Hannage Brook 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?	**Outstanding** ☆
Are services effective?	**Outstanding** ☆
Are services caring?	**Outstanding** ☆
Are services responsive to people's needs?	**Outstanding** ☆
Are services well-led?	**Outstanding** ☆

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	9
What people who use the service say	15
Areas for improvement	15
Outstanding practice	15

Detailed findings from this inspection

Our inspection team	17
Background to Hannage Brook Medical Centre	17
Why we carried out this inspection	17
How we carried out this inspection	17
Detailed findings	19

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Hannage Brook Medical Centre on 16 November 2016. Overall the practice is rated as outstanding.

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

- There was an open and transparent approach to safety and a system in place for managing significant events. Opportunities to learn from internal and external safety events were maximised and used to drive improvement.
- The practice had clearly defined and embedded systems to keep patients safe and safeguarded from abuse.
- Risk management was comprehensive, well embedded and recognised as the responsibility of all staff.
- Staff were aware of current evidence based guidance and clinical audits demonstrated quality improvement.
- The practice took a holistic approach to assessing, planning and delivering care and treatment to meet patient’s needs. Staff worked collaboratively to understand and meet the range and complexity of people’s needs.
- The continuing development of staff skills, competence and knowledge was recognised as integral to ensuring high-quality care.
- We observed a strong patient-centred culture and feedback from patients about their care was consistently positive. Patients said they were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- The national GP patient survey results showed patients rated the practice higher than others for all aspects of care including interactions with staff and access to the service.
- Patients found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.

Summary of findings

- The practice worked closely with other organisations and with the local community in planning and delivering services that met patients' needs.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- There was 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.

We saw several areas of outstanding practice including:

The whole team was engaged in reviewing and improving safety and safeguarding systems. Learning was shared widely with other health and social care professionals. For example:

- Following an unexpected death, one of the GP partners had facilitated a clinical commissioning group (CCG) event which was attended by a wide range of professionals including GPs, school nursing staff and social care workers from the multi-agency team. The event was attended by 86 people and focused on strengthening the arrangements in place for working with young people using drugs, and clinicians being aware of the safeguarding thresholds and early referral pathways. The GP had also facilitated a question and answer session on drug misuse on two occasions at a local secondary school to promote awareness of the risks and services available for the young people to access. The sessions were delivered to year 11 and 12 students with 25 pupils in each group.
- The practice was consistent in supporting people to live healthier lives through a targeted and proactive approach to health promotion and prevention of ill-health; with support from the patient participation group (PPG). For example, the practice had supported patients in setting up self-help groups for people with a diagnosis of atrial fibrillation and diabetes with patient education being a focus area at the regular meetings. The PPG has also been running an informal self-help group [Wirksworth in support of health (WISH)] for people experiencing poor mental health including depression and anxiety since October 2015. Benefits to patient care included emotional support, reduced isolation and befriending. In addition, the Quality Outcomes Framework data for atrial fibrillation, diabetes, mental health and depression were above local and national averages indicating positive clinical outcomes were also achieved for patients.
- The practice and PPG had organised a men's health event as part of a health promotion campaign. About 120 people attended the event which was held at the local cricket club. The practice had audited the number of appointments requested by men prior to and after the event. The results showed the number of appointments had increased by 2.5% and some men had booked appointments specifically to discuss health issues such as erectile dysfunction.
- Benchmarking data showed the practice's rate for emergency admissions and accident and emergency (A&E) attendances were significantly below the local and national averages. Contributory factors included good access to clinicians, effective systems in place for care planning and a strong emphasis on multi-disciplinary working to improve patient outcomes. In addition, the national GP patient survey results showed the practice performed above local and national averages in all areas relating to accessing the service and availability of GP appointments. For example, 86% of patients described their experience of making an appointment as good compared with the CCG average of 72% and the national average of 73%. Patient feedback was also overwhelmingly positive about the ease of making an appointment at a time that was convenient for them.

The areas where the provider should make improvement are:

- Consider ways to increase the uptake rate of the meningitis C and pneumococcal conjugate vaccine (PCV) booster in children aged two years and under.

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 asoutstanding for providing safe services.

Outstanding

- The practice had an open culture in which all safety concerns raised by staff and patients were highly valued as integral to learning and improvement. A systematic approach was in place for reporting, recording and acting upon significant events.
- Significant events were discussed with all staff and more widely with the multi-disciplinary team to drive improvement to patient care. For example, following an unexpected death one of the GP partners had facilitated a clinical commissioning group (CCG) event which focused on strengthening the arrangements in place for working with young people using drugs, and clinicians being aware of the safeguarding thresholds and early referral pathways.
- There were comprehensive systems in place to safeguard children and adults from abuse and / or deteriorating health. A multi-agency approach was taken to protecting these patients to ensure the delivery of safe care and treatment.
- There were systems in place to ensure the safe management of medicines and prescriptions kept on site. The practice took appropriate action in response to medicine related alerts to ensure patients were kept safe.
- Risk management was recognised as the responsibility of all staff.
- The practice had suitable recruitment procedures in place and staffing levels were sufficient to meet patients' needs.
- A team approach was taken to managing medical emergencies. This included use of a simulated training exercise with input from an emergency medicine consultant and some members of the patient participation group. The practice had shared the benefits of the training exercise at the Royal College of General Practitioners (RCGP) national conference.

Are services effective?

The practice is rated as outstanding for providing effective services.

Outstanding

- Staff assessed patient's needs and delivered care in line with current evidence based guidance. The practice designed bespoke clinical templates for specific long term conditions which incorporated best practice guidance and better reflected the practice's way of working.

Summary of findings

- The practice used best practice guidelines to positively influence practice and improve outcomes for patients. For example, improvements were made in respect of detection, care and treatment of patients with atrial fibrillation. The learning from this project was shared widely with other local GP practices.
- The 2015/16 Quality and Outcomes Framework showed patient outcomes were consistently better when compared with other services. The practice had achieved 99.9% of the total number of points available compared to a local average of 97.2% and national average of 95.3%. The exception reporting rate was 9.5% compared to a local average of 11.7% and the national average of 9.8%.
- A regular programme of clinical audit demonstrated quality improvements.
- Staff were supported to deliver effective care and treatment through supervision, appraisal, training and sharing of best practice.
- A multi-disciplinary approach was taken to ensure patients with complex needs, including those receiving end of life care were supported to receive coordinated care. Feedback from professionals attending the monthly meetings was very positive about the level of engagement and outcomes achieved for patients.
- Staff were consistent and proactive in supporting people to live healthier lives, with support from the patient participation group (PPG). This included facilitating a wide range of community health events and self-help groups for patients diagnosed with atrial fibrillation and diabetes.

Are services caring?

The practice is rated as outstanding for providing caring services.

Outstanding

- Data from the national GP patient survey showed patients rated the practice higher than others for all aspects of care. For example, 91% of patients said the last GP they spoke to was good at treating them with care and concern compared to the local average of 86% and the national average of 85%.
- Feedback from patients about their care and treatment was consistently positive. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We observed a strong patient-centred culture and found many positive examples to demonstrate how patient's choices and preferences were valued and acted on by staff.

Summary of findings

- Views of external stakeholders were very positive and aligned with our findings.
- Staff were fully committed to working in partnership with patients and delivering person centred care that was tailored to their needs. This included developing personalised care plans with patient input and patients with dementia being encouraged to complete "This is Me" form. The form requires the individual (with carer support if needed) to include information on family and cultural background, routines, preferences and significant events for example.
- The patient participation group (PPG) and staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. For example, the PPG facilitated a self-help group for people experiencing poor mental health including depression and anxiety; and the practice had facilitated a community event to raise awareness of the practicalities of end of life care.

