

# Chatsworth Road Medical Centre

## Quality Report

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

## Ratings

### Overall rating for this service

Outstanding 

Are services safe?

Good 

Are services effective?

Outstanding 

Are services caring?

Outstanding 

Are services responsive to people's needs?

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 Chatsworth Road Medical Centre on 21 June 2016.

Overall the practice is rated as outstanding.

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

- There was a genuinely open culture in which all safety concerns were highly valued and seen as integral to learning and improvement. Opportunities for learning from internal and external incidents were communicated widely with multi-disciplinary colleagues and external agencies.
- Robust systems were in place to ensure risks to patients were assessed and well managed. This included medicines management, recruitment and planning for emergencies.
- Staff took a holistic approach to assessing, planning and delivering care and treatment to patients in line with current evidence based guidance.
- All staff were actively engaged in clinical and internal audits to monitor and improve the care for patients.
- Published data showed patient outcomes were at or above average compared to the local and national averages.
- Regular multi-disciplinary team meetings took place to ensure patients with complex health needs were supported to receive coordinated care.
- All sources of information we reviewed including feedback from patients, carers and stakeholders was continually positive about the caring nature of staff. Positive examples were given by patients to demonstrate that staff had gone the extra mile to support them when needed and the care they had received exceeded their expectations.
- The practice provided excellent access (telephone and appointments) for patients to receive medical care and this was strongly reflected in patient feedback and survey results. In addition, usage of secondary services was below the local averages.

# Summary of findings

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice actively reviewed complaints and made improvements as a result.
- The practice had a clear vision which had quality and safety as its top priority. The action plan to deliver this vision was reviewed and discussed with staff.
- The practice had strong and visible clinical and managerial leadership and governance arrangements.
- There was a strong focus on continuous learning and improvement at all levels. This included patient education facilitated by the patient participation group.

We saw several areas of outstanding practice including the following:

- A team approach had been adopted to create an open and transparent environment for staff to raise significant events, however minor or significant, with the resulting impact of significant events increasingly being reported. Staff referred to significant events as learning opportunities to share (LOTS) which reflected the shared ethos within the practice. LOTS

were also discussed during fortnightly multi-disciplinary team meetings and outcomes were shared with external agencies if needed, to ensure shared learning and improvement.

- Patient feedback was overwhelmingly positive about the way staff treated people and patients confirmed they had consistently received an excellent and compassionate service. This was corroborated by stakeholder feedback, friends and family test results and a wide range of internal and external survey results.
- The community dermatology clinic was accessed by patients registered with other GP practices within North Derbyshire. The service had been in operation for 18 months and was led by two GPs with special interest in dermatology; in collaboration with three other GPs and consultant. Diagnostic and treatment services were offered over two sessions a week and 484 patients had accessed the service as at 31 May 2016. Records reviewed showed this had promoted positive outcomes for patients and staff. For example:
  - The operation of the service had reduced the treatment waiting times at the local hospital by 50%.
  - 50% of patients who had received treatment were discharged after their initial appointment and the onward referral rate to secondary care was 12%.
  - An overall recovery rate of 95% was achieved.

**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



- We found significant events and incidents were referred to by staff as “learning opportunities to share” (LOTS). This mirrored the practice culture where information about safety was highly valued and used to promote learning and improvement. A team approach had been adopted to create an open and transparent environment for staff to raise significant events, with the resulting impact of an increase in the reporting. This was an outstanding feature.
- There was an effective system in place for reporting, recording and analysing LOTS. All opportunities for learning from internal and external incidents were maximised to ensure action was taken to improve patient safety. For example, LOTS were discussed with staff, the multi-disciplinary team and outside agencies so that ideas for improvement could be shared widely.
- Suitable arrangements were in place to safeguard children and vulnerable adults; and this included multi-disciplinary working with the health visitor, midwife, school nurse and social worker.
- The management of risks was comprehensive, well embedded and recognised as the responsibility of all staff. This included medicines management, infection control, health and safety and responding to medical emergencies.
- Appropriate recruitment checks were undertaken and there were enough staff to keep people safe.

### Are services effective?

The practice is rated as outstanding for providing effective services.

Outstanding



- The care and treatment for patients was planned and delivered in line with current evidence-based guidance and best practice.
- The community dermatology clinic was accessed by patients registered with other GP practices within North Derbyshire. The operation of the service had: reduced the treatment waiting times at the local hospital by 50%; 50% of patients who had received treatment were discharged after their initial appointment; the onward referral rate to secondary care was 12% and an overall recovery rate of 95% was achieved.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. They were supported with their professional development through training, appraisals and revalidation for clinical staff.

# Summary of findings

- Published data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the local and national averages. For example, the practice had achieved approximately 97% of the total number of points available compared to the local average of 98% and the national average of 95%.
- The practice had lower usage of accident and emergency (A&E) services and lower rates of unplanned hospital admissions in comparison to other practices within the CCG, as a result of good GP access and effective care planning.
- Clinical audits, health reviews and data analysis was carried out with evidence of positive outcomes achieved for patients and quality improvement.
- Regular multi-disciplinary meetings took place with other health and social care professionals to ensure the coordination of care for patients with complex health needs.
- Staff could easily access the information they needed to assess, plan and deliver care to people in a timely way.
- Consent to care and treatment was obtained in line with legislation and guidance, including the Mental Capacity Act 2005.
- The practice staff were proactive in supporting people to live healthier lives. For example, the uptake rates for cancer screening and flu vaccinations were above local and national averages.

## Are services caring?

The practice is rated as outstanding for providing caring services.

- All sources of information we reviewed including feedback from patients, carers and stakeholders was overwhelmingly positive about the way staff treated them. For example, feedback from care home staff and residents highlighted an excellent service was delivered and continuity of care was maintained.
- The national GP survey results showed patients rated the practice higher than others for several aspects of care. For example,
- 97% of respondents found the receptionists helpful compared to the local average of 89% and the national average of 87% and
- 95% said the last GP they saw or spoke to was good at treating them with care and concern compared to the local average of 90% and the national average of 95%.

**Outstanding**



# Summary of findings

- We observed a strong, visible and person-centred culture. Positive examples were given by patients to demonstrate that staff had gone the extra mile to support them when needed and the care they had received exceeded their expectations.
- Patients were valued as individuals and empowered as partners in their care. For example, patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- People's emotional and social needs were seen as important as their physical needs. This included support for carers, people experiencing poor mental health and families experiencing bereavement.
- The practice team prioritised the care of people with dementia and this included personalised care planning arrangements. All staff were "dementia friends" and a lead member was the designated "dementia champion". The practice team had facilitated dementia awareness information and events and this included a training session with the PPG in August 2016.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. This was aligned with the national GP patient survey results which showed the practice provided excellent telephone and appointment access when compared to local and national averages. In addition, patients experienced short waiting times to be seen by the GP and continuity of care was mostly maintained. For example:

- 93% of respondents found it easy to get through by phone compared to the local average of 77% and a national average of 73%.
- 90% described their experience of making an appointment as good compared to the local average of 76% and a national average of 73%.

