

# The Village Surgery

## Quality Report

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

### Ratings

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

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Village Surgery on 16 August 2016. Overall the practice is rated as good.

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

- The practice demonstrated an open and transparent approach to safety. There were systems in place to enable staff to report and record significant events. Learning from significant events was shared with relevant staff.
- Risks to patients were assessed and well managed. There were arrangements in place to review risks on an ongoing basis to ensure patients and staff were kept safe.
- Staff delivered care and treatment in line with evidence based guidance and local guidelines. Training was provided for staff to ensure they had the skills and knowledge required to deliver effective care and treatment for patients.
- Staff undertook health promotion events to encourage healthy living in a variety of innovative ways, for example taking to the streets dressed as a cigarette handing out smoking cessation advice.
- Feedback from patients was that they were treated with kindness, in a friendly manner respected and were involved in decisions about their care.
- Regular clinical audits were undertaken within the practice to drive improvement, shared within the group of three practices and future ones planned to maximise the effectiveness.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they generally found it easy to make an urgent appointment and that staff would always accommodate them where possible.
- The practice had good facilities and was well equipped to treat patients and meet their needs. Adjustments had been made to the premises to ensure these were suitable for patients with a disability.

# Summary of findings

- There was a clear leadership structure which all staff were aware of. Staff told us they felt supported by the partners and management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw areas of outstanding practice which included

- The partners had highlighted the rate of teenage pregnancy at the practice was the highest in Derbyshire. School nurses were unable to give contraceptive advice, the nearest family planning

clinic was in a local town three miles away and the surgery had no female medical staff. The practice had initiated a pilot to bring family planning consultants into the practice which had led to significant reductions in the rate of teenage pregnancy compared to others in the local area and continuing increase in contraceptive prescribing to under 18s.

- The practice adopted improvement to ensure uptake of screening for patients with a learning disability was increased which had been recognised nationally

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- The practice had systems in place to enable staff to report and record significant events. Staff understood the systems and were encouraged to report events and incidents.
- Learning from significant events was identified and openly discussed with staff to ensure action was taken to improve safety.
- When things went wrong patients received support, information and apologies. They were told about actions to improve processes to prevent the same thing happening again.
- Systems and processes were in place to ensure patients were kept safe and safeguarded from abuse.
- Risks to patients were assessed and well managed across the practice

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Nationally reported data showed that outcomes for patients were consistently better than national averages. The practice used the Quality and Outcomes Framework (QOF) as one method of monitoring its effectiveness and 95%94.9%94.8%.
- There were systems in place to ensure staff were up to date with relevant guidelines including regular training and clinical meetings. Computer systems were used to ensure the most effective prescriptions were made and reinforce decision making processes to increase safety.
- Clinical audits were undertaken within the practice to support improvement. A total of 8 clinical audits had been undertaken in the last 12 months, six of which had been completed and improvements made.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. The practice had a part time care coordinator who was integral to the support of patients and coordination of community teams in the care of patients.

# Summary of findings

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice in line with others for several aspects of care. For example, 96% of patients said they had confidence and trust in the last GP they spoke to compared to the CCG average of 96% and the national average of 95%.
- Information for patients about the services available was easy to understand and accessible.
- The practice staff undertook charity and themed events to promote healthy living, for example a healthy eating day was run and fruit provided within the surgery for patients to enjoy.
- There was support for carers in the practice led by the carers champion who was the lead in identifying and supporting carers.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of the local population and delivered services to meet their needs.
- Weekend appointments were to ensure access was available for patients who worked or had caring responsibilities in the week.
- A range of services were offered by the practice to avoid patients having to travel including minor surgery and joint injections.
- Patients said they found it easy to make urgent appointments however appointments sometimes ran late.
- 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 evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and the patient participation group (PPG).

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to provide a high standard of medical care. Staff were clear about the vision and their responsibilities in relation to providing a safe, high quality service.
- The leadership, governance and culture of the practice were used to drive and improve the delivery of high quality patient centred care.