Are services responsive to people's needs?

Outstanding

The practice is rated as outstanding for providing responsive services.

- The practice offered a wide range of services that meet the needs of its population. For example, patients had access to a minor injury service and a number of clinics for long term conditions such as asthma and diabetes.
- GPs that were skilled in specialist areas used their expertise to offer additional services to patients and acted as a resource for the team. For example, one GP with a special interest in ophthalmology assessed a range of eye conditions using a slit lamp which ensured care was delivered closer to home.
- The practice hosted a wider range of services that enabled their patients to access care closer to home and prevented patients been referred to secondary care. This included physiotherapy, podiatry, audiology and a substance misuse service.
- Patients found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- National GP patient survey results showed access to the service including opening hours and availability of appointments was above local and national averages. For example, 86% of patients described their experience of making an appointment as good compared to the local average of 72% and the national average of 73%.

Summary of findings

- Benchmarking data showed the practice's rate for emergency admissions and accident and emergency (A&E) attendances were significantly below the national and local averages. Staff told us this was achieved through effective care planning, regular health monitoring and good access to clinicians.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and the patient participation group.

Are services well-led?

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

Outstanding

- 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.
- There was a strong reflective and learning culture in the organisation and all staff had been involved in developing the practice's self-evaluation framework (SEF). The SEF was proactively reviewed and used to inform the development of the practice's improvement plan (PIP).
- The practice had a strong leadership team and some of the GP partners held strategic roles within the CCG which enabled them to influence decision making and outcomes for the practice population and the wider community.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- There was a high level of staff satisfaction and constructive engagement. Staff told us that they felt empowered to make suggestions and recommendations for the practice.
- The practice gathered feedback from patients and it had a very engaged patient participation group which influenced practice development.
- There was a strong focus on continuous learning at all levels. As well as being an approved teaching and training practice, the practice had been awarded joint hub status to develop a Training Hub with three local practices.

Summary of findings

- The practice had a strong focus on research and had participated in over 23 projects to date. It had achieved "Research Ready" accreditation from the Royal College of General Practitioners (RCGP).

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

Outstanding

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

- Nationally reported data for conditions commonly found in older people were above local and national averages. For example, the overall achievement for performance indicators linked to rheumatoid arthritis, osteoporosis and heart failure was 100%. The overall exception reporting rate for all these conditions were below local and national averages.
- Multi-disciplinary meetings were held monthly to review frail patients and those at risk of hospital admission to ensure they received coordinated care in their own homes. Care plans for patients with complex needs were regularly updated to reflect their current care needs.
- The practice identified at an early stage older people who may need palliative care and involved them in planning and making decisions about their care.
- Older people were provided with health promotional advice and support to maintain their independence for as long as possible. Influenza and pneumococcal vaccinations were offered to everyone in this population group.
- Staff were able to recognise the signs of abuse in older people and knew how to escalate any concerns.
- The practice was responsive to the needs of older people and offered home visits and urgent appointments for those with enhanced needs.

People with long term conditions

Outstanding

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

- Nationally reported data showed a 100% achievement was attained for all but one (diabetes) of the long term conditions assessed.
- Performance for diabetes related indicators was 99.4% which was above the local average of 93% and the national average of 89.9%. This was achieved with an exception reporting rate of 13% which was comparable to the local average of 14% and the national average of 12%.
- The practice prioritised the self-management of diabetes and atrial fibrillation through patient education. For example, in

collaboration with patients, self-help groups were established in 2015; and educational sessions were periodically facilitated by one of the practice nurses and the local diabetes specialist nurses.

- The practice used innovative and proactive methods to improve patient outcomes. For example, the practice had improved the screening and uptake rate of anti-coagulation therapy for patients with atrial fibrillation. The learning from this work had been shared widely with other GP practices in the locality.
- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- There was an effective system in place to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health. The practice also followed up on patients discharged from hospital and ensured that their care plans were updated to reflect any additional needs.

Families, children and young people

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

Outstanding

- The practice had emergency processes for children and young people experiencing acute problems. A flexible appointment system ensured they could be seen on the same day when this was indicated.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal and post-natal care.
- The premises were suitable for children and young people. Baby changing facilities were available and the practice accommodated young mothers who wished to breastfeed.
- Feedback received from comment cards completed by parents showed young people were treated in an age-appropriate way and were recognised as individuals.
- In collaboration with the health visitors, the practice had facilitated an educational event and drop in clinics for families with children aged five years and under.

Summary of findings

- The practice had good links with a local school and offered work experience for some of the students. Discussions were taking place to facilitate a health ambassador project and pupils taking part in this programme could count their involvement towards their Duke of Edinburgh Award.
- The practice had comprehensive arrangements in place to safeguard this population group from abuse and deteriorating health. For example, the safeguarding lead GP facilitated regular safeguarding meetings with other professionals and systems were in place to follow up children and young people who had a high number of accident and emergency (A&E) attendances.
- Most of the uptake rates for the vaccines given children were comparable to the CCG and national averages. For example, rates for vaccines given to five year olds from 76.8% to 98.9% compared to a local range of 72.1% to 98% and 81.4% to 95.1%. Lower values were achieved for the meningitis C and pneumococcal conjugate vaccine (PCV) booster vaccine given to children under two years old.
- The practice undertook reflective learning following significant events when young people had ended their own lives. The learning was shared widely with health and social care professionals in the local area to raise awareness and drive improvement.

Working age people (including those recently retired and students)

Outstanding

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

- Nationally reported data for health screening programmes and conditions commonly found in the working age population were in line with or above local and national averages. For example:
- A total of 88% of patients with hypertension had a blood pressure reading measured in the preceding 12 months compared to the local average of 84% and national average of 83%. This was achieved with an exception reporting rate of 4% which was in line with the local and national rates.
- The practice's uptake for the cervical screening programme was 81.6%, which was comparable to the CCG average of 83.1% and the national average of 81.5%. Exception reporting was 1.1% which was below the local average of 4.4% and national average of 6.5%.
- The uptake rates for breast and bowel cancer screening were above local and national averages.

- Telephone consultations were offered daily in addition to extended hours for both GP and nursing staff appointments (on Monday evenings as well as Tuesday and Friday mornings).
- The practice was proactive in offering online services which enabled patients to view their summary care record, book GP appointments and request repeat prescriptions. The practice also undertook electronic prescribing so that prescriptions could be sent directly to the pharmacy of the patient's choice.
- A text reminder service was used to help reduce non-attendance for appointments and remind patients of health promotion activities.
- The practice was proactive in promoting patient education in collaboration with other stakeholders. For example, about 120 people had attended a men's health event held at the local cricket club and the practice noted a 2.5% increase in appointments made by men following this event. Some men had also booked appointments specifically to discuss health issues such as erectile dysfunction.

People whose circumstances may make them vulnerable

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

Outstanding

- The practice regularly worked with other health and social care professionals in the case management of vulnerable patients. For example, a worker from the Derbyshire substance misuse service facilitated a weekly clinic onsite and also participated in safeguarding meetings held at the practice.
- Patients with palliative care needs were reviewed at a monthly multi-disciplinary team meeting and had supporting care plans in place. Feedback from community based nursing staff was very positive and staff were described as being caring and highly responsive to the needs of these patients.
- The practice had facilitated an end of life care educational event in April 2016. About 70 people had attended and feedback received was very positive about information shared.
- A total of 106 carers were registered with the practice and this equated to 1.2% of the patient list. Carers were signposted to the monthly carer's clinic which was held on site by the Derbyshire carer's association (DCA).
- Patients with a learning disability were offered annual health checks and longer appointments when required. The practice was a designated "safe place". The safe place scheme offers a person with a learning disability somewhere to go if they feel unwell, lost or are being bullied or just feel they need help when they are out and about in the community.

