

Blackwell 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

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Blackwell Medical Centre on 14 January 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice proactively sought to educate their patients to manage their medical conditions and improve their wellbeing, assisted by having additional

in house services available on a regular basis, some of which were funded and supported by the practice.

These included visiting physiotherapist, citizen's advice worker, counsellor and well-being worker.

- Information about services and how to complain was available. The practice sought patient's views about improvements that could be made to the service directly and through an active patient participation group.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

We saw areas of outstanding practice:

- The practice sought to improve the care provided to patients with long term conditions, such as heart conditions and asthma by providing responsive care in a timely and convenient manner and sought avenues to improve this by involving other care providers such as pharmacies.

Summary of findings

Professor Steve Field CBE FRCP FFPH FRCGP Chief
Inspector of General Practice

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. The practice had robust processes in place to investigate significant events and to share learning from these. Safety incidents were also shared within the group to maximise learning opportunity and within the CCG if appropriate.
- Where people were affected by safety incidents, the practice demonstrated an open and transparent approach to investigating these. Apologies were offered where appropriate.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse. The practice had a designated GP responsible for safeguarding and had regular meetings with attached health professionals to discuss patients at risk.
- Risks to patients were assessed and well managed. There were designated leads in areas such as infection control and training was provided to support their role.
- The practice had systems and processes in place to deal with emergencies. Arrangements for managing medicines, including emergency drugs and vaccinations were robust and well managed.
- There were computerised systems in place to support clinical decision making and patient referrals.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Systems were in place to ensure that all clinicians were up to date with National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Clinical audits were undertaken. For example, an audit was undertaken to establish the number of cancer patients also being treated for depression. Procedures were put in place to conduct the depression screening questions during consultations with patients with a diagnosis of cancer. The outcome showed there was a higher number of patients diagnosed with depression who were subsequently able to access support and advice.
- Data showed most patient outcomes were above those of the locality. For example,

Summary of findings

- Staff had the skills, knowledge and experience to deliver effective care and treatment. We saw that a number of clinical staff had additional qualifications and actively sought further training to develop their skills.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data showed that patients rated the practice higher than others for several aspects of care. For example:
 - 93% of patients said the GP gave them enough time compared to the CCG average of 83% and the national average of 87%.
- Patients told us they were treated with care and concern by staff and their privacy and dignity was respected. Feedback from comment cards aligned with these views.
- The practice provided information for patients which was accessible and easy to understand.
- We observed staff treated patients with kindness and respect, and maintained confidentiality. Reception staff were observed to be friendly and made every effort to accommodate patients' needs.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Patients told us it was easy to get an appointment with a GP over the phone or in person, with urgent and routine appointments available the same day.
- The practice regularly audited the number of available appointments against the demand and increased staffing as required. We were shown evidence of this showing the practice had 1281 appointments in December 2015, of which 124 were unused showing an unused capacity of 9.7%
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met people's needs.
- The practice offered flexible services to meet the needs of its patients. For example, they offered weekend appointments through the main branch where patients could see a nurse or GP.

Summary of findings

- 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 other stakeholders including the patient participation group (PPG). Due to the low number of complaints, the group shared the learning outcomes between its practices to maximise learning.

Are services well-led?

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

- The practice had a vision to deliver high quality care. Staff were clear about the vision and their responsibilities in relation to this. The practice had developed a five year plan which outlined its aims for the future.
- There was a clear leadership structure and staff felt supported by partners and management. As a small practice it was recognised there was a need for a larger peer group and this was encouraged within the group at regular meetings.
- The practice had a wide range of policies and procedures to govern activity and these were regularly reviewed and updated.
- The partners and practice manager encouraged a culture of openness and honesty, and staff felt supported to raise issues and concerns.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was well established and met regularly. The PPG worked closely with the practice to review issues including appointment access and complaints.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- They worked effectively with multi-disciplinary teams to identify patients at risk of admission to hospital and to ensure their needs were met. The percentage of people aged 65 or over who received a seasonal flu vaccination was 77% which was in line with the national average of 73%.
- The practice had patients living in two local care homes which a designated GP visited each week undertaking urgent and routine appointments and health checks. We spoke with staff at a care home who said the care the practice provided was crucial to patients being able to receive support and care in the community.

