

St Thomas Road Surgery

Quality Report

207 St Thomas Road.

Derby.

DE23 8RJ

Tel: 01332 275610

Website: www.onemedicare-derby.co.uk

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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

Requires improvement



Are services safe?

Good



Are services effective?

Good



Are services caring?

Requires improvement



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as requires improvement overall. (Previous inspection December 2014 – Good)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Requires improvement

Are services responsive? – Requires improvement

Are services well-led? – Requires improvement

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are all rated as requires improvement. This is because the rating of requires improvement in the key questions for caring and for well-led applies to all population groups.

Older People – Requires improvement

People with long-term conditions – Requires improvement

Families, children and young people – Requires improvement

Working age people (including those recently retired and students) – Requires improvement

People whose circumstances may make them vulnerable – Requires improvement

People experiencing poor mental health (including people with dementia) – Requires improvement

We carried out an announced comprehensive inspection at St Thomas Road surgery on 29 November 2017 as part of our inspection programme. This inspection was carried out 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 was 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.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes. The practice made use of internal reviews of incidents and complaints. Learning was shared at practice level and with the One Medicare Ltd group and used to make improvements.
- There was a suite of policies and procedures to govern activity within the practice. These were aligned with One Medicare Ltd policies which were accessible to all

Summary of findings

staff, including locum GPs. However, we found that the procedure relating to the management of PGDs at practice level was not always fully adhered to with regards to authorisation in a timely manner.

- The practice used a programme of audit to review the effectiveness and appropriateness of the care it provided. Clinicians used evidence-based guidelines to inform care.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- The practice had a staff member who was a lead for PREVENT (preventing radicalisation and extremist training) to make staff aware of their responsibilities in reporting unusual behaviour
- Appropriate monitoring of high risk medicines was taking place, however, improvements could be made to clinician's records within patients notes to ensure that GPs involved in patients care were clear about the arrangements.
- The practice had engaged with the public health team to improve attendance for cervical smear testing by providing educational events and a ladies gift was offered as an incentive to attend. This had significantly improved to 80% which is in line with the national average.
- The practice were aware of the challenges they faced in delivering the childhood immunisation programme and had provided educational sessions for new parents to improve this.
- They had worked hard to educate patients in the importance of health screening and had achieved 100% of available QoF points in all public health indicators and improved health promotion awareness.

- Staff knew about improvement methods and had the skills to use them. Nurses had access to monthly clinical supervision jointly with Derby Urgent Care Centre and were given time to attend sessions.
- The practice were aware of the importance of educating patients about the dangers of over-prescribing antibiotics. They had achieved and exceeded the targets set by SDCCG for prescribing certain antibiotics, and were the lowest prescriber of these medicines out of 55 practices.
- The practice were involved in a research project aimed at identifying the specific needs of Asian women suffering with post-natal depression.

The areas where the provider **must** make improvements are:

- Establish effective systems and processes within the practice to ensure good governance in accordance with the fundamental standards of care.

The areas where the provider **should** make improvements are:

- Continue with work already in progress to identify patients who are caring for others so that their needs can be assessed.
- Continue to monitor actions being taken to address the issues highlighted in the national GP survey in order to improve patient satisfaction, including appointment access and those in relation to consultations with GPs and nurses.
- Continue with work to improve performance in relation to childhood immunisations.
- Continue to review systems for recall of patients with long term conditions to ensure appropriate monitoring and follow up.

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

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

St Thomas Road 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 advisor, and an inspection manager.

Background to St Thomas Road Surgery

St Thomas Road Surgery (www.onemedicare-derby.co.uk) is registered with the CQC as a GP practice with two salaried GPs. The practice has a population of approximately 4900 registered patients, the majority of whom are children and adults under the age of 39. The practice has a significantly lower proportion of patients aged 40 and above in comparison to local and national averages.

The surgery provides primary care medical services commissioned by NHS England and Southern Derbyshire Clinical Commissioning Group (CCG). The practice team are managed by One Medicare Limited which is based in Leeds, West Yorkshire. One Medicare Limited manage a number of care services in Leeds, Derby, Reading and Windemere. These services include GP services, urgent care services, walk in centres, travel health, physiotherapy and dermatology services.