Services were tailored to meet the needs of individual people and delivered in a way to ensure flexibility, choice and continuity of care. For example,

- The practice hosted and managed the community dermatology service in collaboration with three other GPs and a consultant. Records reviewed showed positive outcomes were achieved for patients including, care being provided closer to home, shorter waiting times to access the service and their skin conditions being well managed.

Good



# Summary of findings

- The needs of different patients were taken into account when planning and delivering the range of services available within the practice. This was informed by factors such as health needs, age, gender, pregnancy and maternity status, and disability.
- Reasonable adjustments were made where needed and care and treatment was coordinated with other services. This included a local care home and other health and social care professionals.
- The practice survey results showed feedback from patients receiving warfarin monitoring and home visits was largely positive.
- Information about how to complain was available and easy to understand. There was an active review of complaints and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff, the patient participation group and other stakeholders.

## Are services well-led?

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

**Good**



- The practice had a clear vision with quality and safety as its top priority. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure in place and a culture of openness and honesty was promoted.
- Staff feedback was proactively sought and acted on. For example, the practice team had been involved in developing the mission statement and this was agreed as “compassionate respectful medical care”.
- There was an overarching governance framework which supported the delivery of good quality care. This included facilitating regular governance meetings, implementation of policies and procedures, and arrangements to monitor and manage risks.
- The provider was aware of and complied with the requirements of the duty of candour.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- There was a high level of constructive engagement with the patient participation group (PPG) which influenced practice development. The PPG was proactive in disseminating information to patients to ensure they were empowered to make informed choices and decisions about their care.
- There was a strong focus on continuous learning and improvement across staff and the wider multi-disciplinary team.

# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as outstanding for the care of older people. The impact of this affected the quality of services provided to all patient groups and this led to an outstanding rating for all population groups.

- All patients aged 75 years and over had a named accountable GP.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Data reviewed showed:
- Clinical outcomes for conditions commonly found in older people, for example osteoporosis and rheumatoid arthritis, were above local and national averages.
- The emergency admission rates for people aged 75 and over were below the local average.
- Patients at risk of hospital admission were discussed at fortnightly multi-disciplinary meetings and the practice team regularly
- Medicine reviews for patients aged over 80 on multiple medicines were regularly carried out.
- The practice staff ensured best interest decisions were made for patients lacking the mental capacity to make specific decisions about their care. This was in liaison with the patient's next of kin and the wider multi-disciplinary teams.
- The practice provided care to residents living in a local care home for older people. A nominated GP visited the care home each week and care planning was undertaken with relatives. Feedback received from staff and residents was extremely positive with comments highlighting good continuity of care and a high quality service was provided.

**Outstanding**



### People with long term conditions

The practice is rated as outstanding for the care of people with long-term conditions. The impact of this affected the quality of services provided to all patient groups and this led to an outstanding rating for all population groups.

- The practice has consistently achieved above average points for most clinical performance indicators for long term conditions.

**Outstanding**



# Summary of findings

- Nursing staff had lead roles in chronic disease management and care planning took place for patients with conditions such as asthma and diabetes.
- Patients with the most complex needs including patients at risk of hospital admission were identified as a priority. A named GP worked with other health and social care professionals to deliver a multi-disciplinary package of care. This included collaborative working with specialist nurses for heart failure and respiratory conditions.
- Medicines including prescribing was effectively managed to ensure patients received safe care. In addition, structured annual reviews were undertaken to check patients' health and medicines needs were being met.
- Patients had excellent access to appointments and home visits; and this aligned with the lower than local average emergency admission rates for ambulatory care sensitive conditions. These are chronic conditions for which it is possible to prevent acute exacerbations and reduce the need for hospital admission through active management.
- Practice survey results showed high patient satisfaction for anticoagulation monitoring for patients seen at the practice and at home.

## Families, children and young people

The practice is rated as outstanding for the care of families, children and young people. The impact of this affected the quality of services provided to all patient groups and this led to an outstanding rating for all population groups.

- The practice had achieved an uptake rate of 100% for all vaccinations given to children under two years and an average rate of 99% for all vaccinations given to five year olds. This was above the local averages.
- Children had excellent access to clinicians when needed and this included same day appointments for urgent medical needs and appointments outside of school hours.
- Benchmarking data showed the practice had achieved low paediatric referral rates and low emergency admission rates; which were below the local average.
- The safeguarding of children, young people and pregnant women was a priority within the practice.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm they were provided with good care.

**Outstanding**



# Summary of findings

- The practice website contained useful information and videos on pregnancy care planning, antenatal and post-natal care; as well as general information on maternity leave and employment rights. This empowered mothers to make informed decisions about their care and baby.
- A full range of family planning services was provided including emergency contraception, intra-uterine device insertion and implant fitting.

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

The practice is rated as outstanding for the care of working-age people (including those recently retired and students). The impact of this affected the quality of services provided to all patient groups and this led to an outstanding rating for all population groups.

- Patients could access the Citizens Advice Bureau (CAB) service within the practice. The CAB service was hosted every fortnight and offered patients free, confidential and independent advice on debt, benefits, housing and employment for example.
- The uptake rates for cervical, bowel and breast cancer screening were above local and national averages. For example, 82% of females aged between 50 and 70 years had been screened for breast cancer in the last three years compared to a local average of 77% and national average of 72%.
- The practice was proactive in offering a full range of health promotion that reflected the needs for this age group. For example, travel and flu vaccinations, and advice on diet, smoking and alcohol cessation.
- Late evening doctors' appointments were offered on various Mondays and Tuesdays between 6.30pm and 8pm. Pre-bookable appointments were available every Saturday morning; and NHS health checks for patients aged 40-74 were also undertaken on a Saturday.
- The practice had adjusted the services it offered to ensure they were accessible, flexible and offered continuity of care. This included telephone consultations, text messages, and online access to book appointments, request prescriptions and view medical records (subject to registration for the services).

Outstanding



## People whose circumstances may make them vulnerable

The practice is rated as outstanding for the care of people whose circumstances may make them vulnerable. The impact of this affected the quality of services provided to all patient groups and this led to an outstanding rating for all population groups.