People with long term conditions

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

Good



- The practice had put in place dedicated clinics for the support of patients with long term conditions such as diabetes and asthma, and operated a recall system to ensure patients were receiving appropriate care. This was evidenced in the higher than average results for the care of patients with long-term conditions. For example:
 - The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness in the preceding 12 months was 98% compared to a national average of 90%
- GPs and nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Care plans were in place for the patients identified as being at risk of admission.
- The practice monitored patients on warfarin (a medicine which reduces the risk of clots forming) in house. A healthcare assistant or nurse would visit patients at home if required, so bloods could be taken and results monitored to ensure correct doses were prescribed.

Summary of findings

- Longer appointments and home visits were available when needed.
- The practice had engaged with the local pharmacy and identified patients with asthma whose condition was well controlled, who would benefit from a pharmacist conducting their annual review. Once completed this was documented and passed to the surgery to be updated on the patients' record by the nominated GP. The practice had audited this which showed there had been 37.5 hours (150 appointments) of clinical time freed which had been reassigned to other patients, including more patients with asthma whose condition was poorly controlled, who required additional care.

Families, children and young people

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

- Immunisation rates were high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice could refer patients to another practice in the group where a family planning consultant ran a clinic and also attend local schools. The group had initiated this scheme following data showing a high number of teenage pregnancies in the area and analysis showed a reduction in the number of teenage pregnancies over the five years the clinic has run.
- One morning a week the practice hosted a well-being clinic which gives patients' advice and support and signposts patients to appropriate services to best suit their needs.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Urgent appointments were always available on the day.
- The practice offered cervical cytology testing and took this opportunity to consult patients regarding their sexual health and contraception. Patients who did not attend were followed up to ensure they were given every opportunity to attend the clinic.

Good



Working age people (including those recently retired and students)

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

Good



Summary of findings

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. This included access to telephone appointments, and the availability of weekend appointments.
- The practice offered online services such as electronic prescriptions, and GP appointments were offered through the online booking system.
- Health promotion and screening was provided that reflected the needs for this age group.
- Patients were offered a choice when being referred to other services to take into account the most convenient location for travel. This was particularly important for patients of this practice as it lay between Nottinghamshire and Derbyshire Trusts.

People whose circumstances may make them vulnerable

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

- The healthcare assistant had six hours a week allocated to act as a care co-ordinator. In this role they monitored the attendance and discharge of patients from secondary care. Initial phone calls were made and follow up appointments, including home visits if required, were booked and services from the practice and the community team made available to support patients' rehabilitation.
- The practice offered longer appointments for people with a learning disability.
- The practice hosted a citizens advice walk- in clinic one morning a week to support local people and give advice on what support was available to them. This reduced the necessity to travel to the local town and was a well-known resource within the community.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice had a GP with a special interest in the Mental Capacity Act, best interest and Gillick and Fraser guidance (guidelines which help balance child rights and wishes with the responsibility to keep children safe from harm) and was available to staff to for support and guidance in this area.

Good



Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- The practice provides rooms for in-house counselling for patients who had been referred or self-referred to the service.
- Staff had a good understanding of how to support people with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

We looked at the national GP patient survey results published on July 2015. The results showed the practice was performing above local and national averages. 335 survey forms were distributed and 118 were returned. This represented a return rate of 35%.

- 90% found it easy to get through to this surgery by phone compared to a CCG average of 70% and a national average of 73%.
- 94% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 82% and a national average of 85%.
- 92% described the overall experience of their GP surgery as fairly good or very good compared to a CCG average of 80% and a national average of 85%.
- 82% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to a CCG average of 72% and a national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 27 comment cards which were all positive about the standard of care received, which reflected the GP patient survey feedback. Comments highlighted friendly, approachable staff and patients said they always felt listened to. Patients described the practice as caring and supportive, and said they always found it clean and hygienic.

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

Blackwell Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Inspector. The team included a GP specialist adviser a practice manager specialist adviser and an expert by experience. An expert by experience is a person who has personal experience using or caring for someone who uses this type of service.

Background to Blackwell Medical Centre

Blackwell surgery provides primary medical services to approximately 2488 patients through a personal medical services (PMS) contract. Services are provided to patients from a single site which occupies purpose built premises. The practice is part of a larger group of two other practices which work together to support patients.

The level of deprivation within the practice population is similar to the national average. Income deprivation affecting children and older people is below the national average.

The clinical team comprises two GP partners (1 female and 1 male) a salaried GP, an advanced nurse practitioner (ANP), two nurses and a healthcare assistant. The clinical team is supported by a practice manager partner, a practice manager and a team of four administrative and reception staff.

