

Somercotes Medical Centre

Quality Report

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

Ratings

Overall rating for this service

Outstanding 

Are services safe?

Good 

Are services effective?

Outstanding 

Are services caring?

Outstanding 

Are services responsive to people's needs?

Outstanding 

Are services well-led?

Outstanding 

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 Somercotes Medical Centre on 1 November 2016. Overall the practice is rated as outstanding.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report significant events and near misses. All opportunities for learning from internal and external incidents were maximised and shared widely across all staffing groups.
- The practice had clearly defined and embedded systems to minimise risks to patient safety. This included arrangements for safeguarding and medicines management.
- Staff were aware of current evidence based guidance and had the skills and knowledge to deliver effective care and treatment.
- Nationally published data showed the majority of patient outcomes were above local and national averages.
- Clinical audits demonstrated improvement to patient outcomes.
- We observed a strong patient-centred culture and feedback from patients about their care was consistently positive. Patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from staff, patients and the patient participation group.

Summary of findings

- The practice actively reviewed complaints and how they were managed and responded to, and made improvements as a result.
- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- The practice had strong and visible clinical and managerial leadership and governance arrangements.
- The provider was aware of the requirements of the duty of candour.
- The practice held the Royal College of General Practitioners research ready accreditation and was a level one research site practice with the Clinical Research Network. Research Ready is a quality assurance programme, for all research-active UK GP practices.

We saw several areas of outstanding practice including:

- The practice was committed to working with people whose circumstances might make them vulnerable. For example: the practice proactively engaged with vulnerable adult risk management (VARM) multi-agency meetings when this was required and positive outcomes were achieved for patients'. This included mitigating risks to patient's home environment (for example hoarding and fire) and in some cases respecting their "unwise decisions" as defined by the Mental Capacity Act 2015.
- The practice demonstrated a responsive approach by taking account of the needs of their local population, and not just their registered patients. This enabled services to be delivered closer to home. For example, in response to a need to increase the support provided to carers, the practice staff and Derbyshire Carers Association (DCA) were instrumental in setting up a "carers' clinic" in the Southern Derbyshire clinical commissioning group area. Carers received an assessment of their needs at any of the 18 participating GP practices and were involved in developing a support plan that focused on positive outcomes they wanted to achieve. Within

three months of the project commencing in July 2015, the following measurable results were achieved: the rate of carer identification increased by 281%, the number of active carers on the practice's register increased by 40% and the number of carers assessments completed with the locality increase by 800%. The British Medical Journal awarded the practice and DCA a commendation as finalists for the "primary care team of the year award" in 2016.

- The Derbyshire county council had awarded the practice the Derbyshire dignity campaign award (previously known as the silver award) in June 2015; in recognition of work undertaken to promote people's dignity and respect. Somercotes Medical Centre was the first GP practice in the county to achieve the silver award, which is the highest level of dignity award currently available. These awards had been achieved following an assessment process which considered areas such as: patient and staff involvement; respecting people's right to privacy; as well as listening and supporting people to express their needs and wants. Some of the evidence that led to these awards included the following: reception staff used text speech software to communicate with some patients with hearing impairments; and this enabled the voice of the receptionist to be converted into text of which the patient could read. Some patients with learning disabilities communicated with the practice staff via picture boards which have symbols to represent their views. The national GP patient survey results reinforced this aspect of care was maintained; as the results were above local and national averages.
- A free in-house acupuncture clinic for patients. Records reviewed showed along with the expertise within the practice in joint injections, the acupuncture service had helped keep referral rates for musculoskeletal problems low, reduced prescribing costs or the need for medicines. Patients were very complimentary of this service and the impact it had on reducing chronic pain for example.

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



- The practice team took a proactive approach to safeguarding children and vulnerable adults. We saw evidence of active engagement in local safeguarding procedures and effective working with other relevant organisations in the implementation of protection plans which minimised risk of harm or abuse to patients. This included hosting child protection meetings every three months which were attended by the health visiting and school nursing teams. The GP lead for vulnerable patients facilitated four monthly practice team meetings which were open to all staff to attend. Learning was incorporated within the process of significant event analysis.
- There was an open and safe culture in which all safety concerns raised by staff and patients were highly valued as integral to learning and improvement. The whole practice team was engaged in reporting and reviewing significant events and learning was based on a thorough analysis and investigation. Monitoring and reviewing activity enabled staff to understand risks and ensure learning had taken place and changes were embedded. Some significant events were reported to the national reporting and learning system (NRLS). The NRLS ensures the learning gained from the experience of a patient in one part of the country is used to reduce the risk of something similar occurring elsewhere.
- Risk management was comprehensive, well embedded and recognised as the responsibility of all staff. This included medicines management, infection control, fire safety, and health and safety.
- There were sufficient, suitably qualified and experienced staff to meet the care and treatment needs of patients.
- Pre-employment checks were undertaken in line with effective recruitment procedures.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

The practice is rated as outstanding for providing effective services.

Outstanding



Summary of findings

- The practice has consistently maintained a track record of high QOF performance over the last 10 years with achievements above 98%. In 2015/16, the practice had achieved 99.8% for the Quality and Outcomes Framework (QOF). This was 2.6% above the local average and 4.5% above the national average.
- Systems were in place to ensure all clinicians were up to date with both National Institute for Health and Care Excellence guidelines and other locally agreed guidelines.
- We saw evidence to confirm that the practice used these guidelines to positively influence and improve practice and outcomes for patients.
- Benchmarking data showed referral rates to secondary care and hospital admission rates were generally lower than the local and national averages. This was achieved in part through: in-house cross referral amongst the clinicians and a proactive approach to care planning and hospital admissions avoidance improvement work.
- A regular programme of clinical audit demonstrated quality improvement, and we saw examples of full cycle audits contributing to improvements in patient care and treatment.
- Staff had the skills and knowledge to deliver effective care and treatment. All members of the practice team (employed for over a year) had received an annual appraisal and had a personal development plan in place.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. Patients with complex needs, including those with life-limiting progressive conditions, were supported to receive coordinated care in efficient ways.
- The practice had systems in place to ensure consent was obtained before patients received any care or treatment and staff demonstrated awareness of acting in accordance with legal requirements where patients did not have the capacity to consent.
- Staff were consistent and proactive in supporting patients to live healthier lives and used every opportunity to identify where their health and wellbeing could be promoted.

Are services caring?

The practice is rated as outstanding for providing caring services.

- We observed a strong patient-centred culture and feedback from patients about their care and treatment was consistently positive.

Outstanding



Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for almost all aspects of care. For example, 93% of patients said they found the receptionists at the practice helpful compared to the local average of 88% and the national average of 87%.
- The Derbyshire county council had awarded the practice the Derbyshire dignity campaign award in June 2015; in recognition of work undertaken to promote people's dignity and respect.
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. We found many positive examples to demonstrate how patient's choices and preferences were valued and acted on in respect of their care and support needs.
- Staff recognised the therapeutic benefits art had on patient's mental and emotional wellbeing. As a result of engagement with different patient groups and stakeholders, a community art gallery was set up within practice. Over 100 pieces of patient artwork had been displayed and positive feedback had been received from contributors to the gallery and people who viewed the art. In addition, the practice had been awarded the NHS Patient Champion of the year award from the East Midlands leadership academy in 2015.
- Carer identification was a priority within the practice. A total of 202 patients had been identified as carers which equated to 3% of the practice list. The practice hosted a monthly carer's clinic facilitated by the Derbyshire Carers Association (DCA).

Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, in response to a need to increase the number and support provided to carers, the practice staff and Derbyshire Carers Association (DCA) were instrumental in setting up "carers' clinic" in the locality. Carers received an assessment of their needs and were involved in developing a support plan that focused on positive outcomes they wanted to achieve. As a result of the carers' clinic initiative, the practice team and DCA had been commended as finalists for the "Primary care team of the year award" issued by the British Medical Journal in 2016. They were also shortlisted by the Health Service Journal for the "CCG and local authority integrated commissioning for carers award" in 2016.

Outstanding



Summary of findings

- The national GP survey results showed patient satisfaction with telephone access, GP appointments and waiting times was significantly above local and national averages. For example, 93% of patients found it easy to get through to this surgery by phone compared to a CCG average of 72% and a national average of 73%.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- GPs that were skilled in specialist areas used their expertise to offer additional services to patients. This included acupuncture, minor surgery and fitting of intrauterine devices (coils) in the surgery.
- The practice hosted a number of services to provide integrated patient-centred care that was closer to patients' homes. This included the citizen's advice bureau, counselling and psychological therapy services and the diabetes specialist nurse clinics.
- The practice had good facilities and was well equipped to treat patients and meet their needs. Reasonable adjustments had been made to the premises to accommodate patients with disabilities or impairments.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and learning was shared with staff and other stakeholders.

Are services well-led?

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

- The practice had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- Governance and performance management arrangements were proactively reviewed and took account of current models of best practice. This included arrangements to monitor and improve quality and identify risk.
- There was a high level of constructive engagement with staff and job satisfaction. Staff told us they felt empowered to make suggestions and recommendations for the practice.
- There was a clear leadership structure and staff felt supported by management.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.

Outstanding



Summary of findings

- The practice had a very engaged patient participation group which influenced practice development. Feedback from patients was proactively sought and acted on.
- The provider was aware of the requirements of the duty of candour and the leadership encouraged a culture of openness and honesty.
- There was a strong focus on continuous learning and improvement at all levels. The practice was an approved teaching and training practice for medical students, nurses and GP registrars. In addition, the practice took part in local pilot schemes to improve outcomes for patients in the area.
- The practice held the Royal College of General Practitioners research ready accreditation and were a level one research site practice with the Clinical Research Network.

Summary of findings

The six population groups and what we found

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

Older people

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

- Nationally reported data showed patient outcomes for conditions commonly found in older people were above local and national averages. For example, an achievement of 100% was attained for clinical indicators relating to osteoporosis, rheumatoid arthritis and heart failure.
- The care of older people was managed in a holistic way and patients were involved in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- The practice carried out structured annual medicine reviews for older patients.
- The practice offered proactive and personalised care to meet the needs of older people. This included home visits, urgent appointments for those with enhanced needs and a named GP for patients aged 75 years and over, to provide continuity of care.
- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.
- Influenza, pneumococcal and shingles vaccinations were offered in accordance with national guidance. Practice supplied data for 2015/16 showed for people aged 65 years and over: 77% had received an influenza vaccination and 65% had been vaccinated against pneumonia.

Outstanding



People with long term conditions

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

- Care and treatment for people with long term conditions reflected current evidence-based practice. Nationally reported data showed the practice performed highly when compared to other practices with a QOF achievement of 100% for all long term conditions. This included asthma, stroke and chronic obstructive pulmonary disease.

Outstanding



Summary of findings

- Performance for diabetes related indicators was 100% which was above the local average of 92.9% and the national average of 89.9%. This was achieved with an exception reporting rate of 18% which was slightly above the local average of 14% and the national average of 12%. A specialist diabetes nurse attended the practice to support patients with complex needs.
- Nursing staff had lead roles in long-term disease management and had received specific training to do so. This included spirometry, a test that can help diagnose various lung conditions.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met.
- The named GP worked with other health and social care professionals to deliver a multi-disciplinary package of care for patients with the most complex needs.
- Patients at risk of hospital admission were identified as a priority. The attached care co-ordinator worked with practice staff and other services to plan and deliver patient care, particularly for patients discharged following a hospital admission.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health and a
- Longer appointments and home visits were available when needed.

Families, children and young people

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

- A wide range of artwork completed by children and young people from local schools and colleges was displayed in the community gallery within the practice. The gallery was set up to “promote wellbeing, interest in the arts, community spirit and make the medical centre a more pleasant place to be”.
- The practice team actively went out to speak to local primary and secondary schools to engage children in their healthcare. GPs had been involved in sexual health education at local schools and had also taken part in “aspiration days” aimed at encouraging pupils to consider careers in healthcare.
- The practice hosted a weekly counselling service for children aged 11 to 17 years (Safespeak) and this service was provided by Relate charity. Access to this service was via self-referral or referral by a clinician.

Outstanding



Summary of findings

- The practice worked with midwives, health visitors and school nurses to support this population group and safeguard patients against the risk of harm or abuse.
- Staff had received training in safeguarding children that was relevant to their role and felt confident in reporting any concerns.
- Appointments were available outside of school hours and emergency processes were in place for acutely ill children and young people.
- The premises were suitable for children and babies. Children had access to a play area, toys, puzzles and a book exchange program. The practice welcomed mothers who wished to breastfeed on site and baby changing facilities were available.
- A family planning service was provided including contraception advice and long acting injectable contraception.
- Vaccination rates for childhood immunisations were mostly in line with or above local averages. For example, immunisation rates for the vaccinations given to five year olds ranged from 74% to 99% compared to the local average of 72% to 98% and national average of 81% to 95%.

Working age people (including those recently retired and students)

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered telephone consultations, on-line booking for appointments and requests for repeat prescriptions. The practice provided electronic prescribing so that patients on repeat medicines could collect them directly from their preferred pharmacy.
- The practice hosted the Live Life Better Derbyshire service for patients to receive advice and support with weight management, exercise programs and smoking cessation.
- The 2015/16 QOF data showed approximately 92% of patients aged 15 or over recorded as current smokers had a record of an offer of support and treatment within the preceding 24 months. This was above the CCG average of 87% and national average of 88%.

