conditions. For example, care plans were also in place for patients with certain long-term conditions to enable them to self-manage changes in their health.

The clinical staff were pro-active in using their contact with patients to help improve their health and wellbeing, including offering opportunist screening checks. Data published in March 2015 showed that 82.6% of women aged 25 to 64 had attended cervical screening (compared to the CCG average of 79% and national average of 74.3%). The practice sent reminders to patients who did not attend their cervical screening test.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data showed that 77.4% of women aged 50 to 70 years had been screened for breast cancer (compared to the CCG average of 77% and national average of 72%), and that 62.2% of people aged 60 to 69 years had been screened for bowel cancer (compared to the CCG average of 63% and national average of 58.2%).

The practice actively screened appropriate patients to support early referral and diagnosis where dementia was indicated. A system was in place which highlighted patients at risk of dementia.

The 2014 to 2015 immunisation rates for standard childhood vaccinations were mostly above the CCG averages. The rates for the vaccinations given to under two year olds ranged from 93.2% to 100% and five year olds from 97.6% to 100%. A robust system was in place for following up children who did not attend for their vaccination. Staff told us how they had worked with the health visitor to persuade a parent who was a persistent non-attender at the practice, to allow the health visitor to immunise their baby at home.

The 2014 to 2015 flu vaccination rates for the people aged 65 and over were 77%, which was above the local and national averages. The flu vaccination rates for the under 65 years at risk group was 45.2%, which was below the local and national averages. The practice had queried the accuracy of this data, but had put measures in place to encourage more people to receive the vaccination and ensure that the data was accurate.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

Feedback from patients was consistently very positive about the care they received and the way staff treated them. They described the staff team as friendly and patient focused. Patients felt that the staff were very caring, and treated them with kindness, dignity and respect.

Patients told us their views and wishes were respected. Importantly, they received personal care from staff that were supportive and understood their needs.

We also spoke with six members of the patient participation group. They told us they were very happy with the care provided by the practice, and said their dignity and privacy was respected.

Three patients had completed a review of the practice on NHS Choices in the last 12 months; comments about the care were consistently positive.

Feedback from care home staff and community based staff we spoke with, was consistently positive with regards to the high levels of care provided by the practice team.

Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. We found positive examples of staff going the extra mile to provide a caring service. For example, on occasions reception staff had taken prescriptions to local chemists for older patients to ensure they received their medicines.

The health care assistants had also visited patients at home to carry out essential blood tests, on occasions where the community phlebotomist was not available and the district nurse had been unable to obtain this.

The staff team had also carried out several fund raising events for charity including a Macmillan coffee morning, and a cake sale for breast cancer.

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

- 92% said the last GP they saw or spoke to was good at listening to them compared to the CCG average of 92% and national average of 89%.
- 90% said the GP gave them enough time (CCG average 90%, national average 87%).
- 96% said they had confidence and trust in the last GP they saw or spoke to (CCG average 97%, national average 95%)
- 89% said the last GP they spoke to was good at treating them with care and concern (CCG average 91%, national average 85%).
- 94% said the last nurse they spoke to was good at treating them with care and concern (CCG average 93%, national average 91%).
- 83% said they found the receptionists at the practice helpful (CCG average 89%, national average 87%)

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

We found positive examples to demonstrate how patient's choices and preferences were valued and acted on.

Patients told us they felt involved in decisions about the care and treatment they received. They also told us they felt listened to and had sufficient time during consultations, to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also very positive and aligned with these views.

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

- 91% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 91% and national average of 86%.

## Are services caring?

- 85% said the last GP they saw was good at involving them in decisions about their care (CCG average 86%, national average 82%)
- 92% said the last nurse they saw was good at involving them in decisions about their care (CCG average 88%, national average 85%)

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

### **Patient and carer support to cope emotionally with care and treatment**

Several external providers held services at the premises to provide support and advice. For example, Citizen's Advice held a fortnightly surgery at both practices.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 60 patients (approximately 0.9%) of the surgery list as carers, which was relatively low.