St Thomas Road Surgery was previously known as Derby Open Access Centre (DOAC) which was run and managed by One Medicare Limited. DOAC was registered with the CQC as part of One Medicare Limited provider registration. In 2015 the service was divided into two separate elements; the registered list and the walk in service. Both are run and managed by One Medicare Ltd.

The practice is situated near to the centre of Derby in an area of high deprivation classed as the highest level on the deprivation scale. It is adjacent to a pharmacy and another GP practice, Lister House.

The property is owned and managed by One Medicare Ltd.

The surgery team is led by the Clinical Lead for the surgery, who is an Advanced Nurse Practitioner, along with the Practice Manager. There are also two salaried GPs, a nurse and an assistant practitioner and administration/reception staff.

Clinical and operational leadership are provided on site by the Clinical Lead and Practice Manager. In addition to this, operational and clinical oversight is provided at an organisational level.

In addition to this operational and clinical oversight is provided at an organisational level.

There is also access to other teams within the organisation such as occupational health and a human resources team.

The practice is open at the following times;

Monday - 8.00am to 7.30pm

Tuesday - 7.30am to 7.30pm

Wednesday - 8.00am to 6.30pm

Thursday - 8.00 to 6.30pm

Friday - 8.00am to 6.30pm

Scheduled GP appointment times are available each morning and afternoon, apart from on one afternoon four times a year when the practice closes for staff training. There is a daily 'sit and wait' clinic where patients can turn up and wait to see a GP or nurse without making an appointment. Extended opening hours are available until 8pm each evening and on Saturdays and Sunday from 8am to 12 noon at one of the two hub practices nearby.

Detailed findings

St Thomas Road surgery is also involved in the 'PLACE' Scheme which supports patients and the wider community by providing access to appointments at a 'hub' which is open to patients each Monday to Friday from 8am to 6:30pm and on Saturdays Sundays from 8am to 12 midday.

In 2017, the practice took on an additional 1,500 patients from a local practice that had closed. This was agreed with short notice and to enable these patients to access GP services immediately and avoid any delay in managing their health.

The practice told us that this sudden increase in their patient population had impacted on the practice's ability to maintain their previous satisfactory QoF achievement. The practice also told us that satisfaction and feedback was also compromised during this time whilst adjustments were being made to accommodate the additional patients with regards to availability of appointments.

Are services safe?

Our findings

We rated the practice, and all of the population groups, as good for providing safe services.

Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments, including those for fire, Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings), and general health and safety issues. It had a range of safety policies which were regularly reviewed and staff received safety information as part of their induction and ongoing training programme.
- The practice had robust systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance. All staff received up-to-date safeguarding training appropriate to their role. They were aware of their local population needs, and knew how to identify and report concerns. We saw clear evidence of comprehensive records, meeting minutes and referrals.
- The practice had a staff member who was a lead for PREVENT (preventing radicalisation and extremist training) to make staff aware of their responsibilities in reporting unusual behaviour
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- Staff who acted as chaperones were trained for the role and had received a DBS check.

- There was an effective system to manage infection prevention and control (IPC). Audits were carried out every three months by the IPC lead in conjunction with a member of the One Medicare team. There were no actions outstanding at the time of our visit.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. Locum GPs were used to cover any holiday absences for the two salaried GPs.
- There was a comprehensive induction system for newly recruited and temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Reception staff followed a red flag system to manage patients presenting with potential urgent needs such as chest pain and would seek immediate attention from a clinician for any concerns, including any concerns about possible signs of sepsis. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis and we saw that new guidelines relating to sepsis had been discussed. We saw evidence that the advanced nurse practitioner used a sepsis identification tool to inform clinical decision making

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. The practice had systems to ensure that any incoming patient information, letters and pathology results were seen by the doctor each day. Time was set aside for the GPs to review these each day

Are services safe?

and any required actions were sent to relevant administration staff to complete. We saw that there was no backlog of tasks waiting to be actioned and were told by staff that they were usually able to complete all of their tasks on the same day.

- Referral letters included all of the necessary information. These were processed on the same day for both routine and urgent referrals.