- Staff were aware of issues related to domestic violence, female genital mutilation and "Prevent" (which aims to safeguard vulnerable people from being radicalised to supporting terrorism or becoming terrorists themselves); and could demonstrate a good understanding of how to safeguard those at risk.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.

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).

- Staff had a good understanding of how to support patients with mental health needs and worked closely with other professionals who provided support through counselling and psychological therapies.
- Patients had access to information and guidance in respect of their mental health needs and social issues such as tenancy based support, benefits and debt.
- The practice had effective systems in place for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- Patients who had attended accident and emergency due to a mental health crisis were followed up in liaison with the mental health teams.
- 97% of patients experiencing poor mental health were involved in developing their care plan in preceding 12 months, compared to a local average of 93% and national average of 89%. The exception reporting rate was approximately 8% which was below the local rate of 20% and national rate of 13%.
- Patients at risk of dementia were identified and offered an assessment. Staff held ongoing conversations with patients diagnosed with dementia as part of their wider treatment and care planning. The practice utilised a form titled "This is Me" to obtain key information about the patient and their preferences to inform the delivery of person centred care.
- 95% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, compared to a local average of 85% and national average of 84%. This was achieved with an exception reporting rate of approximately 11% which was slightly above the local rate of 8% and the national rate of 7%.

Outstanding

Summary of findings

- The practice considered the emotional and social needs of patients with dementia. Patients were actively signposted to various support groups and organisations, including the local dementia café. The patient participation group (PPG) had created dementia memory boxes which were to be used to stimulate patients' memories, feelings and conversation.
- The PPG facilitated a self-help group for patients suffering from anxiety and depression on a weekly basis. The group was has been operating since 2015 and is referred to as the Wirksworth in support of health (WISH).

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing above the local and national averages for all aspects of care. A total of 218 survey forms were distributed and 127 were returned. This represented a 58% completion rate and 1.5% of the practice population.

- 90% of patients described the overall experience of this GP practice as good compared to the clinical commission group (CCG) average of 87% and the national average of 85%.
- 96% of patients found it easy to get through to this surgery by phone compared to the CCG average of 72% and the national average of 73%.
- 86% of patients described their experience of making an appointment as good compared with the CCG average of 72% and the national average of 73%.
- 92% 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 also asked for CQC comment cards to be completed by patients prior to our inspection. Feedback on 34 of the comment cards received was overwhelmingly positive about the patients' experience and highlighted an excellent standard of care was provided by practice staff. Patients commented that staff were professional, friendly and compassionate. Some patients noted examples to highlight how they had been helped by staff to sort out some of the complex health needs they encountered.

We spoke with five patients during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

We also spoke with community based nursing staff and received many written testimonials from other professionals who worked with practice staff. All comments were extremely positive about the level of collaborative working and communication. Staff also felt the ease of accessibility (due to co-location in the same building) had improved patient care and integrated working across the teams.

Areas for improvement

Action the service SHOULD take to improve

- Consider ways to increase the uptake rate of the meningitis C and pneumococcal conjugate vaccine (PCV) booster in children aged two years and under.

Outstanding practice

- Following an unexpected death, one of the GP partners had facilitated a clinical commissioning group (CCG) event which was attended by a wide range of professionals including GPs, school nursing staff and social care workers from the multi-agency team. The event was attended by 86 people and focused on strengthening the arrangements in place for working with young people using drugs, and clinicians being aware of the safeguarding thresholds and early referral pathways. The GP had also facilitated a question and answer session on drug misuse on two occasions at a local secondary school to promote awareness of the risks and services available for the young people to access. The sessions were delivered to year 11 and 12 students with 25 pupils in each group.
- The practice was consistent in supporting people to live healthier lives through a targeted and proactive approach to health promotion and prevention of

ill-health; with support from the patient participation group (PPG). For example, the practice had supported patients in setting up self-help groups for people with a diagnosis of atrial fibrillation and diabetes with patient education being a focus area at the regular meetings. The PPG has also been running an informal self-help group [Wirksworth in support of health (WISH)] for people experiencing poor mental health including depression and anxiety since October 2015. Benefits to patient care included emotional support, reduced isolation and befriending. In addition, the Quality Outcomes Framework data for atrial fibrillation, diabetes, mental health and depression were above local and national averages indicating positive clinical outcomes were also achieved for patients.

- The practice and PPG had organised a men's health event as part of a health promotion campaign. About 120 people attended the event which was held at the local cricket club. The practice had audited the number of appointments requested by men prior to and after the event. The results showed the number of appointments had increased by 2.5% and some men had booked appointments specifically to discuss health issues such as erectile dysfunction.
- Benchmarking data showed the practice's rate for emergency admissions and accident and emergency (A&E) attendances were significantly below the local and national averages. Contributory factors included good access to clinicians, effective systems in place for care planning and a strong emphasis on multi-disciplinary working to improve patient outcomes. In addition, the national GP patient survey results showed the practice performed above local and national averages in all areas relating to accessing the service and availability of GP appointments. For example, 86% of patients described their experience of making an appointment as good compared with the CCG average of 72% and the national average of 73%. Patient feedback was also overwhelmingly positive about the ease of making an appointment at a time that was convenient for them.

Hannage Brook 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 Hannage Brook Medical Centre

Hannage Brook Medical Practice provides primary care services to approximately 8720 patients under a General Medical Services (GMS) contract. The practice is located on Hannage Way in Wirksworth, a small town situated on the edge of the Peak District. The practice is on a bus route and is less than five miles from the popular tourist resorts of Matlock and Matlock Bath.

The practice occupies premises which were purpose built in 2001. The practice acts as a hub for Derbyshire community healthcare NHS Trust and other services. Professionals based onsite include the district nursing and community matron teams. Car parking facilities are available and the practice is fully accessible to patients with mobility needs or those using wheelchairs.

The level of deprivation within the practice population is below the national average with the practice population falling into the eighth most deprived decile. Income deprivation affecting children and older people is below the national average. The number of patients aged 45 to 84 is above local and national averages.

The practice is run by a partnership of four GP partners (three males, one female) and the partners employ three salaried GPs (two females and one male). The practice is a teaching practice for medical and nursing students. In addition, the practice is an established training practice for GP trainees.

The all-female nursing team consists of an advanced clinical practitioner, four practice nurses, two healthcare assistants and two phlebotomists. The clinical team is supported by:

- A practice manager and a team of reception and administrative staff.
- Two clinical administrators and a prescribing support team

The practice opens from: 8am to 8.30pm on Mondays; 7am to 6.30pm on a Tuesday and Friday; and 8am to 6.30pm on Wednesday and Thursday. Consulting times are generally from 8.30am to 12pm each morning and from 3pm to 6pm daily. Extended hours appointments are offered from 6.30pm to 8.30pm on a Monday evening and from 6.50am to 8am on Tuesday and Friday mornings.

The practice has opted out of providing out-of-hours services to its own patients. This service is provided by Derbyshire Health United (DHU) and is accessed via 111.

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 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. This included Southern Derbyshire clinical commissioning group, NHS England and Healthwatch. We carried out an announced visit on 16 November 2016. During our visit:

- We observed how patients were being cared for in the reception area and spoke with five patients who used the service. This included four members of the patient participation group.
- We reviewed 34 patient comment cards and five written statements from members of staff who shared their views and experiences of the service.
- We spoke with a range of practice staff including GPs, nursing staff, the practice manager, assistant practice manager, reception and administrative staff.
- Additionally, we spoke with two community based nurses and a health visitor.
- We received written feedback from the manager from Derbyshire Community Health Services, two health visitors, a district nursing sister/community practice teacher, a community palliative care nurse specialist and the CCG medicines management pharmacist.
- We looked at information used by the practice to deliver care and treatment.