Outstanding



Summary of findings

- A total of 88% of patients with hypertension had a blood pressure reading measured in the preceding 12 months, which was above the local average of 84.4% and national average of 82.9%. This was achieved with an exception reporting rate of 3% which was in line with the local and national rate of 4%.
- The uptake rate for cancer screening programmes was above or in line with local and national averages. For example, 85.3% of eligible females had received cervical cancer screening, which was above the local average of 83% and the national average of 81.4%. This was achieved with a low exception reporting rate of 3% compared to the local average of 4% and national average of 6.5%.
- Flu vaccination rates for 'at risk' patients under 65 was at 57% which was above the local average of 52.5% and national average of 53.22%.
- The practice offered a full range of health promotion that reflects the needs for this age group. This included NHS health checks for patients aged 40-74, travel advice and immunisation and occupational health checks.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including travellers, people with a learning disability and homeless people. There were arrangements in place to allow people with no fixed address to register or be seen at the practice.
- The practice team knew patients and their families very well, and this helped them to provide responsive care and provide additional support if this became necessary.
- The GP lead for "vulnerable patients" facilitated periodic meetings with the practice team to review the care needs of these patients and to ensure appropriate safeguards were in place to minimise the risk of deteriorating health, harm or abuse. GPs participated in the multi-disciplinary vulnerable adult risk management meetings wherever possible.
- Staff we spoke were aware of their responsibilities regarding identifying, reporting and recording safeguarding concerns. They had received training in safeguarding vulnerable adults, the Mental Capacity Act 2005 and Deprivation of Liberty safeguards (DOLs).
- People were supported to make decisions and where appropriate, their mental capacity was assessed and recorded.

Outstanding



Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients. We saw evidence of GPs participating in best interest decision meetings in accordance with legislation.
- The practice carried out annual health checks for patients with a learning disability and facilitated cervical screening for female patients within their home when needed.
- Significant event analysis was undertaken for patients with learning disabilities in line with the confidential inquiry into premature death of people with learning disabilities.
- Patients had access to information about how to access various support groups and voluntary organisations in a range of accessible formats.
- The practice worked with local food banks and staff offered food bank vouchers to patients who required emergency food supplies or were experiencing financial difficulty.

People experiencing poor mental health (including people with dementia)

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

The 2015/16 nationally reported data showed good outcomes were achieved for patients.

- 98% of patients experiencing poor mental health were involved in developing their care plan in preceding 12 months which was 5.3% above the local average and 9.3% above the national average. The exception reporting rate was 8.9% which was below the local average of 20.4% and national average of 12.7%.
- 93.3% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was 8.2% above the local average and 9.6% above the national average. This was achieved with a 0% exception reporting rate compared to the local rate of 7.9% and the national rate of 6.8%.
- Staff we spoke with had a good understanding of how to support patients with mental health needs and dementia; and had received relevant training.
- The practice had created a community gallery to encourage patients to use art as therapy and positive feedback was received from patients in respect of improved mental well-being.
- The practice hosted regular counselling and psychological therapy sessions to ensure patients had ease of access to emotional support when needed.

Outstanding



Summary of findings

- Patients experiencing poor mental health could access onsite clinics facilitated by the community psychiatrist nurse and a mental health support worker provided assessment and support in areas such as housing, education, benefits and volunteering opportunistic.
- The practice had participated in a research study looking at whether hypertension medicines could safely be withdrawn in dementia patients without the return of hypertension and also had an effective system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The practice offered an assessment to patients at risk of dementia and carried out advance care planning for patients living with dementia.
- The practice signposted and provided information to patients about how they could access various support groups and voluntary organisations.

Summary of findings

What people who use the service say

The latest national GP patient survey results were published in July 2016. Most of the results showed the practice was performing above the local and national averages. A total of 259 survey forms were distributed to patients and 114 were returned. This represented a 44% completion rate of respondents and equated to 1.6% of the registered practice population.

- 96% of patients described the overall experience of this GP practice as good compared with the clinical commissioning group (CCG) average of 87% and the national average of 85%.
- 93% of patients found it easy to get through to this surgery by phone compared to a CCG average of 72% and a national average of 73%.
- 81% of patients described their experience of making an appointment as good compared with the CCG average of 72% and the national average of 73%.
- 87% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 80% and the national average of 78%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 27 comment cards which were all positive about the standard of care received. Patients described the environment as safe, hygienic and welcoming said they were always given enough time during consultations. Staff were described as being helpful and caring and other comments said the reception staff were friendly and professional.

During the inspection, we spoke with four patients who were members of the patient participation group. All patients said they were satisfied with the excellent care they received and thought staff were approachable and committed to providing person centred and compassionate care.

We reviewed the practice's friends and families test results for the months of September and October 2016. A total of 191 responses were received and 96.5% of the patients would recommend the practice to others.

Outstanding practice

We saw several areas of outstanding practice including:

- The practice was committed to working with people whose circumstances might make them vulnerable. For example: the practice proactively engaged with vulnerable adult risk management (VARM) multi-agency meetings when this was required and positive outcomes were achieved for patients'. This included mitigating risks to patient's home environment (for example hoarding and fire) and in some cases respecting their "unwise decisions" as defined by the Mental Capacity Act 2015.
- The practice demonstrated a responsive approach by taking account of the needs of their local population, and not just their registered patients. This enabled services to be delivered closer to home. For example, in response to a need to increase the

support provided to carers, the practice staff and Derbyshire Carers Association (DCA) were instrumental in setting up a "carers' clinic" in the Southern Derbyshire clinical commissioning group area. Carers received an assessment of their needs at any of the 18 participating GP practices and were involved in developing a support plan that focused on positive outcomes they wanted to achieve. Within three months of the project commencing in July 2015, the following measurable results were achieved: the rate of carer identification increased by 281%, the number of active carers on the practice's register increased by 40% and the number of carers assessments completed with the locality increase by 800%. The British Medical Journal awarded the practice and DCA a commendation as finalists for the "primary care team of the year award" in 2016.

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- The Derbyshire county council had awarded the practice the Derbyshire dignity campaign award (previously known as the silver award) in June 2015; in recognition of work undertaken to promote people's dignity and respect. Somercotes Medical Centre was the first GP practice in the county to achieve the silver award, which is the highest level of dignity award currently available. These awards had been achieved following an assessment process which considered areas such as: patient and staff involvement; respecting people's right to privacy; as well as listening and supporting people to express their needs and wants. Some of the evidence that led to these awards included the following: reception staff used text speech software to communicate with some patients with hearing impairments; and this enabled the voice of the receptionist to be converted into text of which the patient could read. Some patients with learning disabilities communicated with the practice staff via picture boards which have symbols to represent their views. The national GP patient survey results reinforced this aspect of care was maintained; as the results were above local and national averages.
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Somercotes Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist adviser.

Background to Somercotes Medical Centre

Somercotes Medical Centre provides primary medical services to approximately 7200 patients through a general medical services contract (GMS). The practice is situated off the main Nottingham Road in Somercotes, a former mining village located to the northeast of Amber Valley Borough.

The premises are purpose built and all services are accessible on the ground floor. The practice has car parking facilities including parking bays for the disabled and is accessible by public transport.

The level of deprivation within the practice population is in line with the national average with the practice population falling into the fifth most deprived decile. Income deprivation affecting children and older people is above the local and national averages.

The clinical team comprises three full-time and two part time GP partners (male and female), one salaried part-time GPs (female), one part-time advanced nurse practitioner and three practice nurses. The practice is a teaching practice for medical students and nurses as well as a training practice for GP registrars. The clinical team is supported by a full time practice manager and a team of reception and administrative staff.

The practice opens from 8am to 6.30pm Monday to Friday. Morning surgery runs from 8.20am to 11.30am daily and afternoon surgery runs from 2.30pm to 5.40pm on Monday and Tuesday; and 3.50pm to 5.40pm Wednesday to Friday.

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 Healthcare 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 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 provider under the Health and Social Care Act 2008 and associated regulations.