Good



# Summary of findings

- The practice had developed an apprenticeship scheme in partnership with a local collage to take on a healthcare assistant apprentice into general practice. This is not something which has been widely undertaken previously and has proved successful for both the practice and apprentice.
- Governance and performance management arrangements had been reviewed and took account of current models of best practice.
- There was a clear leadership structure and staff felt supported by management.
- The patient participation group (PPG) was active and met regularly; they worked closely with the practice to identify areas for improvement and supported them to make improvements. For example, the PPG had improved access to the waiting areas for wheelchair users.

# 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.

- Personalised care was offered by the practice to meet the needs of its older population with every patient over 75 having a named GP. The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Many older patients were included in the unplanned admissions system to ensure they received a six monthly review of their care plan.
- Longer appointments were provided for older people as required.
- The practice worked closely with community teams to ensure there was good provision of care and support was in place when needed.

Good



### People with long term conditions

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

- Clinical staff had lead roles in managing patients with long-term conditions and those patients identified as being at risk of admission to hospital were identified as a priority.
- Performance for lung disease related indicators was 100% which was 3% above the CCG average and 4% above the national average. The exception reporting rate for lung disease related indicators was 10% which was below the CCG average of 12% and the national average of 12%.
- Longer appointments and home visits were available when needed to facilitate access for these patients.
- All these patients had a named GP and were offered regular reviews to check their health and medicines needs were being met.

For patients with more complex needs, the named GP worked with relevant health and social care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

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

Outstanding



# Summary of findings

- Systems were in place to identify children at risk. The practice had a dedicated child safeguarding lead and staff were aware of who this was.
- The partners had highlighted the rate of teenage pregnancy at the practice was the highest in Derbyshire. School nurses were unable to give contraceptive advice, the nearest family planning clinic was in a local town three miles away and the surgery had no female medical staff. The practice had initiated a pilot to bring family planning consultants into the practice which had led to significant reductions in the rate of teenage pregnancy compared to others in the local area and continuing increase in contraceptive prescribing to under 18s.
- We saw positive examples of joint working with midwives, health visitors and school nurses with regular meetings being held to discuss children at risk.
- A full range of contraception services were available including coil fitting and contraceptive implants.

Vaccination rates for childhood immunisations were in line with local averages.

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

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

- The needs of the working age population, those recently retired and students had been identified and the practice offered services which were accessible and flexible. For example weekend appointments were offered to facilitate access for working patients.
- The practice was proactive in offering online services including appointment booking and online prescription services.
- A range of health promotion and screening services were offered and promoted that reflected the needs of this age group.
- The practice's uptake for the cervical screening programme was 80%, which was in line with the CCG average of 82% and the national average of 82%.
- A range of services were offered at the practice to facilitate patient access including minor surgery and joint injections.
- Text messaging was used to confirm appointments and issue reminders.

Good



## People whose circumstances may make them vulnerable

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

Good





# Summary of findings

- The practice actively encouraged patients with a learning disability to attend annual health review with above average attendance of 63% for the current year against a GGC average of 39%.
- Patients were offered longer appointments for where required.
- The practice adopted improvement to ensure uptake of screening for patients with a learning disability was increased which had been recognised nationally.
- All staff had received domestic violence training from 'Identify and Referral to Improve Service' (IRIS) to improve the likelihood of engagement with the service.
- Information was available which informed vulnerable patients about how to access local and national support groups and voluntary organisations.
- Translation services were provided where these were required and various pieces of information and signage were available in more than one language.
- In order to effectively support vulnerable patients, GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- 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.
- A resource pack had been developed to give to new carers to ensure they had relevant support made available to them and the computer system alerted staff to patients who were registered as a carer to ensure flexibility was offered.

## 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).

- Performance for mental health related indicators was 97% which was 3% below the CCG average and 4% below the national average. The exception reporting rate for mental health related indicators was 10% which was below the CCG average of 13% and below the national average of 11%.
- The practice used the Improving Access to Psychological Therapies (IAPT) service and patients can be referred or self-referred into the scheme. The practice provides rooms for in-house counselling from this service.
- Monthly multidisciplinary meetings were held within the practice to ensure the needs of these patients were being met.