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.

Outstanding

Are services safe?

Our findings

Safe track record and learning

The practice had an open culture in which all safety concerns raised by staff and patients were valued and seen as integral to learning and improvement. The practice had a systematic and comprehensive approach for managing significant events.

- Staff demonstrated awareness of their responsibilities to raise concerns and report incidents. This included the use of an incident recording form which supported the recording of notifiable incidents under the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- A total of 43 significant events were recorded in the last 12 months; and this covered clinical and non-clinical issues. We found the high number in reported incidents was a reflection of the no blame culture promoted by the leadership and a low threshold for reporting significant events and near misses. All staff we spoke with told us they felt fully supported when incidents were raised and discussed.
- The practice carried out a thorough analysis of each significant event. Learning was identified and communicated to all staff and other professionals (where appropriate) to improve the care of patients in the wider community.
- For example, following an unexpected death one of the GP partners had facilitated a clinical commissioning group (CCG) event which was attended by a wide range of professionals including GPs, school nursing staff and social care workers from the multi-agency team. The event was attended by 86 people and focused on strengthening the arrangements in place for working with young people using drugs, and clinicians being aware of the safeguarding thresholds and early referral pathways.
- The GP had also facilitated a question and answer session on drug misuse on two occasions at a local secondary school to promote awareness of the risks and services available for the young people to access. The sessions were delivered to year 11 and 12 students with 25 pupils in attendance for each group.
- Some significant events were also discussed at the practice's monthly multi-disciplinary meetings to promote wider learning and improvement to patient care.
- When things went wrong with care or treatment, patients were offered support and explanations. Apologies were offered to patients where appropriate and they were told any actions to improve processes to prevent the same thing happening again.
- The practice monitored trends in significant events, evaluated any action taken and reviewed patient outcomes every four to six months.

National patient safety alerts including alerts received via the Medicines and Healthcare products Regulatory Agency (MHRA) were disseminated by email to appropriate staff members. When an alert identified concerns about specific medicines, the clinicians would undertake a computer search to identify patients that may be affected and determine if any follow up action was indicated. We were shown examples to demonstrate this had taken place and alerts had been discussed with relevant staff. However, a log of alerts summarising the actions taken as a point of reference for other staff was not always maintained.

Patient safety alerts relating to specific health conditions such as sepsis were also discussed as a practice team to increase staff awareness. Information leaflets were also made available to patients. This included the leaflet titled "sepsis assessment management - what to look for if your child has a temperature and you are concerned".

Overview of safety systems and processes

There was a commitment to ensuring children and vulnerable adults were kept safe and safe guarded from abuse. All groups of staff within the practice worked together to safeguard their patients.

- The practice had carried out a joint safeguarding children and adults assurance framework self-assessment in September 2016. The assessment showed arrangements for safeguarding reflected relevant legislation and local requirements; and this was corroborated by our inspection findings.
- Staff had access to comprehensive policies and smart phone applications containing summarised information on safeguarding procedures.

Are services safe?

- All staff had received safeguarding training that was relevant to their role. This included GPs being trained to child protection level three. Additionally, staff were aware of issues related to domestic violence, female genital mutilation and “Prevent” (which aims to safeguard vulnerable people from being radicalised).
- The practice had a GP lead and deputy for safeguarding children and vulnerable adults, and staff were aware who this was. The GP leads attended external safeguarding meetings and / or provided reports where necessary for other agencies. This included child protection case conferences, vulnerable adult risk management (VARM) multi-agency meetings and multi-agency risk assessment conference (MARAC) for high risk domestic abuse cases. We were provided with several examples to demonstrate the positive impact the multi-agency working had on minimising risks to patients.
  Records reviewed showed monthly meetings were held with health visitors, school nurses and a worker from the Derbyshire substance misuse service to discuss children at risk of abuse or deteriorating health. Feedback received from these professionals was very positive about the effectiveness of the multi-disciplinary working and communication to ensure protection plans were in place to safeguard patients.
- The practice had a chaperone policy in place and this had been reviewed at a practice team meeting to ensure all staff were aware of their responsibilities. Information was displayed on the practice website and in the waiting room and consultation rooms advising patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

The practice maintained appropriate standards of cleanliness and hygiene.

- Feedback received from patients highlighted they had no concerns about cleanliness or infection control and we observed the premises to be visibly clean and tidy.
- The practice used a contractor to provide cleaning services and monitoring systems were in place. This included use of cleaning schedules and monthly audits of cleaning were undertaken by the contractor.
- One of 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. Annual IPC audits were undertaken and action was taken to address any improvements identified as a result.
- The lead nurse attended quarterly IPC meetings which provided networking opportunities with other local practice infection control leads.
- An infection control policy and supporting procedures were available for staff to refer to, which enabled them to plan and implement measures to control infection. This included use of personal protective equipment, segregation of clinical waste and hepatitis B immunisation.

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

- The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. We received positive feedback from the CCG medicines management team in respect of collaborative working and participation in the CCG prescribing quality scheme.
- The practice had undertaken a review of its medicines management processes in January 2016 and identified the need to strengthen the processes for prescribing. Improvements were made and this included: updating the prescribing policy, having defined roles for the different staffing groups and ensuring protected time for receptionists dealing with prescriptions so that they were undisturbed.
- Blank prescription forms and pads were securely stored and there were systems to monitor their use. We observed prescriptions were reviewed and signed by a GP before they were given to the patient and an effective process was in place to ensure this occurred.

Are services safe?

- There were processes for handling repeat prescriptions which included the review of high risk medicines.
- Patient group directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The health care assistants were trained to administer vaccines and other medicines using patient specific directions that had been produced by the prescriber.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures to manage them safely. There were also arrangements for the destruction of controlled drugs.

The practice had effective recruitment procedures in place to ensure patients were supported by staff with the relevant qualifications, skills and experience. All three personnel files that we reviewed showed appropriate pre-employment checks had been undertaken. For example, proof of identification, evidence of satisfactory conduct in previous employment in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

The procedures for assessing, monitoring and managing risks to patient and staff safety were regularly reviewed as part of the practice's quarterly health and safety meeting. This ensured effective oversight and management of risks to patient care.

- The practice had a health and safety policy in place which was reviewed yearly to ensure it was up to date.
- The practice had an up to date fire risk assessment and carried out weekly fire alarm system checks and periodic fire drills. Staff had undertaken fire safety training and there were designated fire marshals within the practice.
- All electrical and clinical equipment was checked and calibrated at least yearly to ensure it was safe to use and in good working order.
- The practice had a variety of other risk assessments to monitor the safety of the premises such as control of substances hazardous to health and legionella. Legionella is a term for a particular bacterium which can contaminate water systems in buildings.

There were suitable arrangements in place for planning and monitoring the number and skill mix of staff needed to meet patients' needs. For example, the practice undertook periodic staff needs analysis and used a rota system to ensure enough staff were on duty to meet the needs of patients. In response to staff feedback the rota for reception staff had been redesigned to ensure they had sufficient breaks and were adequately staffed at all times. Staff worked flexibly to cover any changes for example annual leave, sickness or seasonal demands in service provision. Staff told us there were enough staff to maintain the smooth running of the practice and to keep patients safe.