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use. The logging and tracking of blank prescriptions was managed by the local managers on site who followed a group-wide policy and protocol. A GP we spoke with on the day was not fully aware of the protocols in use for managing prescription stationary but was aware that protocols were being followed by managers within the practice.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Staff adhered to a repeat prescription protocol developed by the provider to ensure any repeats requested were only issued with correct authorisation. Two non-clinical staff had received training from Southern Derbyshire clinical commissioning group (SDCCG) to assist in processing repeat prescriptions. The practice used a group-wide policy and protocol for repeat prescribing and we were assured that this was followed in respect of a clinician authorising all prescriptions. Where an early repeat had been requested, for example prior to a holiday, the reason for the early request was highlighted to the authorising clinician.
- We observed that the practice had achieved and exceeded the targets set by SDCCG for prescribing certain antibiotics, and were the lowest prescriber of these medicines out of 55 practices.
- The practice had a process to ensure any patients being prescribed high-risk medicines were being monitored and participated in a shared care arrangement with their local hospital for relevant patients. We observed

that appropriate monitoring was taking place but that improvements could be made to clinicians records within patients notes to ensure that GPs involved in patients care were clear about the arrangements.

- Practice Specific Directions (PSD) were used to authorise nurses and an Assistant Practitioner (AP) to administer specific vaccinations and other injections. Practice Group Directions (PGD) were used to enable certain vaccinations and immunisations to be given by relevant trained nurses. However, we observed that there had been a delay in these being signed by an authorising GP. The provider informed us that they were in the process of reviewing their policy and protocols across the group and new instructions were to be issued shortly.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately.
- The practice involved patients in regular reviews of their medicines. For example, repeat prescriptions were limited to a specific number, after which a GP reviewed whether the patient was required to see a GP for a review prior to the medicine being issued again.

Track record on safety

The practice had a good safety record.

- The practice had a number of comprehensive risk assessments related to health and safety which were group-wide and used for all locations managed by the provider. These could be accessed by relevant staff through a portal on the computer system that was available to all relevant staff within the group.
- Local risk assessments relating to the building were managed in conjunction with the building owners, who were One Medical Ltd.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events, incidents and near misses.
- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so, and encouraged a low threshold for reporting. This resulted in high reporting and we saw that a total of 32 events had been recorded in the last year. Some of these related to

Are services safe?

unfilled GP shifts due to cancellation of locum GPs. Patients were re-directed to Derby Urgent Care Centre which was managed by the same provider (One Medicare Ltd). Clinical events were also recorded, for example; where patients did not attend for a scheduled review; clinician prescription errors; delays in treatment by other care professionals; and a missed opportunity to identify an urgent symptom at reception.

- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. Where a potential urgent symptom was missed at reception, the practice reviewed its protocol for identifying urgent

symptoms and discussed the need for additional training for staff using the protocol. The practice discussed new significant events at the two-weekly practice meeting and the provider regularly discussed significant events at their group-wide meetings which included events from other practices. Practice staff told us that learning was shared at team meetings.

- There was an effective system in place for receiving and acting on patient and medicine safety alerts. There was a practice policy to support the dissemination and response to incoming alerts. We saw evidence that when medicines alerts were received, searches were undertaken to identify patients this might affect, and these were then followed up and reviewed accordingly.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as good for providing effective services overall and across all population groups except for people with a long term condition which was rated as requires improvement for this population group.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were assessed. This included their clinical needs and their mental and physical wellbeing.
- We did not see evidence of formal discussion of updates to NICE guidelines in GP meeting minutes, however, the advance nurse practitioner (ANP) had a special interest in NICE guidelines, in particular for hypertension and made use of updates to inform care for patients.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- The practice were very low prescribers of hypnotics medicines compared with the CCG and nationally.
- The practice worked in conjunction with the CCG medicines management team and were the lowest prescriber of antibiotics within the CCG and had exceeded targets set.

Older people:

The practice had a much lower number of older people in its population than CCG and national averages and also compared to nearby practices.

- The practice offered home visits, telephone consultations and urgent appointments for those with enhanced/complex needs.
- Influenza and shingles vaccinations were offered to older patients where relevant.
- The practice provided wound care including compression hosiery for older patients with complex leg ulceration and in conjunction with the district nursing services.

- The practice utilised a care coordinator for one day each week and followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any new or additional needs.