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 1 November 2016. During our visit we:

- Spoke with a range of staff including GPs, nursing staff, the practice manager, reception and administrative staff.
- We spoke with four patients who used the service and were members of the patient participation group.

Detailed findings

- Observed how patients were being cared for in the reception area.
- Reviewed 27 comment cards where patients shared their views and experiences of the service.
- Reviewed a sample of the personal care or treatment records of patients.
- Looked at information the practice used to deliver care and treatment plans.

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 living 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

Our inspection findings demonstrated there was an open and transparent culture in which all safety concerns raised by staff and patients were highly valued as integral to learning and improvement. This was supported by an effective system for reporting, recording and investigating significant events, incidents and near misses.

- All staff that we spoke with could describe their role in incident reporting, felt fully supported and were aware of the lead GP that was accountable for managing significant events and incidents.
- Incident recording forms supporting the recording of notifiable incidents under the duty of candour were available on the practice's computer systems. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- The practice held detailed records of significant events that had been looked at in the last 15 years. Records reviewed showed the levels of harm and near misses, possible contributory factors, actions taken and improvements made to safety.
- A total of 16 significant events had been recorded within the last 18 months and a thorough analysis of each event had been undertaken. Reported incidents included a needle stick injury, sudden infant death and vaccination incidents. Meeting minutes reviewed showed all staff and patients (where appropriate) were involved in discussions about significant events and learning points were identified and communicated widely.
- Processes were in place to review the learning outcomes from significant events. This included discussion at monthly meetings and six monthly reviews to ensure all agreed actions had been completed and learning had been embedded to enhance patient safety and experience.
- Records reviewed showed incidents were also used as a method of selecting appropriate clinical audit topics within the practice.
- When things went wrong with care or treatment, patients were informed of the incident, offered

explanations and support. Apologies were offered to patients where appropriate and they were told about any actions taken to improve processes to prevent the same thing happening again.

- The practice had reported some significant events externally to the National Reporting and Learning System (NRLS) which is a central database of patient safety incident reports across England and Wales. The NRLS enables the learning gained from the experience of a patient in one part of the country to be used to reduce the risk of something similar occurring elsewhere.

The practice had effective procedures in place for managing patient safety alerts including alerts received from the Medicines and Healthcare products Regulatory Agency (MHRA). Records reviewed showed patient safety alerts were received via email, cascaded to relevant staff and actioned following review. Staff we spoke with were able to give examples of recent alerts they had discussed at practice meetings and this was corroborated by meeting minutes. We saw that searches were undertaken on the clinical system to identify any affected patients and a review of their medicines was arranged if needed.

Overview of safety systems and processes

Safeguarding vulnerable adults, children and young people was a priority within the practice and arrangements for safeguarding reflected relevant legislation and local requirements.

- Staff we spoke with demonstrated they understood their responsibilities regarding safeguarding and had received training that was relevant to their role. This included all GPs being trained to child safeguarding level three and practice nurses' were level two trained.
- The lead GP for safeguarding children was trained to level four and was supported in this role by an administrator, which provided effective management and oversight of safeguarding matters within the practice. The lead GP worked with the administrator as part of a proactive approach in following up any active concerns.
- Policies were accessible to all staff and clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare.

Are services safe?

- Records reviewed showed proactive steps were taken to prevent abuse from occurring, staff responded appropriately to signs or allegations of abuse and worked effectively with others to implement protection plans. This included hosting child protection meetings every three months which were attended by the health visiting and school nursing teams. Records reviewed showed the GPs attended regular multi-agency safeguarding meetings and provided reports where necessary.
- The practice took a wider interpretation of the term vulnerable adult and this included adults living in vulnerable circumstances, patients with care and support needs that had the potential to experience health deterioration, harm or abuse. A register was maintained and this included people with learning disabilities, frail elderly patients, patients with severe mental health, patients who were homeless and carers. The GP lead facilitated four monthly practice team meetings which were open to all staff. Information discussed at these meetings included changes to care guidelines for each patient group, concerns and ideas to improve their overall care. For example, as a result of discussions held at this meeting and an audit of end of life care, a significant event analysis of a patient with learning disabilities was undertaken in line with the recommendations of the confidential enquiry into deaths of people with learning disabilities.
- The practice also engaged with the vulnerable adult risk management (VARM) multi-agency meetings when this was required and this was attended by the community fire safety officer, community based safeguarding nurse and environmental health for example. Records reviewed showed positive outcomes were achieved for patients and this included mitigation of risks related to hoarding and fire safety within patient's homes.
- Staff were aware of issues related to domestic violence and the local support available. An information sharing system with the Police and social services was in place to refer incidences of domestic violence.
- Information was displayed in the waiting area and in consultation rooms advising patients they could request a chaperone, 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 had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be visibly clean and tidy. There were cleaning schedules and monitoring systems in place.
- One of the practice nurses was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. They attended quarterly IPC meetings which provided networking opportunities with other local practice infection control leads.
- Practice staff had received up to date training and vaccinations to protect them against hepatitis B where needed.
- There was an IPC protocol in place and this covered topics such as hand hygiene, personal protective equipment and spillage of bodily fluids for example.
- Annual IPC audits including a review of the management of clinical waste was undertaken. We saw that action was taken to address any improvements identified from the audits.

The arrangements for managing medicines and vaccines in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being issued to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads

Are services safe?

were securely stored and there were systems to monitor their use. Patient group directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

Effective recruitment procedures were followed by the practice to ensure that staff had the relevant skills, experience and were suitable to carry out their role. For example, we reviewed four personnel files and found appropriate pre-employment checks had been undertaken prior to employment. This included proof of identification, a photograph, qualifications, registration with the appropriate professional body for clinical staff, references and right to work verification. Appropriate health checks and criminal record checks via the DBS service were also undertaken. All staff completed an annual declaration of any changes to their DBS checks. A recently recruited staff member spoke positively about the efficiency of the recruitment process including the interview they attended.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available and staff had received related training.
- Staff we spoke with were aware of the actions required to maintain fire safety. This included the use of the fire alarm system which was tested weekly and use of fire extinguishers that were periodically serviced. Records reviewed showed all staff had completed fire safety training.
- The practice had up to date fire risk assessments and a fire drill had been completed in February 2016 to ensure that people knew how to evacuate the premises and what to do in the event of a fire. There were designated fire marshals within the practice.
- Arrangements were in place to ensure equipment was safe to use and regularly maintained to ensure it was working properly. For example, portable appliance testing for electrical equipment and calibration of medical equipment was undertaken at least yearly, the most recent October 2016.
- The practice had procedures in place to identify, manage and monitor risks to patients, staff and visitors to the practice. This covered areas such as lone working,

the premises, environment, control of substances hazardous to health and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

Staffing levels and skill mix were planned, implemented and reviewed to meet the needs of patients and to ensure the smooth running of the practice. This included use of rotas for all the different staffing groups to ensure enough staff were on duty each day. GP partners planned their leave to ensure there was adequate medical cover. Members of staff covered each other's annual leave and absence to ensure continuity of care for patients. Staff were multi-skilled and were able to cover each other's roles within their teams during leave or sickness.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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.
- Systems and processes were in place to ensure staff recognised and responded appropriately to signs of deteriorating health in patients and medical emergencies.
- The practice team had received up to date training in annual basic life support training and / or cardio pulmonary resuscitation. Clinical staff administering medicines had been trained to deal with an anaphylactic reaction.
- 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.
- All the emergency medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan for responding to a disruption to the service and copies were held off site. The plan included a risk assessment of identified hazards such as loss of information technology,

Are services safe?

utilities and flooding; and the actions staff were to take to mitigate risks. Contact numbers for staff and external holders were detailed in the plan for ease of communication when needed.



Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards. This included the National Institute for Health and Care Excellence (NICE) best practice guidelines and locally agreed prescribing guidelines.

- Staff reviewed and utilised NICE guidance to deliver care and treatment that met patients' needs.
- The practice ensured that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- The practice had strong and established systems to keep all clinical staff up to date. For example, new guidance was cascaded to all clinicians and updates were discussed at weekly clinical meetings.
- We observed one of these meetings during the inspection and found this was an effective means of sharing best practice and learning. Staff had an opportunity to ask questions and share improvement ideas following a presentation on an audit titled "implementation of NICE guidelines in management of newly diagnosed atrial fibrillation". Relevant changes to the guidelines were highlighted and recommendations were made including developing templates for use by clinicians to aid the assessment process, providing patients with an information leaflet and reauditing this aspect of care in 12 months.
- A traffic light system was also used in identifying patients at risk of serious illness.

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 practice has consistently maintained a track record of high QOF performance over the last 10 years with achievements above 98%. The practice had achieved 99.8% of the total number of points available compared to a clinical commissioning group (CCG) average of 97.2% and national average of 95.3% for the year 2015/16

The clinical exception reporting rate was 12.9% which was slightly above the local average of 11.7% and the national average of 9.8%. Exception reporting is the removal of patients from QOF calculations where, for example, a patient repeatedly fails to attend for a review appointment.

This practice was not an outlier for any QOF (or other national) clinical targets. Data showed:

- Performance for diabetes related indicators was 100% which was above the CCG average of 92.9% and the national average of 89.9%. This was achieved with an exception reporting rate of 18% which was slightly above the CCG average of 14% and the national average of 12%.
- Performance for hypertension related indicators was 100% which was above the CCG average of 98.7% and the national average of 97.3%. This was achieved with an exception reporting rate of 3% which was in line with the CCG and national averages of 4%.
- Performance for dementia health related indicators was 100% which was above the CCG average of 99.6% and the national average of 96.6%. This was achieved with an exception reporting rate of 9.5% which was below the CCG average of 14% and the national average of 13%.
- Performance for mental health related indicators was 95.7% which was comparable to the CCG average of 96.6% and national average of 92.8%. This was achieved with an exception reporting rate of 10% which was below the CCG average of 17% and in line with the national average of 11%.

The practice had an embedded culture of quality improvement including a comprehensive programme of clinical audit.

- The practice shared nine clinical audits undertaken in the last three years. Four of these were completed full cycle clinical audits where changes were implemented and monitored with positive outcomes achieved for patients. The practice had planned to complete the remaining five re-audits within 12 months.
- Findings were used by the practice to improve the care and treatment of patients. For example, a full cycle clinical audit was completed on coeliac disease, as the practice wanted to improve the diagnosis rate and ensure regular follow-up was undertaken to check that patients were adhering to a gluten free diet.



Are services effective?

(for example, treatment is effective)

Recommendations were made as a result of the initial audit and this included improving the coding of patient's medical records, strengthening the recall system for inviting patients for health reviews and opportunistic screening. The re-audit demonstrated an improvement of care for these patients, with increased numbers of patients having had an annual review and blood tests; as well as increased uptake for the flu and pneumonia vaccinations. Information about patients' outcomes was also used to make improvements to the processes for undertaking health reviews.

- The practice had undertaken further audits and reviews on topics relating to carers, end of life care, hormone replacement therapy, antibiotic prescribing for throat infections, rheumatoid arthritis and immunisations.
- The practice worked closely with the CCG pharmacist and medicines management team and carried out medicines audits to ensure prescribing was cost effective and adhered to local guidance. Practice supplied data for 2015/16 showed 90% of the practice population on four or more medicines had a review of their medicines in the last 12 months.
- Records reviewed showed the practice participated in other monitoring activities, such as reviews of services provided for patients, peer review, service accreditation and benchmarking activities. For example, benchmarking data for the period April 2013 to March 2016 showed the practice's accident and emergency attendances (A&E) and emergency admissions were below the national and CCG averages. Specifically:
 - the practice's emergency admission rate was approximately 93 per 1000 population compared to the CCG average of 98 per 1000 and national average of 97 per 1000 population.
 - the practice's A&E attendance rate was approximately 322 per 1000 population compared to the CCG average of 376 per 1000 and national average of 325 per 1000 population.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff and staff were supported with shadowing experiences to learn the practice specific systems and patient pathways.
- Records reviewed showed the GP registrar's induction included: shadowing the practice team and multi-disciplinary colleagues as well as completing a tool to identify learning needs which was used by the GP trainer as basis for discussion to inform the teaching and learning plan. The GP trainers were of the view the joint surgeries were an excellent way of assessing the trainee's level of competency and this happened weekly. A registrar pack was provided and prescribing advisors offered to meet any new GPs to go over CCG prescribing guidelines.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, clinicians who reviewed patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The clinical team held regular informal debrief meetings as part of peer support. The nursing team attended a monthly staff meeting and items discussed included feedback from departmental meetings, clinical discussions, QOF performance, revalidation and leave arrangements.
- The GPs had lead roles, extra qualifications and / or special interest in clinical areas such as women's health, diabetes, rheumatology, ophthalmology, dementia, adolescent health, sexual health, telemedicine, and chronic fatigue. We saw evidence to support this impacted on low referral rates to secondary care. For example, CCG benchmarking data for the period April 2013 to March 2016 showed the practice's rate of GP referrals using first outpatient attendance was approximately 180 per 1000 population compared to the CCG and national averages of approximately 220 per 1000 population.



Are services effective?

(for example, treatment is effective)

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. All staff (employed for over a year) had received an appraisal within the last 12 months and this had included a risk assessment which considered additional support that may be required by the staff member to fulfil their role.
- Staff training was a priority and was built into staff rotas. For example, on a monthly basis, staff had protected time to access e-learning training modules, in-house training or external training facilitated by the CCG. Training completed by staff included: safeguarding, fire safety awareness, basic life support and information governance.

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 their intranet system.

- This included care plans, medical records and investigation and test results.
- Records reviewed showed the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked collaboratively with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services or after they were admitted and discharged from hospital. Monthly meetings took place to review the needs of these patients and to ensure appropriate support was in place. Care plans were routinely reviewed and updated for patients with complex needs. Information was shared between services, with patients' consent, using a shared care record.