Good



## Summary of findings

- The practice had a system in place to follow up patients who had attended A&E who may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

We reviewed the result of the national GP patient survey which was published in July 2016. The results showed the practice was performing in line with local and national averages. A total of 286 survey forms were distributed and 109 were returned. This represented a 38% response rate.

Results showed:

- 69% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 76% and the national average of 73%.
- 82% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 85% and the national average of 85%.
- 72% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and the national average of 85%.

- 59% of patients said they would recommend this GP practice to someone new to the area compared to the CCG average of 78% 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. We received 36 comment cards which were mostly positive about the standard of care received. Patients described staff as caring and said they found them helpful and friendly.

We spoke with 10 patients during the inspection in addition to three members of the patient participation group (PPG). All 10 patients said they were satisfied with the care they received and thought staff were approachable, dedicated and caring.

The theme from both patients we spoke to on the day and reflected in the comment cards was that that although they were happy with the care provided they often found that their appointment was running over twenty minutes late and sometimes found it difficult to make an on the day appointment over the phone.

# The Village Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice manager specialist adviser and an Expert by Experience.

## Background to The Village Surgery

The Village Surgery, provides primary medical services to approximately 9500 patients through a primary medical services contract (PMS), this is a nationally agreed contract with NHS England.

Services are provided from a main surgery located in purpose built shared premises, with local council services at South Normanton and a branch surgery at. The branch surgery was not visited during the inspection. The main surgery has car parking, parking for the disabled and is accessible by public transport. All consulting rooms are on the ground floor.

The level of deprivation within the practice population is in line with local and national averages; however income deprivation affecting older people is slightly above the local and national average.

The clinical team comprises of two GP partners (one male and one female), four salaried GPs, an advanced nurse practitioner, four practice nurses, two health care assistants and an apprentice healthcare assistant. The clinical team is supported by a managing partner a practice manager and a range of reception and administrative staff.

The partnership also manages two other practices in the local area and staff often work between all sites.

The surgery opens from 8.30am to 6.30pm on Monday to Friday. In addition the practice had shared Saturday and Sunday appointments available to pre book at a local surgery. Consulting times were from 8.30am to 11.30pm and from 2pm to 5pm Monday to Friday.

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

## Why we carried out this inspection

We 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 including the clinical commissioning group (CCG) and NHS England. We carried out an announced visit on 16 August 2016. During our visit we:

- Spoke with a range of staff (including GPs, advanced nurse practitioners, nurses, the practice manager and reception and administrative staff) and spoke with patients who used the service.

# Detailed findings

- Observed how patients were being cared for and talked with carers and/or family members
- 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 any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

### Safe track record and learning

There were effective systems in place to enable staff to report and record significant events.

- Staff told us they would inform the lead GP or a senior member of staff of any incidents initially. There was a recording form available on the practice's computer system and staff knew how to access this. The incident recording form 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).
- We saw evidence that when things went wrong with care and treatment, patients were informed as soon as practicable and were provided with support, information and explanations. Where appropriate, patients were provided with verbal and/or written apologies and told about actions taken to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events on an ongoing basis and reviewed these at a monthly practice meeting or sooner if urgency was required. This ensured actions had been completed and any learning shared and embedded. All significant events were shared amongst the group so all staff at the other two practices benefited from the learning outcomes and changes made as a consequence.

We reviewed information held by the practice related to safety including reports of incidents and significant events and minutes of meetings where these were discussed. Learning was identified following incidents and events and there were systems in place to ensure this was shared with relevant staff to improve safety within the practice. For example, a patient had attended the practice for an implant removal procedure; there was no sterile equipment in stock so the appointment had to be rearranged, and the clinical time was wasted. The practice discussed this at the practice meeting and stock management was improved with greater oversight from other staff to ensure a reoccurrence was less likely.