The practice is open from 8am to 6.30pm on Monday to Friday. The consultation times for morning GP

appointments vary day to day and start from 8am. Afternoon appointments are offered until 6.30pm. The practice offers extended hours on a Saturday from 9am to 1pm and a Sunday from 12pm to 4pm.

The practice has opted out of providing out-of-hours services to its own patients. This service is provided by Derbyshire Health United through the 111 system.

Why we carried out this inspection

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

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 14 January 2016. During our visit we:

- Spoke with a range of staff (including GPs, nursing staff, the practice manager and administrative staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members

Detailed findings

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

The practice had robust systems in place to report and record incidents and significant events.

- Staff told us they would inform the practice manager or the senior partner of an incident or event in the first instance. Following this, the appropriate staff member completed the reporting form which was available on the practice's computer system.
- The practice recorded all significant events on a central spread sheet and reviewed these at regular staff meetings.

We reviewed a range of information relating to safety and the minutes of meetings where this information was discussed. The practice ensured lessons were shared and that action was taken to improve safety within the practice. For example, the practice had recorded a significant event where a home visit had been requested by a district nurse but not logged onto the system. The practice investigated the event and reminded staff of the importance of documenting appointment requests and confirmed staff were competent with the computer system through additional training.

Due to the low number of significant events the practice had due to its small size, the group shared learning outcomes across all its practices to increase the learning opportunities and with the other practices in the CCG if deemed beneficial.

Where patients were affected by incidents, the practice demonstrated an open and transparent approach to the sharing of information. The practice invited patients affected by significant events to view the outcomes and apologies were offered where appropriate.

Overview of safety systems and processes

The practice demonstrated systems which kept people safe and safeguarded from abuse. These included:

- Arrangements to safeguard children and vulnerable adults from abuse were in line with local requirements and national legislation. There was a lead GP responsible for child and adult safeguarding and staff were aware of whom this was. Policies in place supported staff to fulfil their roles and outlined who to

contact for further guidance if they had concerns about patient welfare. Staff had received training relevant to their role and GPs were trained to Level 3 for safeguarding children.

- Nursing and reception staff acted as chaperones if required. Notices were displayed in the waiting area to make patients aware that this service was available. All staff who acted as chaperones were appropriately trained and checks had been undertaken with the disclosure and barring service (DBS). (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 premises were observed to be clean and tidy. Appropriate standards of cleanliness and hygiene were followed. The practice nurse was the clinical lead who liaised with local infection prevention teams to maintain best practice. The practice had been comprehensively audited in November 2015, which identified a number of required actions and we saw evidence that the practice had addressed these.
- There were effective arrangements in place to manage medicines within the practice to keep people safe. Medicines audits were undertaken to ensure prescribing was in line with best practice guidelines.
- We reviewed five employment files for clinical and non-clinical staff. We found all of the appropriate recruitment checks had been undertaken prior to employment. Checks undertaken included, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS).

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and the practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure it was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control.

Are services safe?

- Arrangements were in place for planning and monitoring the number of staff and skill mix needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. We also saw evidence of a flexible approach to staffing and GPs or nurses would work additional sessions where a need was identified at any practice in the group.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on computers in all the consultation and treatment rooms which alerted staff to any emergency. In addition there were panic buttons to alert other staff to any emergency if required.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available and the practice had a designated first aider.
- 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 fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and suppliers.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Practice staff demonstrated they used evidence based guidelines and standards to plan and deliver care for patients. These included local clinical commissioning group (CCG) guidance and National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date. We saw evidence that the practice was using clinical audit to monitor the implementation of guidelines. In addition nursing staff told us they attended clinical commissioning group (CCG) arranged training sessions to ensure they kept up to date with guidelines and best practice.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recently published results showed that the practice had achieved 532 out of a possible 559 points available which is 96%, with an exception reporting rate of 7.9%. (The exception reporting rate is the number of patients which are excluded by the practice when calculating achievement within QOF). Performance in all areas was in line with, or above the local and national average. Data from 2014/15 showed;

- Performance for diabetes related indicators was 88% which was in line with the CCG and national average.
- The percentage of patients with hypertension having regular blood pressure tests was 77% which was 5% below the CCG average and 6% below the national average.
- Performance for mental health related indicators was 85% which was 9% below the CCG average and 8% below the national average.
- Performance for dementia related indicators was 100% which was 8% above the CCG average and 5% above the national average. This was attained with an exception rate of 5.1%, 3% below the national average.