Arrangements to deal with emergencies and major incidents

The practice took a proactive approach to anticipating and managing medical emergencies and this was recognised as the responsibility of all staff. For example:

- All staff attended an annual refresher training course in managing medical emergencies. The most recent training included practical demonstrations from an emergency medicine consultant using the practice's resuscitation equipment. Challenges within the scenarios were introduced for non-clinical staff. For example, "the reception and management team had to address a situation where clinical staff were unavailable for support in an emergency situation of a collapsed patient." Informal debrief followed the simulation exercises and the whole practice team reflected on the event.
- Staff we spoke with and records reviewed showed some of the positive outcomes achieved included: "improved confidence of non-clinical team by defining their roles in managing emergencies; the resuscitation equipment was updated to include: paediatric drug delivery devices and fluid syringes; a stethoscope, an observation template and laminated protocols for staff guidance".
- Learning from the training exercise was shared with other GPs as a formal presentation at the Royal College of General Practitioners (RCGP) national conference in October 2016.

Additional arrangements in place to respond to medical emergencies and major incidents included the following:

Outstanding

Are services safe?

- All staff we spoke with were aware of how to use the panic buttons and instant messaging system on their computers to alert their colleagues to any emergency.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had oxygen with adult and children's masks as well as a first aid kit and accident book.
- The practice had developed easy flow charts for acute medical emergencies for reception staff to use. The guidance included dealing with chest pain, shortness of breath and possible stroke symptoms.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan was regularly reviewed and updated as at August 2016. The contact numbers for staff and suppliers of utilities were included and copies of the plan were kept off site.

Outstanding

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians we spoke with were aware of current evidence based guidance and standards. This included the National Institute for Health and Care Excellence (NICE) best practice guidelines and local prescribing guidelines.

- Records reviewed showed staff regularly discussed updates and changes to best practice guidelines at a wide range of practice meetings.
- The practice had developed their own bespoke templates on the clinical computer system to support the management and monitoring of some long-term conditions. These templates were used to inform the assessment and review of patients' needs and better reflected the practice's way of working.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice.

The practice had consistently maintained a track record of high QOF performance since 2006 with achievements ranging from 98.9% to 100%. The practice team told us this was achieved by: adopting a holistic approach to assessing, planning and delivering care and treatment to patients; and operating an effective recall system which was aligned with our inspection findings.

Records reviewed showed the practice staff were actively engaged in activities to monitor and improve quality and outcomes; and this included quarterly meetings to review progress on QOF performance.

The practice had achieved 99.9% of the total number of points available for the year 2015/16, compared to a clinical commissioning group (CCG) average of 97.2% and national average of 95.3%. The clinical exception reporting rate was 9.5% which was below the local average of 11.7% and was in line with 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 99.4% which was above the CCG average of 93% and the national average of 89.9%. This was achieved with an exception reporting rate of 13% which was comparable to 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 4% which was in line with the CCG and national averages.
- 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 14.6% which was in line with the CCG average of 14% and the national average of 13%.
- Performance for mental health related indicators was 100% which was above the CCG average of 96.6% and national average of 92.8%. This was achieved with an exception reporting rate of 7% which was below the CCG average of 17% and national average of 11%.

There was evidence of quality improvement including a comprehensive programme of clinical audit

- There had been nine clinical audits undertaken since January 2016 and these were aligned with the practice's improvement plan, GP clinical interests, NICE guidelines and significant events. Two of these were completed full cycle clinical audits where changes were implemented and monitored with positive outcomes achieved for patients.
- The practice used guidelines to positively influence and improve clinical practice and outcomes for patients. For example, as a result of NICE guidance issued relating to atrial fibrillation, an audit was undertaken to improve the detection rate and extra clinics were facilitated to review the care needs of these patients. Atrial fibrillation

Outstanding

Are services effective?

(for example, treatment is effective)

(AF) is a heart condition that causes an irregular and often abnormally fast heart rate. The re-audit showed the number of patients on anti-coagulation therapy increased from 57% to 90%. The learning from this project was shared widely with other local GP practices. In addition, the practice trialled the use of a screening device ("AliveCor heart monitor" which provides a portable electrocardiogram recorder) in patients at risk of AF, during chronic disease clinics and one flu clinic. Five out of 167 patients (3%) were diagnosed with atrial fibrillation and were commenced on anticoagulation therapy as a result.

- The practice was underspent in respect of their prescribing budget. This was achieved through adherence to their practice formulary and collaborative working with the CCG pharmacist and pharmacy technician. Regular meetings were held between the prescribing lead, GP partners and the CCG pharmacist to review and ensure consistency of evidence based prescribing amongst the clinicians.
- Prescribing data showed the percentage of antibacterial prescription items prescribed was 2.59% which was lower than the CCG average of 2.87% and national average of 4.71%.
- The practice participated in local benchmarking run by the CCG. For example: the rate of GP referrals using first outpatient attendance was approximately 195 per 1000 population compared to the CCG average of 220 per 1000 and national average of 215 per 1000. We found effective systems were in place to direct referrals to the most appropriate service and / or reduce unnecessary referrals to secondary care. This included referrals being peer reviewed by colleagues and regular debrief meetings to discuss the care and treatment of specific patients.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. Staff members were provided with an employee handbook or "doctor's introductory handbook" which provided relevant information on the practice policies and procedures. In addition to shadowing colleagues, new staff completed training related to information governance, safeguarding children and adults, as well as equality and diversity for example.
- Staff had regular protected learning time and this included attending "quality uninterrupted enforced study time" (QUEST) sessions facilitated by the CCG. They also had access to appropriate training to cover the scope of their role and made use of e-learning training modules and in-house training.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff stayed up to date with changes to the immunisation programmes through access to on line resources and discussion at practice nurse meetings.
- All staff employed for over a year had an up to date appraisal. The appraisal process was used as an opportunity to identify the learning needs of staff and to review practice development needs.
- The practice ensured staff received on-going support in the form of one-to-one meetings, coaching and mentoring, clinical supervision and support for revalidating GPs and nurses.
- The continuing development of staff skills, competence and knowledge was recognised as integral to ensuring high-quality care. For example, the practice had supported the phlebotomist to qualify as a health care assistant, some of the nurses had been supported in undertaking the practice nurse diploma and a non-medical prescribing course; and some receptionists had extended roles in phlebotomy.
- The practice facilitated a monthly educational evening meeting for clinicians and this was sometimes open to neighbouring practices. External guest speakers including consultants for a wide range of specialities were occasionally invited and practice staff were actively encouraged to coordinate the evenings in turns. Topics of discussion included review of cancer care and end of life care, chronic disease management and information technology.

Outstanding

Are services effective?

(for example, treatment is effective)

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, investigation and test results.
- One of the GP partner's co-led the CCG "shared care pathology project" which was set up to design pathways to help clinicians understand and know what to do with abnormal blood test results. Records reviewed showed pathology related guidelines were influenced and changed at the practice often in response to issues identified by the staff and other practices.
- The practice had created a clinical administrator role in response to an identified need and as part of succession planning. Records reviewed evidenced this role had resulted in a reduction in the amount of time spent on paperwork by the GPs and prescription tasks undertaken by reception staff. The administrators had received relevant training and regular supervision from GPs to ensure they worked within the scope of their role.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together to assess and plan ongoing care and treatment for vulnerable patients including those at high risk of hospital admission or increased dependency due to physical or mental health needs. Multi-disciplinary team meetings took place on a monthly basis with the community nursing team including the district nurses and the community palliative care nurse specialist. Health and social care professionals employed by Derbyshire community healthcare NHS Trust and other services were based at the practice. The co-location of the multi-disciplinary team (MDT) in the same building facilitated regular and effective communication on any issues relating to patients with complex needs.