Patients with more complex problems also received regular visits from the attached community matron and the care coordinator helped to arrange services and support for older people, vulnerable patients and those with long term conditions. Virtual ward meetings were held every two weeks to review these patients and were attended by a GP, a care coordinator, a physiotherapist, an occupational therapist and / or a social worker.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. Palliative care meetings were held every quarter and attended by community based staff such as the Macmillan nurse and district nurses. The practice's 2015/16 end of life care audit showed positive outcomes were achieved for patients. For example, 89% of patients listed on the palliative register died in their preferred place of death and 11% had died in hospital due to sudden deterioration in their health and / or changes in decision making by the patient and family members / carers.

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. For example, records reviewed showed the GPs attended multi-disciplinary meetings where best interest decisions were made and positive outcomes were achieved for patients. This included mitigating risk even though a patient may make an unwise decision about their lifestyle.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. For example, clinicians were aware of the need to consider Fraser guidelines in deciding if a child can consent to contraceptive or sexual health advice and treatment.
- The process for seeking consent was monitored through patient records audits. We saw documented evidence of consent recorded within the patient records and signed consent for procedures such as minor surgery.

Supporting patients to live healthier lives

The practice had a focus on early identification of diseases and associated risk factors in patients to reduce the risk of early mortality. A yearly "healthcare surveillance and prevention review" was undertaken, (the most recent in October 2016) to review the effectiveness of health promotion activities within the practice so as improve patient's health and wellbeing.



Are services effective?

(for example, treatment is effective)

- The practice identified patients who may be in need of extra support and signposted them to relevant services. For example: patients at risk of developing a long-term condition and those requiring advice on their diet and alcohol cessation.
- The 2015/16 QOF data showed approximately 92% of patients aged 15 or over recorded as current smokers had a record of an offer of support and treatment within the preceding 24 months. This was above the CCG average of 87% and national average of 88%.
- The practice hosted the Live Life Better Derbyshire service on site for patients to receive advice and support with weight management, exercise programs, smoking cessation and motivational coaching to patients with long term conditions.

Data available from the local primary care web tool as at 24 October 2016 showed:

- Smoking cessation advice given was at 98.6% compared to the CCG average of 96.6% and national average of 95.5%
- The uptake rate of the flu vaccination for patients aged over 65 was 79% which was above the CCG average of 75.5% and national average of 73%.
- Flu vaccination rates for 'at risk' patients aged 65 years and under was at 57% which was above the local average of 52.5% and national average of 53.22%.
- Patients had access to appropriate health assessments. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.
- Feedback from the learning disability strategic health facilitator following a quality visit to the practice highlighted an excellent service was provided for patients with learning disability; including annual health checks undertaken.

- Practice supplied data showed 7% of the practice population were eligible for an over 75 years health check and 73% eligible patients had received a check.
- The practice's uptake for the cervical screening programme was 85.3%, which was above the CCG average of 83% and the national average of 81.4%. This was achieved with a low exception reporting rate of 3% compared to the CCG average of 4% and national average of 6.5%. The practice encouraged uptake of the screening programme by taking part in a radio program to help publicise the benefits of cervical screening, using pink coloured letter head for inviting patients for screening and providing easy read information for cervical screening. Patients with a learning and / or physical disability were supported to have cervical screening undertaken within their own home. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer.

- The uptake rate for bowel cancer screening was 59.2% which was comparable to the CCG average of 60.7% and the national average of 57.8%.
- The uptake rate for breast cancer screening was 78.3% which was above the CCG average of 76.9% and the national average of 72.5%. In 2014, the practice had participated in a familial breast cancer study which looked at identifying women with a moderate to high risk of developing breast cancer. A total of 28 out of 1500 (1.9%) women invited were found to be at risk and referred to secondary care for enhanced screening.

Childhood immunisations were carried out in line with the national childhood vaccination programme. The 2015/16 uptake rates were mostly in line with or above local and national average. For example: rates for the vaccines given to under two year olds ranged from 62% to 98.5% and five year olds from 74% to 99%.



Are services caring?

Our findings

Kindness, dignity, respect and compassion

The practice had a strong patient centred culture and a team approach was taken to ensure patients were treated with dignity, respect and honesty. For example:

- The Derbyshire county council had awarded the practice with the Derbyshire dignity campaign award (previously known as the silver award) in June 2015; in recognition of work undertaken to promote people's dignity and respect. Somercotes Medical Centre was the first GP practice in the county to achieve the silver award, which is the highest level of dignity award currently available. These awards had been achieved following an assessment process which considered areas such as: patient and staff involvement; respecting people's right to privacy and engaging family members and friends as care partners.
- The practice manager and one of the GP partners were the designated dignity champions within the practice. Their roles included promoting the national "dignity in care campaign principles to all staff to ensure they were reflected in the delivery of services. The dignity in care campaign is promoted by the Department of Health and sets out 10 key points to ensure high quality services that respect people's dignity. This includes, "support people with the same respect you would want for yourself or a member of your family" and "treat each person as an individual by offering a personalised service".
- We observed these principles being implemented by staff on our inspection day. For example, reception staff were welcoming, courteous and called patients by their preferred name. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. Doors were closed during consultations and 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 and stakeholders was continually positive about the way staff treated people. For example:

- All of the 27 patient Care Quality Commission comment cards we received were positive about the service

experienced. Patients said the practice offered an excellent service and staff were very helpful, caring and treated them with dignity and respect. Some patients also gave specific examples to demonstrate that staff went the extra mile by providing care which exceeded their expectations. This included a range of support provided to carers, patients experiencing grief or loss, people with specific long term conditions and depression.

- We saw extensive examples of positive comments regarding the high level of care provided to patients over the years. This included thank you cards, comments made as part of the friends and family test, practice survey results and compliments within the practice's feedback book.
- All of the 22 comments on the NHS choices website were positive about the care and treatment received by patients; and the practice was awarded 4.5 out of five stars. Patients praised the staff for being very helpful, compassionate and supportive when needed.
- We spoke with four members of the patient participation group (PPG). They told us they were extremely satisfied with the care provided by the practice and said their dignity and privacy was respected at all times.

The July 2016 national GP patient survey results showed the satisfaction scores in respect of interactions with GPs and nurses were above or in line with the local and national averages. For example:

- 97% 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%.
- 93% of patients said the GP was good at listening to them compared to the CCG average of 90% 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 average of 86% and national average of 85%.
- 99% of patients said they had confidence and trust in the last nurse they saw compared to the CCG and national averages of 97%.



Are services caring?

- 95% of patients said the nurse was good at listening to them compared to the CCG average of 93% 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 92% and national average of 91%.

Satisfaction scores for reception staff was also above local and national averages

- 93% 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

Feedback from patients showed they were involved and encouraged to be active partners in their care and in making decisions, with any support they needed being provided. 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. Some patients we spoke to and comments cards received highlighted that children and young people were treated in an age-appropriate way and recognised as individuals; and preferences were always reflected in how care was delivered.

This was corroborated by personalised care plans we reviewed for patients receiving end of life care, patients at risk of hospital admission and / or living with dementia. The practice shared the care plans with the out of hours' service where appropriate to ensure continuity of care was maintained should it be required when the practice was closed.

The national GP patient survey results showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Satisfaction scores were above local and national averages. For example:

- 91% of patients said the GP gave them enough time during consultations compared to the CCG and national averages of 87%.
- 91% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG and national averages of 86%.

- 87% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national averages of 82%.