The practice had highlighted areas for improvement using the QOF data and developed action plans and procedures

to improve the outcomes for patients. For example, the care coordinator monitored the recall of patients for health checks and followed up the letter with a phone call to assist in making appointments. And the addition of staff such as the Advanced Nurse Practitioner allowed additional appointments for patients.

Clinical audits were undertaken within the practice.

- There had been 14 clinical audits completed in the last two years; however, to maximise learning and development the group shared audits between its practices, two of these had originated at Blackwell. These were completed audits, where the improvements made were implemented and monitored. For example the practice had undertaken to audit the use of Gold Standards Framework (GSF) for patients on the palliative care register. The GSF is a systematic, evidence based approach to optimising care for all patients approaching end of life. The audit concluded the practice was in line with national averages, however listed areas for improved documentation to help monitor and support patients in conjunction with community teams. Training was put in place for staff and posters created to educate staff about the GSF process and appropriate coding of patients on the computer system.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. We saw evidence of regular engagement with the CCG and involvement in peer reviews of areas such as QOF performance.

Effective staffing

We saw staff had a range of experience, skills and knowledge which enabled them to deliver effective care and treatment.

- The practice had a comprehensive induction programme for newly appointed clinical and non-clinical members of staff which covered topics such as safeguarding, first aid, health and safety and confidentiality. Recently appointed staff told us they had been welcomed by their colleagues and felt supported in their roles.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff; for example for staff reviewing patients with long term

Are services effective?

(for example, treatment is effective)

conditions. Staff administering vaccines, taking samples for cervical screening and taking blood samples had received specific training which included an assessment of competence.

- Learning needs of staff were identified through annual appraisals, meetings and wider reviews of practice development. Staff had access to a range of training which was appropriate to meet the needs of their role. In addition to formal training sessions support was provided through regular meetings, mentoring and clinical supervision. We saw evidence to demonstrate training needs of staff had been identified and planned for through the appraisal system.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to CCG led training and in-house training including e-learning.

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 and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a regular basis and care plans were routinely reviewed and updated.

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.

- The practice had a GP with a special interest in the Mental Capacity Act, best interest and Gillick and Fraser guidance (guidelines which help balance child rights and wishes with the responsibility to keep children safe from harm) and was available to staff to for support and guidance in this area.
- 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, ANP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practice's responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted or referred to the relevant service, often available in house within the practice group.
- The practice group published topical articles in the local paper to increase understanding of a condition or explain additional services provided by the practice.
- The practice offered a range of services including smoking cessation, family planning and weight management services.

The practice had systems in place to ensure patients attended screening programmes and ensured results were followed up appropriately. The practice's uptake for the cervical screening programme was 91% which was above the national average of 82%. There was a policy to send two written reminders followed by a telephone reminder 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 screening.

Childhood immunisation rates were above CCG averages. For example, childhood immunisation rates for

Are services effective? (for example, treatment is effective)

vaccinations given to under two year olds were consistently 100% (CCG range from 96% to 99%) and five year olds were all 100% with the exception of PCV booster which was 96% (CCG average 96% to 99%).

Flu vaccination rates for the over 65s were 77% and at risk groups 44%. The rate for the over 65s was above the national average of 73%; however, the rate for at risk groups was below the national average of 52%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During the inspection we saw staff treated patients with dignity and respect. Staff were helpful to patients both on the telephone and within the practice. We saw that staff greeted patients as they entered the practice, often knowing each other by name.

Measures were in place to ensure patients felt at ease within the practice. These included:

- Curtains were provided in treatment and consultation rooms to maintain patients' privacy and dignity during examinations and treatments.
- Consultation room doors were kept closed during consultations and locked during sensitive examinations. Conversations taking place in consultation rooms could not be overheard.
- Reception staff offered to speak with patients privately away from the reception area if they wished to discuss sensitive issues or appeared distressed.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. All 27 completed comment cards we received were positive about the standard of care. Patients said they were always treated with dignity and respect and described the practice staff as friendly, helpful and caring. Patients said they felt listened to and were given the time they needed to discuss their problems.