Outstanding



# Summary of findings

- Patient satisfaction surveys had been undertaken specifically for people with learning disabilities and their carers, as well as patients who were housebound and received home visits. Patients were extremely satisfied with the overall care received and areas of improvement were considered by the practice and patient participation group.
- Annual health checks including a review of care plans was facilitated for patients with learning disabilities. At the time of our inspection, 15 out of 29 annual health checks had been completed since 1 April 2016.
- Longer appointments and home visits were offered for annual health and medicine reviews.
- The practice regularly worked with other health and social care professionals in the case management of vulnerable patients including those receiving end of life care. For example, regular meetings were held with the local care home staff to review the services offered and to discuss the care needs of the residents.
- Temporary residents including those living in care homes could register at the practice and access services.
- Staff had received training in safeguarding vulnerable adults and children. They were fully aware of their responsibilities to act upon concerns and ensure the safety of patients.
- The practice was considered a safe haven should vulnerable adults need to seek support whilst in the community.
- Reasonable adjustments were made to the service and premises to accommodate the needs of patients with disabilities and impairments. For example, a low counter on reception for wheelchair users and a hearing loop to support the needs of patients with hearing impairment.

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

The practice is rated as outstanding for the care of people experiencing poor mental health (including people with dementia). The impact of this affected the quality of services provided to all patient groups and this led to an outstanding rating for all population groups.

- Patient feedback was positive about the support given by staff in times of crisis and being signposted or referred to various support groups and community mental health services.
- Staff had a good understanding of how to support patients with mental health needs and dementia. For example, all staff were trained as “dementia friends” and a lead member of staff was a dementia champion.

Outstanding



# Summary of findings

- Carers of patients with dementia were identified and staff took account of their needs, for example, appointment flexibility and respite needs.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health and those with dementia. For example, annual meetings were held with a consultant psychiatrist and the community mental health teams to discuss referral pathways and joint care arrangements.
- Annual physical health checks were carried out for patients, including medicine reviews, regular blood monitoring where needed, and health promotion advice was offered. The outcomes of the health reviews were shared with the mental health team to inform the care programme approach (CPA) review. The CPA provides a framework for effective mental health care for people with severe mental health needs.
- Systems were in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Care plans were also shared with the out of hours provider for patients at risk of hospital admission and / or relapse. This ensured co-ordination of care when the surgery was closed.

The published data for 2014/15 showed:

- 84% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, and this was in line with the local and national averages. This was achieved with an exception reporting rate of about 7% compared to a local average of 9% and national average of 8%.
- 98% of patients diagnosed with a mental health need had a comprehensive care plan in the last 12 months. This was above the local average of 93% and the national average of 88%. This was achieved with an exception reporting rate of about 10% compared to the local average of 15% and national average of 11%.

# Summary of findings

## What people who use the service say

All sources of patient feedback we reviewed showed patients were truly respected and valued as individuals; and were also empowered as active partners in their care. For example:

- The practice's July 2015 and January 2016 survey results showed 97% of 105 patients interviewed felt cared for during their visit to the surgery and 95% were satisfied with the outcome of their consultation.
- The friends and family survey results showed 95% of patients surveyed in the last 12 months were likely or extremely likely to recommend the practice to their friends and family.
- Feedback from care home residents and staff was wholly positive with comments demonstrating an effective, caring and responsive service was provided.

As part of our inspection we asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received 26 comment cards which were overwhelmingly positive about the standard of care received. Patients complimented staff for being compassionate, courteous, professional and treating them with dignity and respect. Patients also felt supported in addressing their emotional and social needs. Common phrases used to describe the service included "excellent", "amazing", "superb" and "first class". Two comment cards contained mixed views with less positive comments relating to difficulty in accessing their preferred / same GP when needed.

We spoke with seven patients including two members of the patient participation group during the inspection. All patients said they were extremely satisfied with the care they received and thought staff were approachable, knowledgeable and caring. They also felt involved in decisions about their care and treatment.

We reviewed the national GP patient survey results published in January 2016 and July 2016, following our inspection. A total of 218 survey forms were distributed and 180 were returned for the latter survey. This represented a completion rate of 60% and 1.4% of the practice's patient list. Most of the results showed the practice was performing significantly above the local and national averages. For example:

- 93% of respondents found it easy to get through to this surgery by phone compared to a clinical commissioning group (CCG) average of 77% and a national average of 73%.
- 90% described their experience of making an appointment as good compared to a CCG average of 76% and a national average of 73%.
- 85% usually waited 15 minutes or less after their appointment time to be seen compared to a CCG average of 71% and a national average of 65%.
- 77% of patients with a preferred GP usually get to see or speak to that GP compared to a CCG average of 60% and a national average of 59%.

Feedback from patients was extremely positive about the way staff treat people. For example:

- 97% found the receptionists were helpful compared to a CCG average of 89% and a national average of 87%.
- 95% said the last GP they saw or spoke to was good at treating them with care and concern compared to a CCG average of 90% and a national average of 85%.
- 91% said the last nurse they saw or spoke to was good at treating them with care and concern compared to a CCG average of 94% and a national average of 91%.

## Outstanding practice

- A team approach had been adopted to create an open and transparent environment for staff to raise

significant events, however minor or significant, with the resulting impact of significant events increasingly

# Summary of findings

being reported. Staff referred to significant events as learning opportunities to share (LOTS) which reflected the shared ethos within the practice. LOTS were also discussed during fortnightly multi-disciplinary team meetings and outcomes were shared with external agencies if needed, to ensure shared learning and improvement.

- Patient feedback was overwhelmingly positive about the way staff treated people and patients confirmed they had consistently received an excellent and compassionate service. This was corroborated by stakeholder feedback, friends and family test results and a wide range of internal and external survey results.
- The community dermatology clinic was accessed by patients registered with other GP practices within

North Derbyshire. The service had been in operation for 18 months and was led by two GPs with special interest in dermatology; in collaboration with three other GPs and consultant. Diagnostic and treatment services were offered over two sessions a week and 484 patients had accessed the service as at 31 May 2016. Records reviewed showed this had promoted positive outcomes for patients and staff. For example:

- The operation of the service had reduced the treatment waiting times at the local hospital by 50%.
- 50% of patients who had received treatment were discharged after their initial appointment and the onward referral rate to secondary care was 12%.
- An overall recovery rate of 95% was achieved.

# Chatsworth Road Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Chatsworth Road Medical Centre

Chatsworth Road Medical Practice provides medical services to approximately 9,150 patients through a primary medical services contract. Services are provided from a purpose built building situated on the corner of Storrs Road in Brampton, Chesterfield.

The building has two floors, with patient services being delivered from the ground floor and second floor for patients who can manage stairs. A small annexe is adjacent to the main surgery building and this is where GPs facilitate the community dermatology clinic and community nurses operate some of their clinics.

The practice demographics shows that: deprivation levels are below national average, patients are predominately white British, higher numbers of older people aged 75 and over, and lower than average numbers of children and young people

The clinical team comprises of four GP partners (two female and two male) of whom one GP is currently on maternity leave, two female salaried GPs, a regular female GP locum and three practice nurses (female) and a health

care assistant. The clinicians are supported by an administration team comprising, a full time practice manager, two team leaders, receptionists, medical secretaries and summarisers.