- 96% of patients said the nurse gave them enough time compared to the CCG average of 93% and the national average of 92%.

- 92% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and the national average of 90%.

- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

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

- Translation and interpreting services were available for patients who did not have English as a first language and longer appointments were offered to facilitate ease of communication.
- Reception staff used text speech software to communicate with some patients with hearing impairments; and this enabled the voice of the receptionist to be converted into text of which the patient could read. A hearing loop was also available to help those with hearing aids better communicate with staff.
- Some patients with learning disabilities communicated with the practice staff via picture boards which have symbols to represent their views. Information leaflets were also available in easy read format.
- The Choose and Book service was used with patients as appropriate. Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the waiting area which told patients and carers how to access a number of support groups and organisations. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.



Are services caring?

Staff told us they had been “inspired by patient stories of how their creative hobbies helped improve their emotional and mental wellbeing”. The practice team worked with several patient support organisations such as local youth groups, the Rethink mental health charity, older people and people experiencing poor mental health. As a result of this engagement, a community artwork gallery was set up within the practice. The primary aims were to “increase patient self-esteem, encourage people to take up arts as therapy, bring together the community in a joint project and appreciate the talent within the local area”.

The main corridor (art gallery) contained a variety of photographs and artwork donated by patients (children and adults) and local community groups. The practice had displayed over a hundred pieces of craft and artwork which was also transferred to the patient screen in the waiting area. This also served as a talking point whilst patients waited for an appointment. Records reviewed including compliments and feedback received from patients and visitors showed positive outcomes were achieved in respect of people’s mental wellbeing and the gallery had increased community engagement and interest in art.

Carer identification was a priority within the practice and formed part of every clinician’s assessment. The practice had identified 202 patients as carers which equated to 3% of the practice list. A member of staff acted as a carers’ champion to help ensure that the various services supporting carers were coordinated and effective. The carers register was actively used to review and monitor the health and support needs of carers.

The practice had carried out a patient survey in May 2015 as part of an initiative to increase the number of carers and support offered to them. The practice used the quality of

life questionnaire developed by the Carers Trust and the University of Nottingham to measure several aspects of a carer’s life including stress levels and support offered. The findings showed 1% of the practice population had been identified as carers and many of them felt under supported in their caring role by the practice.

In response to this, the practice hosted carer clinics which it led on developing with Derbyshire Carers Association. Within three months of the project commencing in July 2015, the following measurable results were achieved: the rate of carer identification increased by 281%, the number of active carers on the practice’s register increased by 40% and the number of carers assessments completed with the locality increase by 800%. Follow-up questionnaires showed great improvements in the quality of life for carers and this was reflected in comments received from carers. The British Medical Journal awarded the practice and DCA a commendation as finalists for the “primary care team of the year award” in 2016 and the Health Service Journal shortlisted the carers clinic initiative for the CCG and local authority integrated commissioning for carers award in 2016.

Staff told us if families had experienced bereavement a doctor would usually contact them and offer a 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. Where appropriate, staff have also sent handwritten cards and occasionally attended patients’ funerals. We saw documented evidence to confirm this took place. Information was available to signpost relatives or carers to appropriate services such as counselling. Patients and carers could access bereavement counselling from a local hospice.



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, Public health and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

The practice had a dementia lead GP who proactively engaged with patients, stakeholders and filtered good practice to staff. The GP had delivered dementia friends awareness training to practice staff, patients and local community groups. Additional training had been provided to staff by a local consultant and nurse specialising in dementia. The impact of staff increased awareness and training had resulted in an improved dementia diagnosis and referral rates. The practice was also piloting the Dementia Action Alliance new toolkit for practices to complete to become dementia friendly.

The involvement of other organisations was viewed as being integral to how services were planned and delivered for people experiencing poor mental health and people with multiple and complex health needs. For example:

- The practice hosted a counselling service for children aged 11 to 17 years (Safespeak) and this service was provided by Relate.
- The practice hosted regular counselling sessions delivered by "Talking mental health Derbyshire counsellors" so that individuals could access emotional support when needed.
- A clinic led by support within the community and improved access to mental health care.
- Patients also had access to pre-bookable and drop in clinics facilitated by a community mental health Support was provided in areas such as housing, education, benefits and volunteering. The practice had recently facilitated two meetings with the mental health team (community psychiatrist nurse and mental health support worker) to review the care needs of people experiencing poor mental health.

A range of services were hosted within the practice to ensure care was delivered closer to home. For example:

- The Citizen's Advice Bureau provided a weekly advice session on Tuesday afternoons. Patients could access free and confidential advice in respect of welfare benefits, employment, housing and debt management.
- The practice hosted the healthy homes team to offer advice and support to patients whose homes were likely to be cold and damp which could aggravate their health problems over the winter.
- The practice worked with local food banks and staff offered food bank vouchers to patients that required emergency food supplies or experiencing financial difficulty.

There was a high level of engagement with younger people.

- The surgery had established links with local schools and colleges by inviting them to display their artwork in the community gallery within the practice.
- GPs had been involved in sexual health education at local schools and had taken part in "aspiration days" aimed at encouraging pupils to consider careers in healthcare.

Other services provided by the practice included:

- A free in-house acupuncture clinic for patients. Records reviewed showed along with the expertise within the practice in joint injections, the acupuncture service had helped keep referral rates for musculoskeletal problems low, reduced prescribing costs or the need for medicines. Patients were very complimentary of this service and the impact it had on reducing chronic pain for example.
- Patients had access to minor surgery, audiological examinations, family planning services, travel vaccinations, a range of clinics for long term conditions such as asthma and diabetes.
- Joint clinics were held with a local diabetes specialist nurse to see patients with complex needs. This enabled these patients to access care closer to home and increased the skills of practice nurses in managing complex patients.
- The practice supported the government's "fit for work service", which included a free occupational health assessment and support for working age patients in returning to work.



Are services responsive to people's needs?

(for example, to feedback?)

- The practice had considered and implemented the NHS England Accessible Information Standard to ensure that patients could receive information in formats they could understand.
- Reasonable adjustments were made and action was taken to remove barriers when patients found it hard to use or access services. For example, the main entrance door was wheelchair accessible and there were toilet facilities for the disabled. The patient calling system in the waiting room was both audio and visual.
- Longer appointments were offered to patients to improve discussion and decision-making about their care and treatment as well as to facilitate sufficient time for clinicians to complete their administrative work. On average GP appointments were for 12.5 minutes and nurse appointments were for 15 minutes.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.
- 89% of patients 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%.
- 81% of patients described their experience of making an appointment as good compared to a CCG average of 72% and a national average of 73%.
- 82% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 76%.
- 85% of patients usually waited 15 minutes or less after their appointment time to be seen compared to a CCG average of 69% and a national average of 65%.
- 71% of patients usually got to see or speak to their preferred GP, which was significantly below both the CCG average of 55% and the national average of 59%.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

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

We looked at eight out of 15 complaints received since January 2015 and found they were responded to promptly with openness and transparency. People making complaints were provided with explanations and apologies where appropriate, and also told about actions taken to improve the quality of care. Records that we looked at showed complaints were reviewed with the practice team, lessons were identified and improvements were made to the quality of care. An annual review of complaints was undertaken to identify any trends or themes and to check that improvement actions had been implemented and learning had been embedded. Where appropriate, complaints were also considered as significant events.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. GP appointments were generally from: 8.20am to 11.30am daily; 2.30pm to 5.40pm on Monday and Tuesday; and 3.50pm to 5.40pm Wednesday to Friday. A triage system was also used to facilitate urgent appointments for children and those patients with medical problems that require same day consultation.