Written information was available to direct carers to the various avenues of support available to them. As part of their care co-ordinator role the health care assistants provided support and advice to carers.

Staff told us that if families had experienced bereavement, their usual GP provided advice and support on an individual basis. A bereavement policy and systems were in place, to ensure the relevant GP was notified of a patient's death to enable them to make appropriate contact with the relatives.



# 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, they were involved in an initial pilot where their two health care assistants carried out a care co-ordinator role as part of their work. The success of this model was shared with other local practices.

The practice continued to develop the role of their care co-ordinators, through a wide range of training and support. The practice had appointed a care administrator to carry out most of the administrative duties associated with the care-co-ordinators role, such as sending and chasing up referrals. This freed up more time to spend with patients who were vulnerable, at risk or had complex needs, to ensure they received appropriate support.

The practice worked closely with various external agencies and the local community in planning how services were provided, to ensure that they meet people's needs. The practice took part in new initiatives, and provided additional in-house services to meet patients' needs including dementia screening, hospital admission avoidance, and an anticoagulation service to monitor patient's blood to determine the correct medicine dose. This enabled patients to be treated locally.

The two main care homes aligned to the practice had an established named GP who carried out regular structured visits, and telephone consultations, where required. The GP was also involved in various best interest meetings for patients, the most recent was in regards to the annual influenza immunisation.

The practice also supported a further two care homes providing personal care for people with learning disabilities, but these were not subject to routine visits in view of the needs and number of patients who lived there.

We obtained feedback from the two main care homes. Staff told us that the practice was very responsive to their patients' needs, including requests for urgent visits. The active involvement of the named GP ensured effective communication and continuity of care for patients.

Over the last two years the practice had experienced a steady increase in their list size, together with more patients with complex needs. To meet the increased demand on the service, the practice had appointed a new salaried GP in 2015. The appointment was also part of succession planning, and to reduce the use of locum GPs to improve continuity of care to patients. Also, an additional part time practice nurse had recently been appointed.

The list size had increased by approximately 500 patients in the last 18 months. The numbers of new patients registering at times were particularly high, and the practice had provided additional clinics and staff, to meet current patients' needs and those newly registered.

The practice implemented improvements and changed the way it delivered services, as a result of feedback from patients and the patient participation group (PPG). For example, the PPG had raised an issue regarding the charge of a travel vaccine. In response to this, the practice had reviewed all vaccinations available on the NHS, as well as those available privately, and had updated the information available to patients.

### Access to the service

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

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 at the main practice were generally from 8.30am to 11.30am and 3pm to 5pm daily. Patients also had access to telephone consultations.
- Extended hour surgeries were usually offered from 7am to 8am three mornings a week, and from 6.30pm to 7.30pm at least once a month. The surgeries were held on different days.
- The practice offered a range of pre-bookable appointments. In response to requests from patients some nurse appointments could be booked three months in advance.
- Same day appointments were available for children and those with urgent health conditions.

# Are services responsive to people's needs?

## (for example, to feedback?)

- Longer appointments were available for patients where required, including people with complex needs, who were vulnerable, frail or elderly.
- Home visits were available for patients who required these.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- The practice had appropriate facilities and was well equipped to treat patients and meet their needs. Disabled facilities and a hearing loop were available.

The national GP patient survey showed that some patient satisfaction results in regards to access to care and treatment were higher than local and national averages, whilst some areas were below these.

- 67% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 75%.
- 67% patients said they found it easy to get through to the surgery by phone (CCG average 77%, national average 73 %).
- 77% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 88%, national average 85%).
- 94% of patients said the last appointment they got was convenient (CCG average 94%, national average 92%).
- 63% patients said they usually get to see or speak to their preferred GP (CCG average 61%, national average 59%).

The practice and the PPG carried out a patient survey in 2015 regarding access to appointments, which 88 people completed. The results of patients' experiences were very positive, and contra-indicated the national patient survey results. The average satisfaction scores were higher than the previous three year averages, in regards to access to appointments, the approach of the receptionists and how telephone calls were dealt with.