Community based professionals working with the practice team include the community matron, specialist community nurses, a practice support pharmacist and a pharmacy technician.

The practice opens from 8am to 6.30pm Monday to Friday. Generally appointments are from 9am to 11.30am each morning and from 3.30pm to 6.30pm each afternoon. Extended hours appointments are offered on various Monday and Tuesday evenings from 6.30pm to 8pm and on a Saturday morning between 8am to 11am. A small number of on the day appointments are released at 8am each morning for patients needing to be seen the same day.

The practice has opted out of providing out-of-hours services to its own patients. When the practice is closed patients are directed to Derbyshire Health United (DHU) via the 111 service.

## Why we carried out this inspection

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

# Detailed findings

## How we carried out this inspection

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)

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. This included NHS England and North Derbyshire Clinical Commissioning Group (CCG). We carried out an announced visit on 21 June 2016. During our visit we:

- Spoke with a range of staff (CCG pharmacist, GPs, practice nurses, team leaders, reception and administration staff)
- Spoke with seven patients who used the service including two members of the patient participation group.
- Observed how patients were being cared for from their arrival at the practice until their departure.
- Reviewed 26 comment cards where patients shared their views and experiences of the service and information displayed for patients within the practice.
- Reviewed practice policies, records relating to the management of the service and treatment records of patients to corroborate our findings.
- Following our inspection also we spoke with the practice manager.

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 was a genuinely open culture in which all safety concerns raised by staff, patients and other health professionals was highly valued as integral to learning and improvement. Some of the GP partners and practice manager had attended a leadership course which covered topics relating to building a safe culture within the practice. This had triggered development and reflective work within practice which was an outstanding feature.

We found significant events and incidents were referred to by staff as “learning opportunities to share” (LOTS). This reflected the shared ethos of significant events being important to staff learning and improving patient outcomes. A team approach had been adopted to create an open and transparent environment for staff to raise LOTS (however minor or insignificant) which had resulted in an increase in the number of events being reported.

- Information about safety was recorded, monitored, appropriately reviewed and addressed. For example, LOTS were raised by completion of a standard form which was submitted to the practice manager and then discussed at staff meetings. A total of 23 incidents had been recorded between April 2015 and March 2016. We tracked five incidents and saw records were completed in a comprehensive and timely manner.
- Some staff we spoke with told us they were encouraged to take ownership of the LOTS they had raised by presenting it to the wider practice team including their analysis and reflection of improvement action taken.
- Meeting minutes reviewed showed LOTS were also discussed at multi-disciplinary meetings held with other professionals. Items discussed at the meetings included incidents related to medicines management, the discharge process and information sharing. Lessons to be learned were then agreed to minimise the risks of the incident happening again and then communicated widely to support improvement. These included feedback to external agencies such as commissioners of services and Derbyshire community health service to ensure safe and coordinated care for patients.
- People affected by significant events or complaints received a timely and sincere apology and were told about actions taken to improve care.

The practice had a system in place to receive and act on medicines alerts, medical devices alerts and other patient safety alerts.

- The alerts were received via email and shared with staff to ensure appropriate action was taken. For example, the practice developed a home visit procedure and shared it with staff in response to an alert issued by NHS England in March 2016.
- Patients received reviews of their health and medicines in response to patient safety information.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems in place to keep patients safe and safeguarded from abuse. For example:

- The practice had safeguarding vulnerable adults and children policies in place which were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Staff we spoke with demonstrated they understood their responsibilities to safeguard vulnerable adults and children and were aware of the named GP leads. All staff had completed training relevant to their role and this included child safeguarding (level three) for GPs. All doctors attended the monthly meetings held with the health visitor, midwife and school nurse. Concerns relating to vulnerable adults were discussed at fortnightly multi-disciplinary meetings that a social worker attended.
- Patients had access to a chaperone if needed. A chaperone policy was available to all staff and staff we spoke with demonstrated awareness of their role to protect patients and staff. Staff undertaking chaperoning duties had received training to carry out this 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.
- All of the patients we spoke with during the inspection told us that the practice was always clean and visibly tidy, and we observed this to be the case. The practice employed cleaning staff and we saw that cleaning schedules were in place to ensure the practice was

## Are services safe?

thoroughly cleaned on a regular basis. One of the GPs was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. In addition to monthly cleaning reviews, an infection control audit was completed in July 2015 to ensure the on-going monitoring of infection control processes. Action was taken to address any improvements identified as a result.

The practice had a range of policies and procedures in place to ensure the safe management of medicines and vaccines. This included robust arrangements for obtaining, prescribing, recording, handling, storing, security and disposal of medicines. For example:

- One of the GP partners was the local clinical commissioning group (CCG) prescribing lead and a member of the Drugs and Therapeutic Committee. Their role enabled the wider practice team to be kept up to date with prescribing guidelines. Staff were responsive when new advice was received and carried out regular medicine audits to ensure the safety of patients. This included the use of PINCER, an audit tool used to identify at-risk patients who are prescribed drugs that are commonly and consistently associated with medication errors. Records reviewed showed changes to medicine prescribing were made when required including cost saving switches.
- The practice also carried out regular medicines audits with the support of the local pharmacy teams (practice support pharmacist and pharmacy technician) to ensure prescribing was in line with best practice guidelines.
- Blank prescriptions were securely stored and systems were in place to monitor their use.
- Processes were in place for handling repeat prescriptions including the regular review of high risk medicines. The clinicians also ensured that shared care arrangements for monitoring patients prescribed high risk drugs such as lithium and / or disease-modifying anti-rheumatic drugs were safely and effectively managed. Any concerns were reviewed as a significant event.

- The nurses used patient group directions (PGDs) to administer vaccines and other medicines. The PGDs had been produced in line with legal requirements and national guidance and were up to date and correctly signed.
- Staff were employed following an effective recruitment and selection procedure which included an application and interview process. All of the four staff files we reviewed contained evidence of appropriate pre-employment checks to ensure staff were suitable for their role. This included proof of identification, references, qualifications, registration with the appropriate professional body and DBS checks.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- At the point of CQC registration, the practice declared non-compliance with regulations relating to the safety and suitability of premises. We found the identified risks had been addressed and this included refurbishment of the clinical room in the annexe building and fire safety measures.
- The practice had an up to date fire risk assessment in place and staff had received relevant training. Fire evacuation drills were carried out, the most recent on 15 June 2016 and weekly fire alarm checks were also undertaken.
- There was a health and safety policy in place and a risk assessment had been completed in May 2016 with an action plan in place. For example, first aid training had been arranged for September 2016 as a result of the risk assessment.
- Equipment had been checked to ensure it was safe and fit for use. This included fire fighting equipment, portable appliance testing for small electrical equipment and calibration of clinical equipment.
- The practice had a variety of other risk assessments in place to monitor the safety of the premises such as control of substances hazardous to health and legionella. Legionella is a term for a particular bacterium which can contaminate water systems in buildings. The Derbyshire Community health services NHS Trust estates team completed all the water testing and monitoring within the practice.