Community support team meetings were also facilitated monthly and attended by a lead GP, a care coordinator, social worker, community occupational therapist, community psychiatrist nurse for older adults and a community matron. Information was shared between services, with patients' consent, using a shared care record. Care plans were routinely reviewed and updated.

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. Written feedback received from the community palliative care nurse specialist was very positive about the outcomes achieved for patients. This included staff respecting patients wishes to die at home and getting anticipatory medicines into patients homes early (with input from district nurses).

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.
- Records reviewed showed consent for specific procedures such as minor surgery and insertion or change of intrauterine contraceptive devices were documented.

Supporting patients to live healthier lives

The practice was consistent in supporting people to live healthier lives through a targeted and proactive approach to health promotion and prevention of ill-health; with support from the patient participation group (PPG). For example:

- The practice had supported patients to set up two separate self-help groups for people diagnosed with atrial fibrillation and diabetes. Informal meetings were held at the practice since 2015 and patient education was promoted. For example, patients attending the diabetes self-help group participated in a question and answer session facilitated by the practice nurse and / or diabetes specialist nurse. Information discussed included side effects and complications of diabetes, as

well as improving the management and control of type two diabetes. A consultant cardiologist and atrial fibrillation clinical nurse specialist had given talks to patients attending the atrial fibrillation self-help group.

- Since 2010, the practice has facilitated an "active children bursary fund". An amount of £200 was awarded to a local group each year to use to support physical activities for local children. Applications were invited via the patient newsletter.

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- The practice had good links with the leisure centre and patients were referred for water based activities.
- The practice hosted the "Live Life Better Derbyshire" service on site for patients to receive advice and signposting to relevant support schemes. For example, advice on smoking cessation, weight loss and management and exercise referrals.
- The 2015/6 QOF data showed 91% of patients aged 15 years or over who were recorded as current smokers had been offered support and treatment within the preceding 24 months. This was above the CCG average of 87% and national average of 88%. Exception reporting was in line with the CCG and national averages.
- The uptake rate for the flu vaccination for patients aged 65 and over was 73% which was the same as the CCG average.
- The practice provided new patient health checks and NHS health checks for patients aged 40-74. A total of 272 out of 501 NHS health checks invites had been completed year to date.

The practice's uptake for the cervical screening programme was 81.6%, which was comparable to the CCG average of 83.1% and the national average of 81.5%. Exception reporting was 1.1% which was below the local average of 4.4% and national average of 6.5%. There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test.

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

- The uptake for bowel cancer screening in the preceding 2.5 years was slightly higher at 61.9% when compared to the local average of 60.7% and national average of 57.8%.
- The uptake for breast cancer screening in the last three years was slightly higher at 78.4% when compared to the local average of 76.9% and national average of 72.5%.

Immunisations for children were carried out in line with the national childhood vaccination programme. Most of the uptake rates for the vaccines given were comparable to the CCG and national averages. For example:

- Rates for the vaccines given to under two year olds ranged from 55.6% to 96.3% compared to a CCG range of 66.7 or 4% to 97% and the national range of 73.3% to 95.1%. Lower values were achieved for meningitis C (55.6%) and pneumococcal conjugate vaccine (PCV) booster (57.4%).

The practice were aware of the lower values and had initiated some actions to drive improvement. For example, collaborative working had taken place with health visitors to facilitate an "under-five's health event" and a drop in session at the local children's centre of which immunisation was discussed with parents.

Rates for vaccines given to five year olds ranged from 76.8 % to 98.9% compared to a CCG range of 72.1% to 98% and 81.4% to 95.1%.

Outstanding

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we found people were respected and valued as individuals. This was in line with the ethos of the practice which stated: "the people who live in and around Wirksworth are at the heart of all that we do". Most of the staff had worked at the practice for a number of years and it was evident from our observations and discussions that they knew their patients extremely well.

Staff were courteous and helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. Patients wanting to book appointments for sensitive procedures such as fitting of contraception devices could make their booking in the rear offices to ensure privacy.
- The practice had been awarded the dignity champion certificate of commitment by the national dignity council. This meant the practice had pledged to: listen and understand the views and experiences of patients; as well as speak about dignity to improve the way services were organised and delivered for example.

Feedback received from patients was continually positive about the way staff treated people. People told us the care they received exceeded their expectations. Examples given included support given to patients experiencing suicidal thoughts and poor mental health, support for transgender people and liaison with medical professionals in other countries when patients travelled abroad.

We spoke with five patients including four members of the patient participation group (PPG). They told us they were extremely satisfied with the care provided by the practice and that a strong, visible and person-centred culture was promoted. The views of external stakeholders were positive and aligned with this feedback.

All of the 34 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 helpful, caring and treated them with dignity and respect.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for satisfaction scores relating to all staffing groups. 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%.
- 95% of patients said the GP was good at listening to them compared to the CCG average of 90% and the national average of 89%.
- 95% of patients said the GP gave them enough time compared to the CCG and the national averages of 87%.
- 91% 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%.
- 98% of patients said they had confidence and trust in the last nurse they saw compared to the CCG and the national averages of 97%.
- 96% of patients said the nurse was good at listening to them compared to the CCG average of 93% and the national average of 91%.
- 96% of patients said the nurse gave them enough time compared to the CCG average of 93% and the national average of 92%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the local average of 92% and national average of 91%.
- 94% 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 and comment cards received showed people were involved in decision making about

the care and treatment they received. Patients also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and on-going conversations with these patients about their end of life care as part of their wider treatment and care planning. The care plans that we looked at were personalised to the needs and preferences of patients. This included people with learning disabilities, those experiencing poor mental health and / or at risk of hospital admission.

Patients with dementia were also encouraged to complete a form titled “This is Me”. The form requires the individual (with carer support if needed) to include information on family and cultural background, routines and significant events for example. This enabled practice staff to see the person as an individual and deliver person-centred care that was tailored to the person's needs. Children and young people were treated in an age-appropriate way and recognised as individuals.

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

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG and national averages of 86%.
- 90% of patients said the last GP they saw was good at involving them in decisions about their care compared to the local and national averages of 82%.
- 93% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 91% and the national average of 90%.
- 93% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the local average of 87% and national average of 85%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language.
- Information leaflets were 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

The practice had facilitated a number of initiatives aimed at supporting people’s emotional and social needs, in collaboration with the patient participation group (PPG) and the local community. The rural setting of the practice and continuity of care provided the opportunity to deliver a high level of personalised care to patients. For example:

- In October 2015, the PPG had set up an informal self-help group [Wirksworth in support of health (WISH)] for people experiencing depression and anxiety. The group meets at the local town hall on a Thursday afternoon and provides “a safe space” for people to have a quiet chat over tea or coffee, enjoy a range of games, participate in art and craft session and access relevant information for example. Feedback from attendees showed positive outcomes were achieved and this included emotional support, reduced isolation and friendships were formed. Some of the PPG members volunteered to support attendees to their hospital appointments.
- The practice referred its patients to the local dementia café which is run on a monthly basis with input from the PPG members and the Rotary club. Attendees had access to relevant information, reminiscence activities, social interaction and afternoon tea. The PPG had developed dementia memory boxes for use in stimulating patients’ memories, feelings and conversation. The boxes were held in the practice, at the library and dementia café. Practice staff and PPG members had also received dementia awareness training to enable them to better support this population group.
- The practice hosted a counselling service and patients could be referred to the “Talking Mental Health Derbyshire” service.

Outstanding

Are services caring?

- Comment cards received highlighted that staff responded compassionately when they needed help and provided support when required.