Processes were in place to ensure safety alerts and alerts received from the Medicines and Healthcare products

Regulatory Agency (MHRA) were disseminated within the practice electronically and a copy always stored to be used for future reference. We saw evidence that appropriate action was taken when the alert was relevant to General Practice to ensure prescribing remained safe for patients.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse which reflected local requirements and relevant legislation. Appropriate policies were in place and were easily accessible to all staff. Policies detailed who staff should contact within the practice if they were concerned about the welfare of a patient. There was a lead GP for adult and child safeguarding who was trained to level three and held regular meetings with community staff including health visitors and school nurses to discuss children at risk. GPs attended external safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice computer system alerted staff to safeguarded children and adults once they had been safeguarded enabling additional flexibility with appointments support if required.
- There were notices in the waiting room and in consultation rooms to advise patients that they could request a chaperone if required. We were told that a member of clinical staff usually acted as a chaperone but a non-clinical member of staff could be used with the patient's consent. The practice could demonstrate that 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 nurse practitioner had the role of infection control clinical lead within the practice. We observed the practice premises to be clean, tidy and well organised

## Are services safe?

and saw that there were mechanisms in place to maintain appropriate standards of cleanliness and hygiene. There was an infection control protocol in place and staff had received up to date training. Comprehensive infection control audits were undertaken on a regular basis and the practice had undertaken recently undertaken and audit in July 2016 from which improvements had been made to areas identified as requiring updating such as pedal waste bins in clinical rooms.

- Processes were in place for handling repeat prescriptions which included the review of high risk medicines which were monitored and reviewed to ensure safe prescribing. Other arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal).
- The practice carried out regular medicines audits, sometimes with the support the local CCG medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- There were systems in place to ensure appropriate pre-employment checks were undertaken. For example, we reviewed four personnel files and found 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 the majority of risks to patient and staff safety. There was a health and safety policy available with a poster in the staff area which identified local health and safety representatives. The practice had up to date fire risk assessments, electrical equipment had

been checked to ensure the equipment was safe to use and clinical equipment had been 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 building security, manual handling and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Rotas and staffing levels were continually monitored and reviewed to ensure there was

enough capacity to meet the needs of patients. The practice employed a range of full and part time staff who often worked across more than one site in the group and this ensured provided cover for each other and worked flexibly when needed.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in a secure room in the practice.
- The practice had a defibrillator and oxygen available on the premises with adult oxygen masks along with other resuscitation equipment. A first aid kit and accident book were available.

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 and copies were kept off site.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Clinical staff assessed the needs of patients and delivered care in line with relevant evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines and local guidelines.

- Systems were in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and local guidelines electronically, and discussed relevant updates to these in clinical meetings. Staff also attended regular training which supported their knowledge about changes to guidelines.
- The practice monitored that guidelines were followed through risk assessments, audits and checks of patient records.
- Templates on the clinical systems were compliant with guidelines and supported clinical staff to treat patients in line with guidelines.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 95% of the total number of points available (552/559), higher than the local average of 94.9% and the national average of 94.8%.

- Performance for diabetes related indicators was 85% which was 4% below the average of for the CCG and 4% below the national average. The exception reporting rate for diabetes related indicators was 14% which was slightly above the CCG average of 11% and the national average of 11%.
- Performance for indicators related to hypertension was 97% which was 1% below the CCG average and 1% below the national average. The exception reporting rate for hypertension related indicators was 3% which was in line with the CCG average of 3% and the national average of 4%.

- Performance for mental health related indicators was 97% which was 3% below the CCG average and 4% below the national average. The exception reporting rate for mental health related indicators was 10% which was below the CCG average of 13% and below the national average of 11%.
- Performance for dementia related indicators was 97% which was 4% above the CCG average and 2% above the national average. The exception reporting rate for dementia related indicators was 22% which was significantly above the CCG average of 11% and above the national average of 8%.

The practice had monitored patients with learning disabilities and offered them the opportunity to receive an annual health check to review treatment and support arrangements. We saw evidence to show that the practice actively encouraged patients to attend their appointments and had an average of 63% attendance in the current year. This was significantly higher than the CCG average of 39% and placed the practice amongst the highest for Derbyshire. The practice had put in plans to improve this in the future by inviting patients from reviews earlier in the year to ensure opportunity for attendance was maximised. In the preceding year the practice had provided 77% of eligible patients with a health check against a recommended average of 75%.