## Are services safe?

- Arrangements were in place to ensure there were sufficient numbers of staff with the right experience, knowledge and skills to meet the needs of patients. These included the use of a rota system to ensure enough staff were on duty. Patient demand and the services offered formed the basis for reviewing staffing levels and recruiting additional staff. For example, an additional practice nurse had been recruited to post in May 2016 and the skill mix and capacity of the administration team was being reviewed. Patients benefited from a stable practice team because staff retention was generally high. This enabled good continuity of care and accessibility to appointments with a GP of choice. This was reflected in the national GP survey results which showed 77% of respondents usually saw or spoke to their preferred GP compared to a local average of 60% and national average of 59%.
  - Staff had received training in the use of the panic alarm and had access to an instant messaging system on their computers to alert colleagues to any emergency.
  - Staff received annual training in basic life support and / or cardio pulmonary resuscitation (CPR). Refresher training was scheduled for 13 July 2016.
  - The practice had a defibrillator available on the premises and oxygen with adult and children's masks. Regular checks were undertaken so the practice was assured the equipment was in working order.
  - Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
  - The practice had 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 for the utilities. Copies of the plan were kept off site.
- Arrangements to deal with emergencies and major incidents**
- The practice had adequate arrangements in place to respond to emergencies and major incidents.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

People's needs were assessed and their care and treatment was regularly reviewed and updated. For example, the assessment, planning and delivery of care:

- Took account of published evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) pathways and local guidelines.
- Records reviewed confirmed these guidelines were improving practice and outcomes for patients. In addition, the practice monitored that best practice guidelines were followed through risk assessments, audits and reviews of patient records.
- The clinicians we spoke with were aware of their responsibilities to maintain their professional development and knowledge base so as to ensure patients received effective care that met their needs. For example, the GPs and nursing staff we spoke with could clearly outline the rationale for their treatment approaches and how this ensured that each patient was given support to achieve the best health outcome for them. We saw minutes of clinical and practice meetings where new guidelines were disseminated and the implications for the practice's performance and patients were discussed.
- Patient feedback demonstrated the assessment of their needs centred on them as individuals and considered their physical and mental health, as well as social care needs when needed.

The community dermatology clinic was accessed by patients registered with other GP practices within North Derbyshire. The service had been in operation for 18 months and was led by two GPs with special interest in dermatology; in collaboration with three other GPs and consultant. Diagnostic and treatment services were offered over two sessions a week and 484 patients had accessed the service as at 31 May 2016. Records reviewed showed this had promoted positive outcomes for patients and staff. For example:

- The operation of the service had reduced the treatment waiting times at the local hospital by 50%.

- 50% of patients who had received treatment were discharged after their initial appointment and the onward referral rate to secondary care was 12%.
- An overall recovery rate of 95% was achieved.

### Management, monitoring and improving outcomes for people

Outcomes for patients were consistently better or in line with other practices within the local clinical commissioning group (CCG). For example, the CCG benchmarking data up to December 2015 showed the practice had achieved:

- The lowest accident and emergency (A&E) attendance rates per 1000 when compared with 35 other practices within the CCG area.
- Low emergency admission rates for people with long term conditions.
- Staff we spoke with and records reviewed showed this had been achieved through excellent access to the service and a robust system for inviting patients for regular health reviews and management of long term conditions. Annual health reviews were scheduled in the month of the patients' birthday and some patients we spoke with confirmed receiving these letters.

The practice used the information collected for the Quality and Outcomes Framework (QOF) 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 for the year 2014/15, and this showed the practice had achieved approximately 97% of the total number of points which was in line with the CCG average of 98% and national average of 95%.

The practice had an overall exception reporting rate of 9% which was in line with the national average and below the local average of 11%. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

The 2014/15 QOF data for conditions commonly found in the six population groups we inspected showed:

- Performance for diabetes related indicators was above the local and national averages. The practice achieved



# Are services effective?

## (for example, treatment is effective)

99.4% compared to the CCG average of 96.7% and national average of 89.3%. The overall exception reporting rate was approximately 10% compared to a CCG average of 13% and national average of 11%.

- Performance for hypertension related indicators was above the local and national averages. The practice achieved 100% compared to the CCG average of 99% and national average of about 98%. In addition, 86% of patients with hypertension had regular blood pressure tests in the preceding 12 months and this was marginally above the CCG average of 83% and national average of 84%. The overall exception reporting rate was 8% compared to a CCG average of 5% and national average of about 4%.
- Performance for mental health related indicators was above the local and national average. The practice achieved 100% compared to a CCG average of 98% and national average of 93%. The overall exception reporting rate was approximately 10% compared to the CCG average of 15% and national average of 11%.
- Performance for dementia related indicators was 99.5%. This was marginally above the local average of 98% and national average of 94.5%. The overall exception reporting rate was approximately 7% compared to a CCG average of 9% and national average of 8%.

Completed clinical audit cycles, health reviews and data analysis was carried out and all relevant staff were involved.

- The practice provided us with three on-going audits which related to atrial fibrillation (abnormal heart rhythm), the community dermatology service and prescribing of antibiotics. There was evidence of patients' care being reviewed and monitored.
- For example, the practice used the GRASP-AF tool to interrogate their clinical data which enabled them to improve the management and care of patients with atrial fibrillation and to reduce their risk of stroke through appropriate intervention with anticoagulation. Multi-disciplinary working took place between the CCG employed pharmacist and practice nurses to review patients on warfarin and coordinate changes to medicines if appropriate.

- The practice participated in the CCG quality and productivity programme, peer review and other monitoring activities, such as reviews of services offered.

### 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. This covered topics such as information governance, confidentiality, equality and diversity and whistleblowing. Staff had access to shadowing opportunities and mentoring.
- Staff could access both internal and external training to enable them to cover the scope of their work and develop their role. This included role-specific training for clinicians and refresher training updates for all staff. For example, nurses reviewing patients with long-term conditions such as diabetes and asthma, and clinicians administering vaccines.
- A protected learning environment was facilitated one Wednesday each month for staff training.
- Systems were in place to support clinicians with the revalidation process and ensure all nurses were registered with the Nursing and Midwifery Council (NMC) and GPs with the General Medical Council (GMC).
- The learning needs and development of staff was informed by the needs of patients and skills needed from staff to ensure effective care was delivered.
- Records reviewed showed staff received annual appraisals and personal development plans were agreed and reviewed.