We spoke with eight patients, including three members of the patient participation group (PPG), during the inspection. All of the patients said that they found the premises clean and tidy and were always treated with kindness and consideration by the practice staff. Patients said that all staff treated them in a friendly and welcoming manner.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was consistently above local and national averages for its satisfaction scores on consultations with doctors and nurses. For example:

- 95% of patients said the GP was good at listening to them compared to the CCG average of 86% and national average of 89%.

- 93% of patients said the GP gave them enough time compared to a CCG average of 83% and a national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to a CCG average of 95% and a national average of 95%.
- 89% of patients said the last GP they spoke to was good at treating them with care and concern compared to a CCG average 83% and a national average of 85%.
- 99% of patients said the last nurse they spoke to was good at treating them with care and concern compared to a CCG average of 93% and a national average of 90%.

Satisfaction scores for interactions with reception staff were in line with the CCG and national averages:

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

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They 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. Patient feedback on the comment cards we received was also positive and aligned with these views.

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 in line with local and national averages. For example:

- 85% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 90% of patients said the last GP they saw was good at involving them in decisions about their care compared to a CCG average 80% and a national average of 81%.
- 95% of patients said the last nurse they saw was good at involving them in decisions about their care compared to a CCG average 88% and a national average of 85%.

Staff told us that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Notices in the patient waiting room told patients how to access a number of support groups and organisations. For example, there was information related to carers, dementia and mental health.

The practice's computer system alerted GPs if a patient was also a carer. The practice provided care to 71 carers in total which equated to 2.9% of the patient list. The practice displayed information for carers in the waiting area and staff had developed a pack of information containing telephone numbers and advice to ease access to support for carers in the community. The practice provided the flu vaccination to carers and made longer appointments available if the patient required.

A well-being clinic was hosted at the practice once a week in addition to a counsellor to support patients who were going through a difficult time. Staff made patients aware of the support available and would extend appointments if additional time was required.

The practice proactively planned end of life care, in conjunction with community teams, to ensure anticipatory drugs are in place along with carer support and a preferred place of death assessment is carried out to ensure patient's wishes are taken into account. The practice use the traffic light system to ensure the patients current condition is easily recognised and appropriate care made available from both practice and community staff. The practice audited the deaths, both in the community and care homes which showed 84% of palliative care patients died in their preferred place of death.

Staff told us if families had experienced bereavement, their usual GP contacted them if this was considered appropriate. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs to give them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

We spoke to staff at a local nursing home where the practice cared for 99% of the residents, they were overwhelmingly positive about the level of care the practice provided. For example a recent patient arrived from out of the area as an emergency admission without their regular medication. An appointment was requested from the practice for a GP visit, the appointment was fitted in to accommodate the patient, a GP visited the patient, issued a prescription, and the local pharmacist delivered the medicines. All of this took place within an hour.

In addition to this the practice worked to ensure its services were accessible to different population groups. For example:

- The practice offered extended hours appointments one evening per week and weekend appointments at the main surgery.
- There were longer appointments available for people who needed them and we saw evidence to support this.
- The practice has an annual visit from the learning disabilities team for a review and staff training.
- Patients with learning disability had an alert on their file to enable greater flexibility in appointments and continuity of care was in place to help during the appointment.
- Home visits were available for housebound patients and the practice visited two care homes on a weekly basis to carry out routine appointments.
- Warfarin monitoring was conducted in-house via INRstar and all staff were trained to use this, to enable quick and convenient changes to patients medication to keep them safe.
- Same day appointments were available for children and those with serious medical conditions.
- There were translation services available if these were required.
- Consultation rooms were situated on the ground floor and disabled parking was available.

- The practice hosted several in-house services such as a physiotherapist clinic and citizens advice clinic to provide services locally to people. Other clinics were run within the group which were accessible to all patients.
- The group had highlighted the high number of teenage pregnancies in Derbyshire and brought in a family planning consultant to take referrals from the practices in the group and attend local schools. Analysis of data from the last five years shows a reduction of teenage pregnancies and an increase in contraception use.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointment times varied from day to day but we saw that the practice had a flexible approach to these and would add additional sessions and appointments where this was considered necessary. The consultation times started at 8am. Afternoon appointments were offered until 6.30pm. The practice offered extended hours on a Saturday from 9am to 1pm and a Sunday from 12pm to 4pm. In addition to pre-bookable appointments that could be booked up to eight weeks in advance.

Following consultation with the PPG following patient feedback the practice had increased appointments to meet the demand and added an Advanced Nurse Practitioner to add increased capacity and skill mix to the clinical team. The practice would always make a clinician available during the day if a patient required urgent care.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was above local and national averages.