People with long-term conditions:

The practice had taken on approximately 1,500 patients from a nearby surgery that had closed in 2016 and had worked hard to improve management of chronic illness for a large proportion of these patients. The practice were still faced with huge challenges in compliance for all this population group. We were informed by the practice that this was mainly due to the extremely diverse ethnic and cultural differences.

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- Longer appointments and home visits were available for people with a chronic illness.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were 82% which was lower than the target percentage of 90% or above. The practice were aware of this and had recently provided education events for parents to help them to understand the importance of immunising their children. We were made aware of the challenges involved in overcoming diverse cultural beliefs regarding immunisation of children.
- The practice had arrangements to identify and review the treatment of newly pregnant women.

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

- The practice's uptake for cervical screening was 80%, which was in line with the 80% coverage target for the national screening programme. The practice had engaged with the public health team to improve attendance for cervical smear testing.

Are services effective?

(for example, treatment is effective)

- Patients were able to book an appointment online and request repeat prescriptions.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. The practice offers longer appointments for patients with a learning disability.
- The practice regularly works with other health care professionals in the case management of vulnerable patients and informed patients about how to access various support groups and voluntary organisations through the social prescribing initiative.
- Staff were very 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):

- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is higher than CCG and national averages which was 85% and 84% respectively.
- 61% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is lower than CCG and national averages. The practice told us that it had been particularly challenging to improve compliance due to ethnic diversity and specific cultural beliefs within the practice population. We observed that 91% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a record of alcohol consumption recorded in the preceding 12 months which was higher than CCG and national averages.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example; there was a programme of audits that was identified which was group-wide. Outcomes of audits were discussed at clinical and practice meetings, which were chaired by the practice manager and the clinical lead. Where appropriate, clinicians took part in local and national improvement initiatives. For example; a GP at the practice was taking part in a research programme at the time of our inspection to improve the outcome for Asian new mothers with post-natal depression.

The most recent published Quality Outcome Framework (QOF) results were 82% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 95%. The overall exception reporting rate was 16% compared with a CCG average of 11% and a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

The practice were aware of their lower achievement in some areas of QoF compared to the previous year. We were informed that performance had been affected by the impact of taking on 1,500 patients from a nearby practice which had closed during this time. They had taken steps to improve their performance. For example;

- Responsibilities for managing an area of QoF was designated to each GP and nurse. There were also administration staff who were allocated areas of QoF for recall and administration activities.
- They referred patients to an 'Expert diabetes' programme where patients learned about their condition and how to manage it over a six week period of education.
- The practice utilised the IMPACT asthma scheme to provide close monitoring for relevant patients. This was held at the practice one day each week to encourage compliance.
- The assistant Practitioner (AP) had received training in some chronic illnesses to enable basic assessment of diabetes and asthma, including spirometry testing to increase access to care for these conditions.

Are services effective?

(for example, treatment is effective)

- They referred patients with diabetes for retinopathy screening.

The practice had taken on approximately 1,500 patients in the preceding year from a nearby practice that had closed and were working to overcome significant challenges in managing chronic conditions in this group of patients with regards to their chronic illness.

- The practice's achievement for diabetes at 60% overall was significantly lower than CCG and national averages. The practice told us that there were significant challenges with compliance due to the cultural beliefs of the practice's population regarding diet, however, they had recently arranged an educational event and were planning further events to help patients understand the importance of managing their condition. They also had access to a diabetes expert education programme and diabetes retinopathy screening.
- The practice had achieved 100% for all public health indicators with an exception reporting rate that was in line with CCG and national averages. This included recording of smoking status, recording blood pressure, cervical screening, contraception and obesity indicators.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, and support for revalidation. Clinical mentorship for new staff was provided by a clinician from the management team. Clinical supervision for nurses was available monthly at the nearby Derby Urgent Care Centre which was managed by the same provider.
- There was a clear group-wide approach for supporting and managing staff when their performance was poor or

variable. Staff were able to access all policies relating to performance through the practice's intranet system using a web portal which connected to the group-wide suite of policies, protocols and information.

- The provider had developed a comprehensive group-wide induction pack for locum GPs.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. They were in the process of creating an up to date register of patients who had died so that patients deaths could be reviewed and any learning shared regarding the care offered.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- The practice was proactive in referring patients who presented with possible diagnosis of cancer. A total of 60% of patients with a possible diagnosis of cancer had been referred to secondary care using the two week wait referral pathway. This was higher than both CCG and national averages which were 47% and 50% respectively.