### Coordinating patient care and information sharing

Staff could easily access the information they needed to assess, plan and deliver care to people in a timely way.

- This included medical records, investigation and test results, and letters from the local hospitals including discharge summaries.
- Robust arrangements were in place to ensure incoming and outgoing correspondence was well managed.
- Patient feedback confirmed referrals to hospital services were made timely and most patients had a choice of which hospital to attend.



# Are services effective?

## (for example, treatment is effective)

Staff worked collaboratively with other health and social care professionals to understand and meet the range and complexity of people's needs. For example:

- Fortnightly multi-disciplinary meetings were hosted by the practice to review care plans and the on-going care for patients receiving end of life care, patients with a new cancer diagnosis and patients resident in care homes. In attendance at these meetings were GPs, district nurses, Macmillan nurses, the community matron, a social worker, a community psychiatric nurse for older adults and a community physiotherapist.
- The practice was signed up to the enhanced service to help avoid unnecessary hospital admissions. A total of 158 patients (1.7% of the practice population) on the admissions avoidance register had a care plan in place and a copy was given to the patient and / or their carer. To ensure that seamless patient care took place when the GP practice was closed, rightcare plans were shared with the out of hours service and these plans were valid for up to twelve months. Rightcare plans are devised with the patient by their own GP or other health care professional and then shared with out of hours service (Derbyshire Health United) by secure e-mail.

### 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. This included a clear understanding of Gillick competencies, used to identify children under the age of 16 who have the legal capacity to consent to medical examination or treatment; as well as the Mental Capacity Act 2005.
- Best interest decisions were made if a patient was assessed as lacking the mental capacity to make decisions about a specific aspect of care or treatment. This included decisions relating to end of life care and prescribing of specific medicines and treatment.
- All the staff we spoke with were aware of when written or verbal consent should be obtained and their responsibilities in ensuring this was recorded.

### Supporting patients to live healthier lives

Patients had access to appropriate health checks and health promotion advice.

- This included patients at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Annual health checks were undertaken for patients with learning disabilities and people experiencing poor mental health. For example, 34 out of 52 (65%) patients with poor mental health had received a health check and care plan review in 2016/17.
- The practice offered health checks for new patients and participated in the NHS health checks programme offering cardiovascular disease checks and lifestyle advice to patients aged 40 to 74 years. A total of 500 health checks had been completed between 1 April 2015 and 31 March 2016. As a result of these checks, 32 patients were referred to a smoking cessation advisor, 37 had received dietary advice and 24 were referred to weight management programmes. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Patients were encouraged to attend national programmes for cervical, bowel and breast cancer screening. For example the 2014/15 Public Health England data showed the practice's cancer screening rates were above the CCG and national averages:

- 67% of patients between 60 and 69 years had been screened for bowel cancer in the last 30 months (2.5 years) compared to a CCG average of 63% and national average of 58%.
- 82% of females aged between 50 and 70 years had been screened for breast cancer in the last three years compared to a CCG average of 77% and national average of 72%.
- Approximately 85% of females aged between 25 and 64 years had a record of cervical screening within the target period (3.5 or five year coverage) compared to a CCG average of 79% and national average of 74%. The practice reviewed the rate of inadequate smears annually and this was below the acceptable rate of 4%.

Flu vaccinations were proactively promoted with an annual flu day being held in the autumn season. The patient participation group (PPG) and practice staff described this day as a fun event filled with social interaction and team building activities.



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

- 82% of patients aged over 65 had received a flu vaccination compared to a CCG average of 76% and national average of 73%. This was the fifth highest uptake rate in the CCG area.
- Approximately 73% of patients identified as being at risk had received a flu vaccination compared to a CCG average of 57% and national value of 53%. This was the second highest uptake rate in the CCG area.

Immunisation rates for the vaccinations given to children were above the CCG average. For example the practice achieved:

- 100% for all vaccinations given to children under two years old compared to the CCG averages of between 95.2% and 98.9%.
- 97.6% to 100% for vaccinations given to five year olds compared to the CCG averages of between 97.2% and 99.1%.



# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed a strong, visible and person-centred culture during the inspection; and all sources of information reviewed were consistently positive about the way staff treat people. This included the practice patient satisfaction surveys, the national GP patient survey results, the friends and family test results, comment cards and patients we spoke with. For example:

- All of the 26 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said it was a pleasure to attend the practice and common phrases used to describe the service included “first class”, “excellent care” and “I cannot praise the practice enough for the care received”. Patients also confirmed they were truly respected, valued as individuals and empowered as partners in their care.
- Patients we spoke with told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They also felt the staff were helpful and caring.
- The 2015/16 NHS friends and family test results showed 115 out of 121 (95%) patients would recommend the practice to friends and family if they needed similar care or treatment. Specifically, 95 patients rated “extremely likely” and 20 people rated “likely”. The other four patients rated “neither likely nor unlikely”.

The patient participation group (PPG) regularly undertook face to face interviews with patients as part of the practice survey. A total of 105 questionnaires were completed during interviews held in July 2015 and January 2016. The results showed:

- 100% of patients felt they were treated with respect when seeing the doctors, nurses or the health care assistant
- 100% felt they were treated compassionately and put at ease
- 100% felt they were treated with dignity when examined
- 95% were satisfied with the outcome of their consultation and
- 97% felt cared for during their visit to the surgery.

In addition, the national GP patient survey results published in July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and interactions with reception staff. For example:

- 98% of patients said they had confidence and trust in the last GP they saw compared to the clinical commissioning group (CCG) average of 97% and the national average of 95%.
- 96% of patients said the GP was good at listening to them compared to the CCG average of 91% and the national average of 89%.
- 96% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 95% of patients said the last GP they saw or spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 95%.
- 97% of respondents found the receptionists helpful compared to the local average of 89% and the national average of 87%.

Satisfaction scores for consultations with nurses were in line with CCG and national averages.

- 96% of patients said the nurse gave them enough time compared to the CCG average of 95% and the national average of 92%.
- 94% of patients said the nurse was good at listening to them compared to the CCG average of 94% and the national average of 91%.
- 94% 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%
- 91% say the last nurse they saw or spoke to was good at treating them with care and concern compared to the CCG average of 94% and the national average of 91%.

We observed members of staff were courteous, very helpful to patients and treated them with dignity and respect. For example



## Are services caring?

- Curtains were used in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Conversations taking place in the consultation and treatment rooms could not be overheard as doors were closed and
- A private room was accessible to patients should they need to discuss sensitive issues or appeared distressed.

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

All the patients we spoke with felt fully involved and supported in decisions about their health and social care needs. They confirmed that GPs and nurses explained all aspects of their care in a way they understood and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received and the practice and national GP survey results was also very positive and aligned with these views. For example:

- 94% of respondents to the national survey said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 91% and the national average of 86%.
- 93% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 82%.
- 90% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 92% and the national average of 90%.
- 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 88% and the national average of 85%.