- 79% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and national average of 75%.
- 90% of patients said they could get through easily to the surgery by phone compared to the CCG average of 70% and the national average of 73%.
- 92% of patients said the last appointment they got was convenient compared to the CCG average of 91% and the national average of 92%.

People told us on the day of the inspection that they were able to get appointments when they needed them and this aligned with feedback from the comment cards. The

Are services responsive to people's needs?

(for example, to feedback?)

practice told us they frequently audited their appointments and reviewed their available appointments. In addition the practice audited their rates of appointments which had not been attended on a monthly basis.

Listening and learning from concerns and complaints

We saw that the practice had systems in place to effectively manage complaints and concerns.

- The practice's complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- Leaflets for patients wishing to make a complaint about the practice were available from the reception and the practice had information about the complaints process visibly displayed in their waiting area.

We looked at 3 complaints received in the last 12 months and found these were dealt with promptly and sensitively. We saw meetings were offered to discuss to resolve issues in the manner which the complainant wanted. Apologies were given to people making complaints where appropriate. Lessons were learnt from concerns and complaints and appropriate action was taken to improve the quality of care. We saw complaints were regularly discussed within the practice and learning was appropriately identified. The practice classified some complaints, if deemed appropriate, as significant events so they could be analysed for trends in this category. The group benefited from all complaints outcomes, as learning points were shared amongst the practices.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had clearly defined aims and objectives centred on delivering high quality, safe and effective patient care. The practice had identified a range of objectives to underpin this vision. For example; to provide a high quality of medical care and create a partnership between patients and staff, and being committed to patient's needs.
- Staff were engaged with the aims and values of the practice and were committed to providing high quality patient care.

Governance arrangements

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

- The practice had a clear staffing structure and staff were aware of their roles and responsibilities.
- A wide range of practice specific policies and protocols were in place and accessible to all staff. We saw that policies and protocols were regularly reviewed and updated and supported staff in their roles.
- There was a demonstrated and comprehensive understanding of the performance of the practice. This ranged from performance in respect of access to appointments, patient satisfaction and clinical performance.
- Arrangements were in place to identify, record and manage risks and ensure mitigating actions were implemented.

Leadership, openness and transparency

The three partners (two GPs and a practice manager) who took overall charge of the group had a range of experience and demonstrated they had the capacity to run the practice to ensure high quality care. For example we saw GPs had special interests and additional qualifications in areas such as the Mental Capacity Act. The practice

manager demonstrated the experience and capability to manage the practice. Staff told us the practice manager was approachable and listened to members of the practice staff.

The partners were predominantly based at the main surgery in the group and would run sessions on a weekly basis at this practice, provide cover for staff, and be available for support and advice. Staff told us the partners' encouraged an open, cooperative and supportive environment and they felt respected in their role. Staff said that given the distance of the practice from the main surgery they did not feel detached and the partners were always available for any issues which might arise.

When there were unexpected or unintended safety incidents:

- The practice offered affected people support, provided explanations and verbal or written apologies where appropriate. In addition the practice invited patients affected by significant events which were raised as complaints or concerns to review the outcomes and sought their consent for anonymised information to be used as a learning tool for staff.

Feedback from staff told us they felt valued and supported by the partners and the management within the practice.

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

We saw that the practice was open to feedback and encouraged feedback from patients, the public and its staff. The practice ensured it proactively sought the engagement of patients in how services were delivered:

- The practice gathered feedback from patients through the patient participation group (PPG), surveys and complaints received. There was an active PPG which met on a regular basis. They carried out patient surveys and discussed proposals for improvements to the practice management team. For example, the PPG had worked with the practice to review appointments and look at ways in which this could be improved following the patient survey results. Staff would attend PPG meetings to gain an insight into patients' opinions and assist where appropriate.
- The practice gathered feedback from staff through meetings, appraisals and on-going discussions. Staff

Are services well-led?

Good 

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

told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

- There was a focus on learning and improvement within the practice. The practice team had been part of local pilot schemes to improve outcomes for patients in the area and was committed to learning.
- Staff felt supported to identify opportunities for improvements to the delivery of service and felt the practice was looking long term and developing roles to take the future services into account.
- The practice group was looking at placing training GPs into the rural practices to give a variety of experience during their training and was in the planning stages of making sure the required support and development could be consistently provided.