There was evidence of quality improvement including clinical audit:

- There had been 8 clinical audits undertaken in the last 12 months, 6 of these were completed audits where the improvements made had been implemented and monitored. For example, an audit into the treatment plans of patients with an irregular heart beat was conducted to assess if the coding on the computer system was correct and if the latest guidelines were being followed. The second audit showed improvement in coding of the register and more patients on anticoagulation therapy.
- The practice participated in local audits, benchmarking and peer review. Audits were shared between the two other practices in the group to show the improved outcomes and promote best practice.



# Are services effective?

## (for example, treatment is effective)

- Future audits were planned in advance and reflected areas highlighted by staff and clinical updates, often focusing on the long term conditions the practice population had.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. Inductions were specific to each role and also covered general topics such as health and safety and confidentiality. New starters had performance reviews with their line manager at three months and six months.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For those reviewing patients with long-term conditions such as diabetes, the practice supported staff to undertake training.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings. Nursing staff within the practice met on a regular basis to discuss any issues including new guidelines, alerts and templates which needed to be updated. Staff often worked in one of the other two practices which assisted in best practice being updated across all sites.
- A system of appraisals and reviews of practice development needs ensured that the practice identified the learning needs of staff. In addition to internal training which was provided online and face to face, staff could access external training to enable them to cover the scope of their work and develop their role. Staff also had access to support through meetings, coaching and mentoring, clinical supervision and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- The practice maintained a comprehensive online training matrix which identified mandatory training and required frequency for clinical and non-clinical staff and assisted in ensuring that staff kept up to date with

training. Staff received training that included: safeguarding, fire safety awareness, basic life support, equality, diversity and human rights and information governance.

### Coordinating patient care and information sharing

Information needed to plan and deliver care and treatment was available to staff in a timely and accessible way through the patient record system and their internal computer system. This included care and risk assessments, care plans, medical records and investigation and test results. The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

We saw that practice staff worked effectively with other health and social care professionals to meet the needs of their patients and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. The practice had a member of staff working as a care coordinator, the practice found this role key to the provision of care for patients in their homes as well as monitoring the patients who were likely to need additional support through community teams and charities to reduce the need for admission to secondary care.

Meetings took place with community based health and care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. These were attended by a range of staff social workers, health visitors and 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. Clinical staff undertook assessments of capacity to consent in line with relevant guidance when providing care and treatment for children and young people.
- Where there were concerns about a patient's capacity to consent to care or treatment clinicians undertook mental capacity assessments and recorded the outcome.

# Are services effective?

(for example, treatment is effective)

## Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. These included patients receiving end of life care, carers, homeless patients and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

A healthcare assistant with a special interest in healthy living took proactive steps to publicise the annual 'Derbyshire Stop Smoking day' by dressing up as a cigarette and handing out smoking cessation advice cards in the practice and local shops. This was done in coordination with displays at the practice and all patients receiving leaflets where appropriate. In recognition of this the practice won the Derbyshire Stop Smoking award in both 2013 and 2014, the practice continued to support smokers to stop smoking.

Services were offered within the practice to support patients including access to in-house physiotherapy services, family planning consultant, citizen's advice and well-being worker.

The practice's uptake for the cervical screening programme was 80%, which was in line with the CCG average of 82% and the national average of 82%.

This had been achieved with a cervical screening exception rate of 3% which was below the CCG average of 3.5% and a national average of 6.3%.

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

- Uptake rates for breast cancer screening were 78% which was above the CCG average of 75% and above the national average of 72%.
- Uptake rates for bowel cancer screening were 59% which was slightly below the CCG average of 60% and slightly above the national average of 58%.