Patients with learning disabilities and those with dementia (and their carers) were supported to make decisions through the use of care plans which they were involved in agreeing. The PPG had obtained the feedback from patients with learning disability (and their carers) in 2015. A total of 21 questionnaires were returned and results showed all patients felt they were treated with respect and involved in the consultation process. However, 20% did not feel comfortable with the nurse or doctor and 24% felt the

information they were given was not easy to understand. The survey results were discussed at a PPG and a primary care team meeting and changes were made to ensure easy read information was made available.

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

People's emotional and social needs were seen as important as their physical health needs. For example:

- Some of the comment cards we received contained specific examples of named staff (GPs, nurses and receptionists) whom patients felt had gone the extra mile to support them and the care they received exceeded their expectations. Examples included staff advocating on their behalf to ensure they had appropriate support from social services and the mental health team in a crisis or out of hours, children being treated with great care and sensitivity, and support for carers and family members experiencing bereavement.
- All staff were dementia friends and a lead staff member was the dementia friends champion. The practice team had facilitated dementia awareness information and events and this included a training session with the PPG in August 2016..
- The practice was awarded a 'Safe Place status. The scheme was launched in Derbyshire in October 2009 and aims to stop bullying and abuse of people with learning disabilities across Derbyshire and help people feel safe and confident when out in the community.
- Patients confirmed being referred to counselling services and the PPG had worked with the community matrons to publish information on how patients could look after themselves if they were restricted at home.
- In support of the Alzheimer's Society, two of the non-clinical staff were undertaking a sponsored skydive to raise funds for the charity.

The practice staff identified patients who had caring responsibilities. This information was recorded on the computer system with an icon alerting staff if a patient was a carer. In addition, carers registered with another practice but supporting a patient registered at Chatsworth Road Medical Centre were also recorded. The practice had identified 167 patients as carers, which represented 1.8% of the patient list size. Systems were in place to ensure



## Are services caring?

additional carers were identified at the point of registration or as part of their health reviews. The carers register was used to improve care for carers, for example 136 carers had received a flu vaccination in 2015/16.

A range of information about support groups and organisations was available for patients and carers. Some comment cards we received highlighted patients had found the leaflets helpful.

The GPs held daily meetings which included the review of death notifications. The GPs would agree the most appropriate clinician to make contact with the family and the method of communication. This could include the named or most involved GP at the patient's time of death. Telephone contact was made to determine if families

needed any practical or emotional support and advice was given on how to find a support service. This call was sometimes followed by a patient consultation at a flexible time and location to meet the family's needs.

The practice team also carried out an after death analysis during the fortnightly multi-disciplinary meetings to establish if patients' wishes were upheld at the time of death and to identify any learning points for the staff. Records reviewed showed 51 deaths had been recorded between June 2015 and June 2016. Ninety eight percent (98%) of families and carers had received bereavement support from the practice and 96% of patients on the unplanned admission avoidance register had a care plan in place at the time of death.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The NHS England Area Team and North Derbyshire clinical commissioning group (CCG) told us that the practice engaged regularly with them and other practices to discuss local needs and service improvements that needed to be prioritised. For example, the practice hosted the community dermatology clinic provided as a service to patients from other practices within North Derbyshire. Patient surveys undertaken by the two GPs between 1 September 2015 and 31 December 2015 showed all 83 patients were satisfied with the care they had received. Specifically: all patients found it easy to book an appointment and 92% felt they had enough time to discuss their concerns and the appointment helped them to manage their skin condition. Overall all patients stated they would recommend the service to family or friends.

Services were tailored to meet the needs of individual patients and were delivered in a way to ensure flexibility, choice and continuity of care. For example,

- Anti-coagulant monitoring was offered to patients within the practice and at home. A total of 224 patients had received warfarin treatment between May 2015 and May 2016. Fifty patients had completed satisfaction surveys and the feedback was largely positive with all aspects of the service. This included the timing of appointments, location, delivery of the service and information given.
- The GPs undertook weekly visits to one care home and this included a review of any unplanned admissions with the multi-disciplinary team and three monthly meetings with the care home managers. Feedback received from care home staff and residents was very positive. For example, the service was described as high quality and GPs were reported to be flexible in their visiting times which included after surgery hours.
- Records reviewed showed the practice had carried out 308 joint injections between 1 April 2015 and 31 March 2016. This enabled patients to access care closer to home.
- Nursing staff had lead roles in chronic disease management and this included asthma, heart disease,

hypertension and diabetes. Nurses could initiate insulin treatment for patients with type two diabetes and community specialist nurses operated their clinics in the annexe of the practice building.

- A pre-bookable appointment with the Citizens Advice Bureau (CAB) was available on alternate Thursday afternoons. CAB provides free confidential and impartial advice on areas such as debt, benefits, housing, employment, and consumer rights.
- Patients could access in house services such as ear syringing, phlebotomy, travel vaccinations, wound care and suture removal.
- The undertaking of 24 hour blood pressure monitoring meant patients could access the service closer to home.
- A full range of contraceptive services including emergency contraception, implants and intrauterine contraceptive devices (also referred to as coils) were offered to women.
- We saw that the waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms.
- The practice had automatic front door access suitable for wheelchair users, patients with poor mobility and mothers with pushchairs.
- Accessible toilet facilities were available for all patients including baby changing facilities.
- The practice had access to telephone translation services for patients whose first language was not English and a hearing loop for patients with a hearing impairment.
- There were longer appointments available for patients with a learning disability. A total of 21 questionnaires had been completed by patients with learning disabilities with support from their carers as part of the practice 2015 survey. The results showed: 81% felt it was easy to get an appointment and all patients felt that they were treated with respect and were involved in consultation process.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. A total of 26 patients receiving home visits completed the July 2015 practice

# Are services responsive to people's needs?

## (for example, to feedback?)

survey. All patients were satisfied with the process for obtaining repeat prescriptions, outcome of their visit and felt healthcare professionals were courteous, polite and compassionate. However, 39% reported challenges in relation to telephone access and this had been considered by the practice and patient participation group.

- Same day appointments were available for children and those patients with medical problems that require same day consultation.

### Access to the service

The practice was open between 8am and 6.30pm daily; and closed at 1.30pm one Wednesday each month for staff training.

- Generally, GP appointments were available from 8am to 11.30am each morning and from 3.30pm to 6.30pm each afternoon. They could be pre-booked up to two months in advance.
- Same day appointments were also released at 8am each morning.
- The doctors facilitated telephone consultations each morning for health issues that may not need a face to face consultation.
- Home visits were usually undertaken between 12pm and 2pm.
- Late evening doctors' appointments were offered on various Mondays and Tuesdays between 6.30pm and 8pm.
- Pre-booked appointments were also available on a Saturday morning between 8am and 11am.