Are services effective?

(for example, treatment is effective)

- Staff encouraged and supported patients to be involved in monitoring and managing their health. For example, there was access to smoking cessation and weight management advice from the Live Life Better Derbyshire Service.
- The practice had worked closely with the Public Health Department and the CCG to encourage patients to attend education events and presentations to learn about the importance of health screening. There had recently been one for bowel screening, cervical smears and childhood immunisations. There was one being planned for diabetic retinopathy screening. This had so far led to improved attendance/compliance with bowel screening and cervical smears.
- Staff discussed changes to care or treatment with patients and their carers as necessary.

- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Are services caring?

Our findings

We rated the practice, and all of the population groups, as requires improvement for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs. Almost all of the staff, including both GPs, reception and administration staff were fluent with a number of different languages that were spoken by the practice's population.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Almost all of the 11 patient Care Quality Commission comment cards we received were positive about the service experienced. This was in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 375 surveys were sent out and 51 were returned. This represented approximately 1.6% of the practice population. Patient feedback was mixed in relation to its satisfaction scores on consultations with GPs and nurses. For example:

- 92% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 80% of patients who responded said the GP gave them enough time; CCG - 87%; national average - 86%.
- 98% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 96%; national average - 95%.
- 79% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 86%; national average - 86%.
- 77% of patients who responded said the nurse was good at listening to them; (CCG) - 92%; national average - 91%.

- 76% of patients who responded said the nurse gave them enough time; CCG - 92%; national average - 92%.
- 97% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 97%; national average - 97%.
- 77% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 91%; national average - 91%.
- 73% of patients who responded said they found the receptionists at the practice helpful; CCG - 86%; national average - 87%.

The practice were aware of their poor performance in some areas of the patient survey relating to GPs and nurses treating them with care and concern; being good at listening to them; and helpfulness of receptionists. They told us that they felt that this was mainly due to taking on an additional 1,500 patients from a practice that had closed and this had placed additional pressure on all staff. They had taken steps to address this by providing training on customer services and conflict resolution for receptionists. They conducted a further patient survey following this which showed improved patient satisfaction in relation to communication. A further survey was planned for early in 2018 to monitor ongoing performance in this area.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. Patients were also told about multi-lingual staff who might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

Are services caring?

The practice identified patients who were carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 42 patients as carers (less than 1% of the practice list).

- A member of staff acted as a carers' champion.
- A carers pack was available at reception to direct carers to relevant sources of support.
- A care coordinator was available at the practice for one day each week to help direct carers as well as patients to relevant support services.
- The practice were also involved in local carers listening groups for carers at a number of scheduled events around Derby City and Derbyshire County.

Results from the national GP patient survey was mixed about their involvement in planning and making decisions about their care and treatment. Results were lower than local and national averages in some areas:

- 92% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 87% and the national average of 86%.
- 78% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 83%; national average - 82%.
- 78% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 91%; national average - 90%.
- 71% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 87%; national average - 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice as requires improvement for providing responsive services across all population groups except for families, children and young people, which we rated as good.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

In 2017, the practice took on an additional 1,500 patients from a local practice that had closed. This was agreed with short notice and to enable these patients to access GP services immediately and avoid any delay in managing their health.

The practice told us that this sudden increase in their patient population had impacted on the practice's ability to maintain their previous satisfactory QoF achievement. The practice also told us that satisfaction and feedback was also compromised during this time whilst adjustments were being made to accommodate the additional patients with regards to availability of appointments

- The practice understood the needs of its population and tailored services in response to those needs. For example extended opening hours, online services such as repeat prescription requests, and advanced booking of appointments. Home visits were also available to those who needed them.
- Extended nurse clinic appointments and GP appointments could be made each evening until 8pm and on each Saturday and Sunday. Patients from other local practices were also able to book into these sessions which included access to treatment room services such as dressings.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example; a walk-in service had recently been implemented each morning whereby patients could see a GP or nurse on the same day without making an appointment.
- The practice worked with other local practices to provide a GP extended hours service known as Primary Care Plus. Appointments were pre-bookable and were held at two nearby hub practices each evening and on

Saturday and Sunday mornings from 8am until 12noon. Appointments were also available with an advanced nurse practitioner (ANP) and nurses. The Primary Care Plus service was in the process of adding other clinics to this service in response to patient needs, and would shortly be able to offer clinics for chronic illness such as asthma, chronic obstructive pulmonary disease (COPD) and diabetes as well as dressings clinics.

- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- There was wheelchair and lift access within the building.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- The practice utilised locally funded schemes to maximise likelihood of patient compliance with management of their chronic illness. For example; patients with poorly controlled asthma had access to IMPACT, a local initiative that provided regular care that was tailored to their needs. Patients whose diabetes was poorly controlled had access to 'Expert' which is a programme of education to help patients understand and manage their condition.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians who called with concerns about a child under the age of 18 were offered a same day appointment when necessary.

Are services responsive to people's needs?

(for example, to feedback?)

- The practice were aware of the challenges they faced in delivering their childhood immunisation programme, and had recently provided education events for parents to help them to understand the importance of immunising their children. We were made aware of the challenges involved in overcoming diverse cultural beliefs regarding immunisation of children.
- Women were able to book into a cervical screening clinic outside of usual working hours by accessing the extended hours hubs each evening and on Saturdays and Sundays. The practice had increased uptake of screening by working closely with the Public health department to increase awareness of the importance of health screening. A ladies gift pack was offered as an incentive to attend for a smear test.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and Saturday and Sunday appointments at two nearby hub practices where GP and nurse appointments could be booked.
- Telephone and web GP consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice were aware of their population needs and had provided additional training for staff on different ways to recognise signs of abuse in vulnerable adults and children.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- Patients who were known to be vulnerable were always seen on the day.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.

- The practice had increased access to appointments to enable patients suffering with mental health disorders to get an appointment at a time that best suited their needs. This included evenings until 8pm and Saturday and Sunday mornings.
- The provider was also the provider for Derby Urgent Care Centre and therefore had close links which enabled easy transfer of information including care plans where required.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was either comparable to or lower than local and national averages. This was supported by observations on the day of inspection and completed comment cards. 375 surveys were sent out and 51 were returned. This represented about 1.6% of the practice population.

- 79% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 79% and the national average of 76%.
- 67% of patients who responded said they could get through easily to the practice by phone; CCG – 67%; national average – 71%.
- 74% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG – 84%; national average – 84%.
- 61% of patients who responded said their last appointment was convenient; CCG – 81%; national average – 81%.
- 51% of patients who responded described their experience of making an appointment as good; CCG – 71%; national average – 73%.

Are services responsive to people's needs?

(for example, to feedback?)

- 44% of patients who responded said they don't normally have to wait too long to be seen; CCG - 61%; national average - 58%.

The practice were aware of areas of poor performance in some areas and had taken steps to encourage improvement in access to appointments and hoped this would also improve levels of patient satisfaction. For example, the practice had recently implemented extended hours clinics and walk-in clinics. Evidence supplied following our inspection showed that this had reduced the weekly DNA rate from 13.2% to 7.6% over a three month period, and increased the number of available appointments from 309 to 492 over the same three month period.

In 2017, the practice took on an additional 1,500 patients from a local practice that had closed. This was agreed with short notice and to enable these patients to access GP services immediately and avoid any delay in managing their health.

The practice told us that satisfaction and feedback was compromised during this time whilst adjustments were being made to accommodate the additional patients with regards to availability of appointments.

The practice told us that they thought that patient's dissatisfaction with reception staff was mainly due to patients experiencing problems accessing appointments,

and anticipated that patients would be more satisfied in the future following improved access for patients. They planned to conduct a further patient survey early in 2018 to see whether patient satisfaction has improved

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- The practice did not have a poster or information visible in the waiting area about how to complain, however, information about how to make a complaint or raise concerns was available at the reception desk. Staff told us that they assisted patients in completing the form if required by offering translation services. Patients could then write the complaint in their chosen language. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. 13 complaints were received in the last year. We reviewed some of these complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example; receptionists received additional training in customer services after several patients complained about an unhelpful manner.

Are services well-led?

Requires improvement 

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

Our findings

We rated the practice as requires improvement for providing a well-led service.