The practice's computer system alerted GPs if a patient was a carer. A total of 106 patients were identified as carers and this equated to 1.2% of the patient list. The practice had a carers champion and maintained a carers' register which was actively used to review their health needs. For example, carers were offered health checks and influenza vaccinations. A monthly carer's clinic was provided on site by the Derbyshire Carer's Association (DCA) and referrals were made by practice staff to ensure support was provided to meet their assessed needs. In addition, a tea and coffee morning was hosted by DCA during the carers' week in autumn.

The practice had a system in place to ensure that all relevant staff were made aware of bereavements. Notifications of death were received by a member of the administration team and the most relevant GP was informed. Staff told us if families had experienced bereavement, their usual GP contacted them if this was considered appropriate. On-going support was offered to bereaved relatives via a consultation or by directing them to find an appropriate support service. Records reviewed including bereavement questionnaires, thank you cards and letters from family members praised the practice staff for their care and compassion following the death of their loved one.

Outstanding

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this information in planning and meeting the needs of its population.

- Nursing staff facilitated a wide range of clinics as part of chronic disease management and a wide range of treatment room services were offered. For example, patients had access to an anticoagulation monitoring service, spirometry, and blood pressure monitoring and wound care management. The co-location of the multi-disciplinary team facilitated regular and effective communication on any issues relating to patients with complex needs.
- GPs that were skilled in specialist areas used their expertise to offer additional services to patients and acted as a resource for the team. For example, one GP with a special interest in ophthalmology assessed a range of eye conditions using a slit lamp which ensured patients were seen closer to home. Benchmarking data showed the referral rates to ophthalmology had reduced between September 2013 and August 2016; and this was currently in line with the Clinical Commissioning group (CCG) average and below the national average.
- The practice was commissioned to provide a limited minor injury service for injuries sustained within 48 hours for its patients. Minor injuries that could be dealt with included lacerations capable of closure by simple techniques, severe bruising requiring assessment, recent injury beyond simple domestic first aid or where stitches may be required and blows to the head where there has been noloss of consciousness. A total of 151 patients had been seen at the minor injury unit in the last 12 months with 14 patients referred onto secondary care. This meant 137 attendances to accident and emergency had been prevented. Conditions that had been treated included head injury (26), sprains (22), lacerations (57) animal bites (nine) and eye injury (eight).
- The practice has facilitated the Derbyshire abdominal aortic aneurysm (AAA) screening clinics since September 2012. A total of 33 half day clinics have been held todate with 342 patients having received their initial scan. About 90% of the patients attending these clinics were registered with the practice with the other 10% registered with other nearby GP surgeries. The detection rate for aneurysms was 2% and affected patients were monitored as part of thesurveillance programme.
- The practice and patient participation group (PPG) had organised a wide range of community health events for the past five years. This included a health and fitness fair and a men's health event as part of a health promotion campaign. About 120 people attended the men's health event which was held at the local cricket club. The practice had audited the number of appointments requested by men prior to and after the event. The results showed the number of appointments had increased by 2.5% and some men had booked appointments specifically to discuss health issues such as erectile dysfunction.
- About 70 people had attended a community event titled "last orders" organised by the practice in April 2017. Attendees had an opportunity to learn about end of life practicalities and choices. For example care planning arrangements, power of attorney and funeral arrangements. Guest speakers included GPs, the local church vicar, a funeral director, solicitor, specialist nurses including the Macmillan nurse. Twenty four people completed feedback forms which showed their understanding of end of life to care had increased as a result of information shared during this event.
- The practice was signed up to the "safe place scheme" and staff had received related training. The scheme enables the GP practice to offer a temporary place of safety to a person with a learning disability should they find themselves in difficulty whilst out and about in the community. Incidents could range from harassment, bullying or to just needing directions.
- The practice used technology to interact and support patients to access its services, For example: use of text messages to confirm and cancel appointments and social media such as twitter.
- Ante-natal appointments were available weekly with community midwives. Post-natal checks were provided within the practice by the nurse and GP.

Outstanding

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 disabled patients receive information in formats that they can understand and receive appropriate support to help them to communicate.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were accessible facilities which included disabled access, breast feeding facilities, a hearing loop and interpretation services.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.

  The involvement of other organisations was considered integral to providing integrated person-centred pathways of care for patients. For example:

- The Derbyshire Fire and Rescue Service had facilitated an afternoon session where patients were informed of services available to them. This included a "safe and well check" which entails a risk assessment of the home environment to identify any fire risks and how these could be reduced. As a result of this session, eleven people referred themselves for additional support. Feedback from the community fire safety officer highlighted it was a well-attended event.
- A worker from the Derbyshire Substance Misuse service facilitated a weekly clinic with oversight from one of the GP partners. Patients could access one to one support to reduce drug and alcohol misuse and its associated impact.
- A podiatry clinic was facilitated twice weekly and this comprised of a bio mechanics session on the first Monday of every month and a nail care clinic every other week.
- The practice hosted a number of other services onsite to facilitate better access for patients. This included: the Citizens Advice Bureau, In-Health hearing services and a physiotherapy service.
- The practice hosted the Amber Trust mobile advice and guidance bus. Patients experiencing poor mental health could access advice and guidance on issues such as housing, benefits, finances and debt.

Access to the service

The opening hours of the practice were: 8am to 8.30pm on a Monday; 7am to 6.30pm on a Tuesday and Friday; and 8am to 6.30pm on Wednesday and Thursday. GP appointments were generally from 8.30am to 12pm and 3pm to 6pm. Extended hours appointments were offered from 6.30pm to 8.30pm on a Monday evening and from 6.50am to 8am on Tuesday and Friday mornings. This was useful for patients who found it difficult to get to the surgery during normal opening hours.

The practice had a system to assess whether a home visit was clinically necessary; and the urgency of the need for medical attention. For example, by telephoning the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

All of the patients we spoke with and comment cards received showed people could access appointments and services in a way and at a time that suits them. Patients spoke positively about the ease of telephone access, appointments being available when they needed them, minimal waiting times, continuity of care and services running on time. Community staff we spoke with also noted the ease of access to the service; including being able to get through on the telephone promptly or speaking to staff in person.

The national GP patient survey results reinforced that patient's satisfaction with how they could access care and treatment was significantly above local and national averages. For example:

- 96% of patients said they could get through easily to the practice by phone compared to the clinical commissioning group (CCG) average of 72% and the national average of 73%.
- 97%of patients said their last appointment was convenient compared with the CCG average of 93% and the national average of 92%.

Outstanding

Are services responsive to people's needs?

(for example, to feedback?)

- 94% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG and the national averages of 85%.
- 86% of patients described their experience of making an appointment as good compared with the CCG average of 72% and the national average of 73%.
- 86% of patients were satisfied with the practice's opening hours compared with the CCG average of 77% and the national average of 76%.
- 74% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 62% and the national average of 58%.

The benchmarking data for the period September 2015 to March 2016 showed the practice's rate for emergency admissions and accident and emergency (A&E) attendances were significantly below the national and CCG averages. For example:

- The practice's emergency admission rate was approximately 78 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 230 per 1000 population compared to the CCG average of 376 per 1000 and national average of 325 per 1000 population.

The practice explained this was achieved by:

- Offering a person centred appointment system which was flexible to meet the patients' individual needs as well as good access to GP appointments.
- A focus on preventing "avoidable" hospital admissions and effective care planning arrangements with the wider multi-disciplinary team.
- Regular review of performance data related to secondary care usage and patient education.
- In addition to pre-bookable appointments, atelephone triaging system was used to assess and ensure patients with urgent needs were offered a same day appointment with a GP or advanced clinical practitioner. We saw evidence of additional appointment slots being offered for these patients.