Childhood immunisation rates for the vaccinations given were in line with CCG averages. For example, rates for the vaccinations given to under two year olds averaged 98.56% compared to the CCG average of 97.16%. For five year olds the practice averaged 97.26% compared to the CCG average 98.37%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74 years. Appropriate follow-ups for 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

Measures were in place within the practice to maintain the privacy and dignity of patients and to ensure they felt at ease. These included:

- Doors to consultation and treatment rooms were kept closed during consultations and conversations could not be overheard.
- Reception staff offered to speak with patients in a private area if they wanted to discuss something sensitive or they appeared distressed.
- Curtains were provided in consulting rooms to maintain dignity during examinations and treatments.

During our inspection we observed that staff treated patients in a friendly and courteous manner. All of the 36 completed CQC comment cards we received were mostly positive about the service experienced. Patients described staff as caring, friendly and helpful with some individual staff being singled out for praise.

We saw thank you cards and letters of appreciation from patients, carers and family who had experienced often challenging times and felt staff had played a key role in their recovery and the management of their condition.

We spoke with 10 patients in addition to three members of the patient participation group (PPG). The care provided by staff was praised and patients.

Results from the national GP patient survey showed the majority of patients felt they were treated with compassion, dignity and respect. The practice was in line with or below the local and national averages for its satisfaction scores on consultations with GPs and nurses and in line with the average for others. For example:

- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 78% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 76% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.

- 77% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 85%.
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 99% of patients said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and the national average of 97%.

Results showed the majority of patients found receptionists at the practice helpful; however satisfaction scores were slightly below local and national averages:

- 83% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

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

Patients told us they felt included in their care with time taken to explain results and included in developing care plans. Patient feedback from the comment cards we received was positive and aligned with these views. We saw that care plans for patients were personalised to account of individual needs and patient wishes.

Results from the national GP patient survey showed patients response was below average in areas relating to their involvement in planning and making decisions about their care and treatment. For example:

- 77% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 71% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 82%.
- 86% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

## Are services caring?

In response to areas where the practice had not achieved results in line with the local or national averages the practice had taken steps to improve the way in which care was delivered to patients. For example:

- The practice was trying to encourage patients to take double appointments when appropriate as it was found that patients were presenting with multiple conditions in one appointment. The limited time was creating pressure on clinicians to defer examination to other appointments or overrun the appointment causing a knock on effect to patients waiting for later appointments.
- The appointment system was changed to allow four appointments to take place in 50 minutes allowing a ten minute breathing space in case there was overrun.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- The practice had a portable hearing loop.
- Information leaflets were available in easy read format and health promotion was displayed on a screen in reception.

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

A wide range of information was available in the patient waiting area in the form of leaflets, information screen and posters. This included health promotion information and information about how to access local and national support groups and organisations. Information about support organisations was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 114 patients as carers which was equivalent to 1.6% of the practice list. The practice ensured carers were treated with more flexibility, with extended appointments being available as well as telephone and home visits to fit in with the often busy lifestyle of a carer. There was information displayed in the waiting area and on the practice website to inform carers about the support that was available to them and to encourage them to identify themselves to practice staff.

Staff told us that if families had experienced bereavement, their usual GP contacted them where this was considered appropriate. A condolence card was sent from the practice which also highlighted the support available through the practice. Where required appointments were offered and advice given regarding how to access support.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- The practice worked with the CCG to provide an in-house pain management clinic, a community gynaecology clinic and a weekly ultrasound clinic physiotherapy service for patients which reduced the distance patients had to travel and reduced waiting times.
- The partners had highlighted the rate of teenage pregnancy at the practice was the highest in Derbyshire. School nurses were unable to give contraceptive advice, the nearest family planning clinic was in a local town three miles away and the surgery had no female medical staff. The practice had initiated a pilot to bring family planning consultants into the practice. We saw evidence to show this had led to significant reductions in the rate of teenage pregnancy compared to others in the local area and continuing increase in contraceptive prescribing to under 18s.

After an audit had been completed it was noticed that the screening rates of patients with a learning disability was low. An action plan was developed and proved effective at increasing the uptake of screening. Amendments included policy guidance, presentations and easy read patient literature. This work was recognised at local level and the practice went on to help other practices adopt a similar approach.