### Listening and learning from concerns and complaints

Patients we spoke with told us 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 business manager was responsible for handling complaints in the practice.
- We saw that information was available to help patients understand the complaints system, in the form of a complaints leaflet.
- We checked several records of complaints received in the last 12 months. These showed that they had been acknowledged, investigated and responded to, in a timely and transparent way in line with the practice's policy.
- The records of complaints were comprehensive and showed that concerns received were taken seriously, and properly investigated in a non-judgmental and appropriate way. The outcome of the investigation, along with any resulting actions were explained to the complainant, and they received an apology when mistakes occurred.
- Complaints were actively reviewed as to how they were managed, to ensure that appropriate learning and improvements had taken place. The learning points were shared with the staff team. For example, staff were reminded of the need to ensure that patients are promptly checked in on arrival for an appointment, following an incident where a patient had been left waiting a long time to be seen.
- Staff told us that the practice was open and transparent when things went wrong, and that patients received an apology. Where possible, concerns were dealt with on an informal basis and promptly resolved. Records we looked at supported this.



# 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

Feedback from patients was consistently positive about the way the service was managed.

- The practice had a clear mission statement to provide 21st century care with traditional values, and to improve the health, wellbeing and lives of people they care for.
- Staff we spoke with knew and understood the aims and values of the service, and what their responsibilities were in relation to these.
- The partners and business manager held weekly meetings to discuss the business and review on-going improvements. They were clear as to the short and long term plans for the service, and were able to demonstrate a commitment to on-going improvements.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A clinical and internal audit programme was in place, which was used to monitor quality and to make improvements. This included completed clinical audits, where the improvements made were implemented and monitored.
- Comprehensive arrangements were in place for identifying, recording and minimising risks to staff and people who use the service.

### Leadership and culture

The partners in the practice demonstrated that they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritise safe, high quality and compassionate care.

- The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment, affected people were given reasonable support, truthful information and an apology.
- The leadership had been strengthened in the last 18 months, following the appointment of a new business manager. In addition, two staff within the team had been promoted to finance and office managers to further utilise their skills. These were new posts.
- The culture and leadership empowered staff to carry out lead roles, and to drive continuous improvements. This was demonstrated by significant improvements the managers had made, to ensure that robust systems were in place and that the services were well-led. For example, the managers had reviewed all contracts with external providers in regards to the cost and effectiveness of the services provided. This had resulted in savings, which had enabled the practice to further improve the services.
- Staff told us the partners and managers were approachable and took the time to listen to them. There was an open culture within the practice, and staff had opportunity to raise any issues at team meetings, and felt confident and supported in doing so.
- Records showed that regular team meetings were held to enable staff to discuss and share information.
- Staff said they felt respected, valued and supported by senior staff. All staff were involved in discussions about how to run and develop the practice, and were encouraged to identify opportunities to improve the service.

### 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' feedback through:

- The patient participation group (PPG), surveys and complaints received.
- The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice. For example, the practice changed the appointment system in response to feedback from patients and the

# Are services well-led?

Good 

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

PPG, to make more appointments available by telephone and pre-bookable in advance. Patients could now book various appointments up to three months in advance.

- The practice had gathered feedback from staff through 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.

## Continuous improvement

There was a strong focus on continuous learning and improvement 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 further qualifications, and take on additional responsibilities to further improve the services. For

example, the two health care assistants/care co-ordinators had undertaken a wide range of training to further their knowledge and skills, including an end of life care cancer foundation course.

The practice worked with Learning Unlimited, Chesterfield College to support the learning and development of apprentices through structured programmes. The practice employed an apprentice admin/receptionist who was an integrated member of the team. They had devised and completed a comprehensive audit for the practice to use, which explored the number of patients that had not attended appointments, the reasons for this and any correlation between the age groups.

The practice team took part in local pilot schemes to improve outcomes for patients in the area. For example, a GP at the practice was part of a team of consultants and GPs who ran an angina management programme for patients across North Derbyshire. Data showed that the programme had improved the quality of life of patients involved, and helped reduce the number of A & E visits and hospital admissions across practices in North Derbyshire.