Listening and learning from concerns and complaints

The practice had an effective system in place for receiving, recording, handling and responding to complaints and concerns.

- The practice's complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- Staff we spoke with were aware of the complaints procedure and the practice manager was the lead person that co-ordinated the complaints process.
- Information and guidance about how to complain was accessible to people. Posters and leaflets were available in the waiting area which informed patients how to make a complaint.

The practice had received five written complaints and 14 verbal complaints in the last 12 months. We looked at three written complaints and found these were satisfactorily handled and dealt with in an open and transparent manner. Explanations and apologies were provided to patients. Complaints were also reviewed as significant events to ensure lessons were learnt and action was taken to improve the quality of care. Complaints were analysed regularly to detect themes and trends, and learning was shared with the whole practice team as well as members of the patient participation group.

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 vision was to “provide high quality clinical care in a welcoming environment and be a great place to work for everyone who is part of the practice team”.

- The practice vision was supported by clear strategic goals which included clinical excellence, maintaining a high performing team and effective management.
- We found the strategy and supporting objectives were stretching, challenging and innovative, while remaining achievable. For example, a systematic approach was taken to working with other organisations and the patient participation group (PPG) to improve care outcomes and tackle health inequalities. This was also supported by effective business planning to obtain best value for money.
- The practice vision and mission statement were displayed in the waiting areas and practice website for patients to review.
- All staff we spoke with were aware of the practice vision and felt involved in maintaining and promoting it.
- There was a strong reflective and learning culture in the organisation and all staff had been involved in developing the practice’s self-evaluation framework (SEF). The SEF was proactively reviewed by the staff and used to inform the development of the practice’s improvement plan (PIP) in 2015. The plan was a “live” document which allowed regular review and flexibility to make further improvements. The practice had used the SEF and PIP to reflect on what they did well and areas for improvement; as well as to prepare for their CQC inspection.

Governance arrangements

Governance and performance management arrangements were proactively reviewed and reflected best practice. The overarching governance framework was effective in ensuring the delivering good quality care.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. Lead roles were shared across the different staffing groups and accountability was ensured through regular debriefs, peer review and shared learning.
- A wide range of practice specific policies and protocols were in place and accessible to all staff. We saw that policies and protocols were regularly reviewed and updated.
- There was a holistic and comprehensive understanding of the practice performance which integrated the views of people with safety and quality information. Information and analysis was used proactively to identify opportunities to drive improvements in patient care.
- The practice held and minuted a wide range of internal meetings for the different staffing groups. This provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were rigorous arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The systems and processes in place for ensuring patient and staff safety demonstrated strong clinical governance.

Leadership and culture

The practice had a strong leadership team and systems of accountability; including the management of partnerships, joint working arrangements and shared services were clearly set out, understood and effective. For example:

- There was a clear leadership structure and staff felt supported by management. Staff spoke highly of the open and supportive culture within the practice. They had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- The GP partners had defined areas of responsibility with clear descriptions of their executive roles and a common focus on improving quality of care and people’s experiences.
- The managing partner had protected time (half day per week) to undertake tasks related to quality and clinical governance related to the practice. They were also the Clinical Commissioning Group (CCG) quality lead for primary care and we noted several examples where they had shared learning (using qualitative and quantitative data) with other practices to drive improvement in their performance and patient outcomes.

Are services well-led?

Outstanding

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

- We found leaders had the capacity, capability and experience to lead effectively; and this was corroborated by staff and patient feedback. In addition, two of the GP partners had attended national leadership courses (most recently the NHS leadership academy's Nye Bevan programme). We saw evidence to demonstrate this had improved the development strategy for the leadership team, including succession planning.
- The GP partners held strategic roles within the CCG which enabled them to influence decision making and commissioning of services which benefitted the practice population and the wider community. Additionally, some of the GP partners had been involved in examining and improving specific patient pathways across the Southern Derbyshire health community as part of a wider clinical improvement group (CIG). This included CIGs related to shared care pathology, ophthalmology and gynaecology.
- The provider was aware of the requirements of the duty of candour and we saw evidence to confirm the practice complied with these requirements. 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 had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.

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

The practice encouraged and valued feedback from patients and staff and this was seen as a vital way of holding services to account. It proactively sought feedback from patients through the patient participation group (PPG), surveys, compliments and complaints received. Patient feedback was collated monthly and discussed at the regular PPG committee meetings.

- The PPG was patient led and very proactive in obtaining patients views and using feedback to shape and improve the services. For example, the PPG had been involved in: the development of a wide range of support groups held within the practice and local community; health promotion activities; fundraising for the practice (for patient use) and charity. They also organised educational meetings with guest speaks from the CCG, local NHS Trust and Derbyshire County Council.
- The practice monitored feedback from the Family and Friends Test (FFT). The 2015/16 FFT data showed 96.3% of the 270 respondents would recommend the practice to others ('extremely likely' or 'likely').
- The practice proactively sought feedback from staff and we saw examples where feedback had been acted on. This included changes to the staff rotas and creating new roles such as advanced care practitioner to widen the skill set of the team. There were high levels of staff satisfaction and staff were proud of the organisation as a place to work.
- Team away days were held at least annually and records reviewed showed the safety and wellbeing of staff was a priority. Topics discussed included: understanding sources of and dealing with stress in the workplace; and improving cohesion between the different staffing groups through effective communication and team working.
- The district nursing team (co-located within the building) were invited and attended the practice away days and social events. They told us this served as a shared learning opportunity and strengthened their collaborative working with the practice staff.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team had undertaken learning on valuing different personality styles and approaches as part of a practice development session held in June 2016. This included using well recognised tools such as the Myers Briggs Indicator and Belbin. Staff feedback demonstrated this learning had given them a better understanding of why people worked the way they did, and also about how they worked themselves, and felt that it had improved working relationships at the practice.

The practice team was forward thinking and part of several local pilot schemes to improve outcomes for patients in the area. For example, the practice was involved in the early roll out of the acute kidney injury (AKI) education programme in the CCG. This included hosting educational sessions attended by clinicians from four local practices. A GP and nurse had also been interviewed for the National Think Kidneys campaign and Nursing Times, to raise awareness of AKI.

Are services well-led?

Outstanding

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

- The practice is a teaching practice for medical and nursing students. Feedback from students was very positive about the learning and support provided during their placements. In addition, the practice has been an established training practice for GP trainees (for over 20 years) and at the time of inspection one GP trainee was in post.
- The practice was awarded joint hub status with three local practices to develop a Training Hub (previously called Community Education Provider Network (CEPNs) in January 2016. Training Hubs are part of a Health Education England East Midlands project to improve recruitment and retention of GPs and the wider general practice team. The practice was working towards increasing the number of primary care placements for medical and nursing students as well as increasing the opportunities for interdisciplinary working.
- Placements were offered to year 12 students, with six students having accessed this programme this year. The practice had been awarded a certificate of appreciation by a local school in recognition of the valuable contribution to the schools work experience programme. The practice was also setting up a health ambassador project in collaboration with the school and pupils taking part in this programme could count their involvement towards their Duke of Edinburgh Award.
- The practice had a strong focus on research. It had achieved “Research Ready” accreditation from the Royal College of General Practitioners (RCGP). Accredited practices receive certification that acts as a quality mark to demonstrate that they have the ability to safely carry out research. The practice had been involved in over 23 research studies between 2014 and 2016.
- Participation in research studies was promoted through the practice website, newsletter and through information in the waiting area.Experts from East Midlands Clinical Research Network team had also given a presentation on clinical research to the PPG.