Feedback received from comment cards and patients we spoke with showed people were able to get appointments when they needed them. This was aligned with the national GP patient survey results which showed patient's satisfaction with how they could access care and treatment was above local and national averages.

- 93% of patients found it easy to get through to this surgery by phone compared to a CCG average of 72% and a national average of 73%.

Are services well-led?

Outstanding



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

Our findings

Vision and strategy

The practice had a clear vision to deliver “good quality holistic healthcare to patients with a wide range of physical and psychological needs” as well as to promote good outcomes for patients.

- The practice had a mission statement and a “family practice” ethos which was embedded throughout the practice. This included: “seeing patients as part of the extended Somercotes family”, treating patients with dignity, respect and honesty; and a motivation to provide excellent care.
- Regular engagement took place with staff which ensured they were involved in promoting and maintaining the practice vision. Staff we spoke with modelled a strong ownership of the practice vision and this was positively reflected in patient feedback.
- The strategy and supporting objectives of the practice were stretching, challenging and innovative, while remaining achievable. This included a proactive approach to succession planning, recruitment and a systematic approach to working with other organisations to improve care outcomes, tackle health inequalities and obtain best value for money.
- The practice had a business plan in place which included initiatives for service development taking into account the NHS five year forward view. Regular planning meetings were held by the GP partners and the practice management to review and monitor service delivery and business matters.

Governance arrangements

Governance and performance management arrangements reflected best practice, were proactively reviewed and supported the delivery of the strategy and good quality care. For example:

- The systems and processes in place for ensuring patient and staff safety demonstrated strong clinical governance. There were rigorous arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- A comprehensive understanding of the current and future performance of the practice was maintained.

Departmental meetings were held every six to eight weeks which provided an opportunity for staff to evaluate, monitor and make improvements to the quality of care provided.

- Clinical and internal audit processes functioned effectively and had a positive impact in relation to quality governance, with clear evidence of actions being taken to address areas of improvement.
- There was a clear staffing structure and staff were aware of their own roles and responsibilities. Clinical and managerial staff held lead roles in a range of clinical and non-clinical areas to ensure accountability for service delivery.
- Practice specific policies were implemented and available to all staff. Records reviewed showed these were updated and reviewed regularly.

Leadership and culture

The GP partners and management team demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. This was corroborated by staff feedback and awards received from credible external bodies such as the East Midlands leadership academy. We saw the good practice which led to these awards was still occurring and leading to benefits for patients, staff and the local health economy. For example:

- One of the GP partners had received a post graduate certificate in healthcare leadership and an NHS leadership academy award in healthcare leadership in 2015 through support from the practice. In addition, the practice team was awarded the NHS patient champion of the year in recognition of this GP’s work (taking a lead role in setting up an art gallery in the practice and setting up carers’ clinics in 18 GP practices within the locality) and the efforts of the practice team to drive and improve the delivery of high-quality person-centred care.
- The practice had received positive reviews about the carers’ clinics from a range of stakeholders including the coalition of collaborative care (a partnership of 40 organisations funded by NHS England, committed to improving care for people with long term conditions).

Are services well-led?

Outstanding



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

- GPs had lead roles internally within the practice and were involved in external engagement within the locality and the clinical commissioning group (CCG).

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

- All staff we spoke with were proud of the practice as a place to work and spoke highly of the open and non-hierarchical culture amongst colleagues.
- The GP partners and management team were described as approachable and having an inspiring shared purpose to promote excellent care for patients and motivated staff to succeed. This feedback was received from both long serving and recently recruited staff.
- Staff told us the partners always took the time to listen to them and communication within the practice was described as excellent. All staff we spoke with felt involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- A wide range of regular meetings were held. These included clinical meetings, whole staff team meetings and meetings to discuss specific aspects of care for example winter pressure planning. Minutes were available for practice staff to view.
- Team building activities were also undertaken including practice walks, two to three times a year for example.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. Records reviewed showed:

- Patients were protected by a comprehensive safety system with a focus on openness, transparency and learning when things went wrong with care and treatment.
- The practice had systems to ensure affected people received reasonable support, relevant information and an apology where appropriate.

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

The practice placed a strong emphasis on proactively seeking feedback from staff and patients and had a demonstrable track record of acting upon this. Regular engagement with the public and other stakeholders also assisted in delivering high quality care. For example:

- The patient participation group (PPG) and patient feedback played an active role in shaping the strategic vision of the practice and driving improvement. The PPG was patient led and met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. We received positive feedback from the PPG members we spoke with regarding regular engagement with practice staff and their feedback was considered and implemented.
- The PPG met in March 2016 to discuss the results of the national GP patient survey and we saw that action plans were implemented to drive improvement as a result. This included increasing written information to promote discussion of treatment options.
- Patient feedback was also sought through the NHS Friends and Family test, complaints and compliments received. Records reviewed showed information on people's experience was reviewed alongside other performance data to improve the patient experience.
- Feedback from staff was gathered through staff surveys, and generally through meetings, appraisals and one to one discussions. The most recent staff survey was completed by 16 members of staff and the results were very positive in respect of: finding worthwhile challenges in their daily job, support from line manager, views and suggestions being respected and being personally recognised or thanked by the leadership for doing a good job. The results were also discussed in a team meeting.
- The practice manager facilitated "meet and greet one to one meetings" which covered areas such as: "what do you enjoy most about your job, what do you least enjoy, what the practice is good at and improvements that could be made".

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes

Are services well-led?

Outstanding



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

to improve outcomes for patients in the area. For example, one of the GP partners with an expertise in IT and web design had developed an online tool that patients could use to access health information and advice about self-care. They had taken a lead role in working with the CCG to develop this tool with a view to rolling out the resource to other local GP practices. The practice had also engaged in developing the tele video consultations for use with patients who preferred this method of communication including people residing in care homes or supported living.

There was a strong focus on education and development within the practice.

- The practice was a teaching and training practice for medical students and GP registrars. The June 2016 external report titled "Deanery's training re-approval visit" highlighted that all three GP trainers were highly motivated and had complimentary skills that enabled mutual support for GP registrars. In addition to this, feedback from students was complimentary of educational support received.

- The practice held the Royal College of General Practitioners research ready accreditation for the period June 2015 to May 2018 and were successful in becoming a level one research site practice with the Clinical Research Network. One of the GP partners was the practice clinical research lead and had completed relevant training. Records reviewed and discussions held with the GP highlighted the practice participated in 13 projects which had the potential to benefit patients and was relevant to best practice. For example: following a review of the reasons why some patients frequently attended the practice and secondary care services, the practice participated in a project exploring the benefit of cognitive behavioural therapy in patients who attend GP surgeries and urgent care centre frequently. The practice also took part in a trial involving reducing patient demand for antibiotics in response to a slight increase in the practice's antibiotic prescribing.