- The practice was proactive in taking part in new initiatives which allowed care to be delivered locally to patients. This included dementia screening, and an anticoagulation service to monitor patients' blood results regularly and enable clinicians to adjust medicines to ensure the correct doses were prescribed and the most effective treatment was in place.
- The CCG had a higher prevalence of patients with asthma. To improve access, and ensure the most suitable clinician was seen; the practice had led in an initiative, with the involvement of local pharmacists, to co-ordinate reviews of patients whose condition was

well controlled. A local pharmacist carried out the annual review and sent details to the patients GP. In the first 12 months the trial had freed up 120 appointments, which allowed other patients to benefit from the additional time. A development of the pharmacist role was the introduction of a full time practice pharmacist to work across all three sites, following a successful grant from a national initiative.

- The CCG had a high prevalence of patients with cardiovascular disease (CVD) and had been awarded a grant and support from the British Heart Foundation, to drive an improvement project focusing on patients at risk of developing CVD or who had the condition. The practice was taking part in the project and provided extended services and support to patients to improve their care and outcomes.

With a specialist interest in respiratory care the lead nurse joined the CCG focus group and worked closely with the British Lung Foundation to improve respiratory care in the local area. This included:

- The development of a Breath Easy group to support patients with a lung disease
- Supporting the British Lung Foundation in pilots run locally such as case finding for COPD (the collective term for a group of lung diseases)

In addition:

- The practice offered weekend appointments at another practice in the group which were able to be pre booked and included nurse and GP appointments.
- There were longer appointments available for patients with a learning disability and for those who required them.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required same day consultation following a call from the allocated triage GP.
- There were facilities for the disabled including toilets and dedicated parking spaces and automated doors at the main entrance.
- Translation services available and some leaflets were available in alternative languages.

# Are services responsive to people's needs?

## (for example, to feedback?)

- Each residential or care home has a dedicated GP allocated to the patients ensuring continuity of care and effective communication with staff and patients is provided.
- A full range of family planning services was available including coil fitting and implant insertions.

### Access to the service

The surgery opened from 8.30am to 6.30pm on Monday to Friday. In addition the practice had shared Saturday and Sunday appointments available to pre book at a local surgery. This had proved popular in the first year of trial and had been extended for the remainder of the year due to success when compared to other out of hour's pilots locally.

Consulting times were from 8.30am to 11.30pm and from 2pm to 5pm Monday to Friday. Appointments could be pre-booked up to one month in advance for a specified GP.

Urgent appointments were available on the day and a phone appointment available offered if patients felt it appropriate.

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

- 62% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and the national average of 76%.
- 69% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 76% and the national average of 73%.
- 82% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 85% and the national average of 85%.

People told us on the day of the inspection that, in the majority of cases, they were able to get appointments when they needed them. However comment cards and patients told us that appointments often ran late, meaning a wait of 40 minutes was not uncommon.

During the inspection we saw evidence to show that on average the appointments ran 8 minutes late for the

practice as a whole, however certain staff did have a higher average of 23 minutes when further searches were run. The management team were aware of this and taking steps to reduce this down.

The practice had a meeting with all members of staff and ideas to streamline and improve the appointment process were developed. For example:

- The practice GPs staggered their start times to allow for earlier appointments. Patients could now attend an appointment between 8.30am and 6pm and the on call GP had the flexibility to see patients at the end of both morning and afternoon surgery depending on demand. The receptionists were empowered to use this additional time as demand dictated.
- The practice had run a phone list which sometimes could run up to 90 patients. As this proved time consuming and led to not meeting patient's expectations a limited number of telephone consultation slots in a pool were offered and the advanced clinical practitioner was able to take appropriate patients to ease demand on GP time.
- The practice had amended the patient information to indicate what clinicians would be appropriate to deal with patient's complaints and the quarterly newsletter has articles about clinical roles and how to ensure patients are seeing the correct clinician. This has led to some patients taking appointments with a GP or Nurse with the relevant specialism as opposed to their favourite member of staff.