The practice was rated as requires improvement for being well-led because:

- Governance arrangements were not always operated effectively.

Leadership capacity and capability

- Leadership was provided at corporate level by a chief medical officer and regional operations manager, and at practice level by a clinical lead, who was an advanced nurse practitioner (ANP) and the practice manager. The two salaried GPs also undertook specific lead responsibilities such as prescribing, QOF and safeguarding.

- Practice leaders were supported by the organisation and attended quarterly performance meetings and clinical governance meetings with the organisational leadership team. The clinical lead also attended organisation clinical leadership meetings which provided the opportunity to share learning, and receive peer supervision and support.

They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. However, there was insufficient clinical oversight of some processes and one GP was unclear about how some systems worked.

- Leaders who worked at the practice were visible and approachable. They worked closely with staff and others to achieve the practice goals. However, some staff told us that corporate leaders were less visible and visited the practice less often than they would like.
- The provider had effective processes to develop leadership capacity and skills within the corporate strategy, this included planning for the future leadership of the practice. The provider had recently appointed the practice manager as the registered manager for the practice, in recognition of the importance of corporate and local leadership working closely.
- An advanced nurse practitioner (ANP) had been appointed as a clinical lead in recognition of the need to develop leadership capacity.

Vision and strategy

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

- The two GPs and clinical lead worked together to achieve the practice goals. There was a clear vision and set of values. The practice had a group wide strategy and supporting business plans to achieve priorities which were specific to the practice.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The provider worked with practice leaders to monitor progress against delivery of the strategy.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They told us that they enjoyed their work and were proud to work in the practice.
- The practice focused on the diverse needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. We saw evidence to confirm this when reviewing incident reports
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There were group-wide systems in place to manage any performance issues.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.

Are services well-led?

Requires improvement 

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

- Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams within the practice, and between the practice leaders and corporate leaders.

Governance arrangements

There were identified responsibilities, roles and systems of accountability to support good governance and management. However, some governance systems and processes were not always operated effectively.

- Structures, processes and systems to support good governance and management were clearly set out, but not always understood or effective.
- The governance and management of partnerships, and most joint working arrangements enabled co-ordinated person-centred care. However, the management of shared care arrangements required strengthening to ensure that all clinicians were aware of, and working within an agreed strategy.
- Practice leaders had established group-wide policies and procedures to ensure that they were operating safely and as intended. However, these were not always fully adhered to. For example; we noted a delay in practice group directions (PGDs) being signed off by an appropriate clinician in order to allow a practice nurse to administer certain medicines. One GP was unsure of the practice's protocol for managing this.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- There was a schedule of regular in-house meetings where practice leaders and staff attended. In addition, staff were able to access meeting minutes and information relating to group-wide meetings.
- Staff benefited from human resources (HR) and other services provided by One Medicare Ltd.

Managing risks, issues and performance

There were clear and effective processes for managing most risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.

- The provider had group-wide processes to manage current and future performance. This was managed at practice level. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions.
- Practice leaders had oversight of MHRA alerts, incidents, and complaints. These were shared with corporate leaders.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. For example; extended access to appointments were implemented and educational events have taken place for patients.
- There was an active patient participation group. The PPG representative told us that the group was treated

Are services well-led?

Requires improvement 

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

respectfully and was listened to by the practice. The practice was open with them when things had gone wrong and that they were consulted on issues that impacted upon patients, for example; implementation of the Primary Care Plus hubs.

- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice. Staff were

encouraged to learn new roles and promoted to new roles where possible. Mentorship and supervision was provided by the corporate team for as long as was required.

- Staff knew about improvement methods and had the skills to use them. Nurses had access to monthly clinical supervision jointly with Derby Urgent Care Centre and were given time to attend sessions.
- The practice made use of internal reviews of incidents and complaints. Learning was shared at practice level and with the One Medicare Ltd group and used to make improvements.
- The practice were involved in a research project aimed at identifying the specific needs of Asian women suffering with post-natal depression.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>How the regulation was not being met:</p> <p>We found that the registered provider did not ensure that governance arrangements were always operated effectively in particular, the management and authorisation of patient group directives (PGDs) and those in relation to the management of shared care arrangements.</p> <p>This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>