Patients we spoke with were satisfied with the appointment system and confirmed they were able to get appointments when they needed them. This aligned with the comment cards we received which highlighted 24 out of 26 patients could access appointments and services in a way and at a time that suited them. Two comment cards highlighted less positive feedback in relation to not being able to see their named GP and continuity of care not always being maintained as one of the senior GPs was usually in demand. We however found there was availability for GP appointments within 48 hours from the inspection day and the next appointment with the

senior GP was 4 July 2016 (two weeks away). There had been very little turnover of GPs which enabled good continuity of care and accessibility to appointments with a GP of choice.

The national GP patient survey results showed that patients' satisfaction with how they could access care and treatment was above local and national averages.

- 97% were able to get an appointment to see or speak to someone the last time they tried compared to a clinical commissioning group (CCG) average of 88% and a national average of 85%.
- 97% said the last appointment they got was convenient compared to a CCG average of 94% and a national average of 92%.
- 93% found it easy to get through by phone compared to a CCG average of 77% and a national average of 73%.
- 87% feel they did not normally have to wait too long to be seen compared to a CCG average of 64% and a national average of 58%.
- 77% of patients with a preferred GP usually saw or spoke to that GP compared to a CCG average of 60% and a national average of 59%.

### Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system.
- The practice website and booklet contained a section on how to make a complaint. There were also notices in the waiting room explaining the action to take in the event of a complaint. Information on the NHS complaints advocacy service and the Parliamentary and Health service Ombudsman was also provided.

The patients we spoke with told us they had no complaints and they would be comfortable making a complaint if required. We looked at eight complaints

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

received in the last 12 months. The complaints had been investigated and responded to, where possible, to the patient's satisfaction. The practice was open about anything they could have done better and improvements were made as a result of complaints. For example, staff ensured confidential personal information contained in the recall letters were not visible in the window of the envelope following a complaint.

Records reviewed showed complaints were discussed in team meetings and where relevant the wider multi-disciplinary team; which enabled all staff to learn and contribute to any improvement action required. The annual review of complaints identified no common themes. The leadership also involved the patient participation group in the review of complaints.

# 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 promote good outcomes for patients and this was driven by quality and safety. For example:

- Staff had been involved in developing the practice mission statement which was summarised as 'compassionate respectful medical care'. This statement was displayed in the waiting areas and practice website; and staff knew and understood the values.
- The practice had a supporting action plan which was reviewed regularly and covered development areas such as patient communication, review and migration of policies, and staffing.
- The practice consistently achieved high patient satisfaction scores for the range of services it offered and this assured the practice team that high-quality and person-centred care was delivered. The national GP survey results showed 95% of respondents would recommend this surgery to someone new to the area compared to a local average of 84% and national average of 78%.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of good quality care.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. Staff described a supportive and inclusive environment where individual roles were valued.
- The practice had a number of policies and procedures in place to govern activity and these were available to staff electronically and in paper format. All the policies we looked at were up to date and were implemented in practice by staff.
- The proactive engagement between the practice leadership and the patient participation group (PPG) promoted patients views being considered when reviewing the practice's performance and quality improvement work.
- A comprehensive understanding of the performance of the practice was maintained and a range of information sources were used proactively to identify opportunities

to drive improvements in care. For example, the CQC intelligent monitoring report for the practice had been reviewed and QOF data was regularly discussed at monthly team meetings. Action plans were produced to maintain or improve patient outcomes.

- There were robust arrangements in place for assessing and monitoring the service provision and this included the identification, assessment and management of risks.

### Leadership and culture

Our inspection findings demonstrated the leaders had the experience, capacity and capability to run the practice and ensure high quality care. For example, the practice had a strong clinical and managerial leadership structure in place which included four GP partners and an experienced practice manager. Staff members had lead roles for various aspects of the service and a culture of collective responsibility was promoted to ensure the smooth running of the service.

- There was a clear leadership structure in place and staff reported an open culture was promoted. For example, staff told us they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Regular meetings for the different staffing groups and a practice team as a whole were held to facilitate formal communication within the practice.
- Staff said they felt respected, valued and there were high levels of job satisfaction.
- Staff we spoke with told us the GPs and management team were approachable and always took the time to listen to them.

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.

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

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

# Are services well-led?

Good 

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

the service. For example, the practice kept records of patient feedback obtained from comment cards posted in the suggestion box in the reception area and other sources such as the NHS website.

The practice had a PPG comprising of eight active members. We spoke with two PPG members including the chair. They both told us they felt valued and encouraged to share ideas with the practice team on how they could improve the service offered to patients. They spoke positively about the practice leadership and gave various examples of where PPG and patient feedback had been considered and acted on. For example, hosting the Citizens Advice Bureau within the practice, increasing options for booking appointments and implementing the new patient calling system in the waiting area. Some members also attended the locality PPG meetings which enabled them to contribute and learn about the wider issues within the health economy.

The practice had gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. Social activities included an annual Christmas party.

## Continuous improvement

There was strong collaboration between the practice and other stakeholders with a common focus on improving quality of care and people's experiences. For example, staff from other practices were reported to have observed the overall facilitation of the fortnightly multi-disciplinary team (MDT) meetings and the recording system used for reviewing patient information and care plans with a view to improving their own systems.

The agenda items for the MDT meetings included discussing significant events, education or improvement areas and learning from death reviews. This ensured improvements were identified, appropriate action was taken and success was celebrated.

There was a focus on continuous learning and improvement at all levels within the practice. All the staff we spoke with confirmed being involved in discussions about how to run and develop the practice, and the partners encouraged them to identify opportunities to improve the service delivered by the practice. For example,

- An annual meeting with a consultant psychiatrist and members of the community mental health team was facilitated to discuss referral pathways and joint care arrangements.
- One of the GP partners was a member of the drugs and therapeutic committee, and together with colleagues had influenced the development of the new system in place to ensure the process of discharging patients receiving warfarin treatment was done safely.
- The practice prioritised the care of older people including the management of the medicines. For example, GPs had received an educational talk on deprescribing in older people which considered ways to reduce polypharmacy in frail older people. Medicine reviews for patients over 80 with polypharmacy were also carried out by the practice support pharmacist (employed by the clinical commissioning group) to ensure medicines were used optimally.
- The PPG had a focus on patient education with a view to empower patients with useful information to inform decisions about their care. For example, the PPG had developed the "Where should I choose to have my operation" information leaflet which contained questions patients could ask to inform their decision of which facility or hospital to use. Some of these questions considered availability of a surgeon and anaesthetist, waiting times, success and infection rates for the specific operation, staffing levels, the discharge process and after care. Other leaflets published were titled "Make the most of your 10 minutes" appointment.