The Practice have always monitored appointment usage and has a higher number of appointments available in a week per 1000 patients than the national average (76.2 appointments a week per 1000). Data we saw for June showed 793/6793 appointments (11.7%) were unused and this was regularly monitored to ensure staff were allocated sessions in the most appropriate place and time.

### Listening and learning from concerns and complaints

The practice had effective systems in place for to handle complaints and concerns.

- The practice complaints policy was in line with regulations for handling complaints and contractual obligations for GPs in England. The practice's procedures for handling complaints reflected recognised guidance.



## Are services responsive to people's needs? (for example, to feedback?)

- There was a designated responsible person who handled all complaints in the practice.
- Information was available to help patients understand the complaints system including leaflets and posters.
- The practice kept comprehensive records of complaints.

We looked at 10 complaints received in the last 12 months. We found that complaints were responded to in a timely manner in line with the practice's complaints procedures. People making a complaint were provided with explanations and apologies where appropriate. They were also told about any improvements made as a result of their complaint.

Learning from complaints was identified and discussed at relevant meetings. Complaints were logged centrally and reviewed to ensure learning had been embedded. We saw that changes were made as a result of complaints to improve the service offered to patients. For example, when a patient received a letter stating they had not attended an appointment which they had cancelled with notice, additional measures were implemented to ensure all cancelled appointments were well documented and an apology given.

# 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 a mission statement which was 'to provide a high standard of medical care which is available to the whole population and to create a partnership between patients and healthcare professional' staff knew and understood the values.
- The partners were clear about areas for development and improvement within the practice and we saw that these were discussed at regular management and partners' meetings.

### Governance arrangements

The practice had a robust governance framework which supported the delivery of their aims and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. Policies were available electronically and regularly updates made to ensure best practice was followed.
- An understanding of the performance of the practice was maintained and the practice engaged regularly with the clinical commissioning group (CCG) and other local practices in the area.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were well-embedded arrangements to identify record and manage risk within the practice including the implementation of mitigating actions.

### Leadership and culture

The partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. There was a strong

common focus across all staff on improving quality of care and patients experiences. Staff told us the partners were approachable and always took the time to listen to all members of staff.

Staff had key roles in the wider community with a GP having a specialist interest in learning disability and becoming the CCG lead. The lead nurse also set up a practice nurse and HCA network across the CCG to enable nurses and HCAs to be more engaged and informed with the work the CCG is undertaking and create a forum in which to find peer support.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The practice encouraged a culture of openness within the practice and we saw that when things went wrong there were systems in place to ensure affected people received support, information and appropriate apologies.

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

- Staff told us the practice held regular team meetings. For example, staff met on a weekly basis to discuss issues and changes.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff told us they were proud to be part of the organisation and expressed high levels of satisfaction. They said they felt respected, valued and supported, particularly by the partners in the practice.

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

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

- The practice had gathered feedback from patients through the national patient survey and carried out their own patient surveys on a regular basis in addition



# Are services well-led?

Good 

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

to patient feedback cards which were available in waiting rooms. They reviewed the results at team meetings and discussed ways to continually improve the results.

- Patient feedback was also gathered through the patient participation group (PPG), who encourage engagement in questionnaires at clinics and feedback proposals for improvements to the practice management team. The PPG had a membership of approximately 15 members who met every two months with the practice manager and GP nurse in attendance. Minutes were recorded and made available.
- The practice had gathered feedback from staff through meetings, appraisals an annual staff questionnaire and general discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

## Continuous improvement

There was a focus on continuous learning and improvement. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example

- The practice team were forward thinking and innovative in developing new ways to improve the service provided to patients. For example:
  - They were working with several other practices to develop the role of pharmacists working within general practice, with the opportunity for specialised reviews of patient's medicines and some health reviews enabling GPs to allocate time to other patients.
  - The lead nurse and partners had developed a healthcare assistant apprenticeship scheme alongside a local college, although healthcare assistance schemes had been in run for hospital placements this was the first time an apprentice had been placed within general practice and the practice and college worked collaboratively to develop the skills and competencies that were required. This was so successful that a second apprentice has been recruited through the scheme.