

Mickleover Medical Centre

Quality Report

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Date of inspection visit: 7 and 16 December 2015

Date of publication: 28/01/2016

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Mickleover Medical Centre on 7 and 16 December 2015. The routine inspection was over two days to include a GP specialist advisor. Overall the practice is rated as good.

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

- Feedback from patients was consistently positive about the care and treatment they received, and the way staff treated them. Patients were treated with kindness, dignity and respect.
- Patients were able to access care and treatment when they needed it, and most people could access appointments in a way, and at a time that suited them. Access to telephone consultations with nurses had significantly increased, following the appointment of a second triage nurse.
- Staff worked in partnership with other services to meet patients' needs and support vulnerable individuals.

- An effective system was in place for managing significant events, with a focus on openness and learning when things went wrong. Overall, comprehensive systems were in place to keep patients safe, although certain safeguarding processes required strengthening to protect people from abuse and the risk of harm.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The practice was well-led. There was a strong focus on continuous learning and improvement at all levels. The leadership and culture promotes the delivery of high- quality, compassionate care.
- The practice actively sought feedback from staff and patients, which it acted on to improve the services.
- Patients said they felt listened to and were able to raise concerns as the staff were approachable. Complaints were actively reviewed as to how they were managed, to ensure that appropriate learning and improvements had taken place.

We saw the following area of outstanding practice:

Summary of findings

- The practice had a large number of elderly and isolated patients. Several staff had set up regular tea and chat meetings at the practice to enable people to meet socially. The meetings also provided essential information. For example, fire officers from Derbyshire Fire and Rescue Service recently attended a meeting to talk about fire safety at home. Staff held the meetings in their own time, and provided transport to enable people to attend.
- Ensure all safeguarding systems are operated effectively including the recording and monitoring of vulnerable patients, to protect them from abuse and the risk of harm.
- The areas where the provider should make improvement are:
- Establish an effective system for managing informal concerns, to enable the practice to identify any patterns, and to ensure that appropriate improvements have taken place.

However the provider needs to make the following improvements. Importantly the provider must:

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 requires improvement for providing safe services.

- Patients told us they felt safe when using the service.
- There were enough staff to keep patients safe.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- Effective systems were in place for managing significant events and incidents, with a focus on openness and learning when things went wrong.
- Overall, comprehensive systems were in place to keep patients safe, although certain safeguarding processes required strengthening to protect people from abuse and the risk of harm.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff worked in partnership with other services to ensure that patients' needs were met.
- Data showed patient outcomes were at or above average for the locality.
- Importance was placed on improving patients' wellbeing by offering regular reviews and various screening checks. For example, 85% of women aged 25 to 65 years had received a cervical screening test in the last 5 years, which was above the national and local average.
- Clinical audits were carried out to improve patient care and outcomes.
- Staff were actively supported to acquire new skills and share best practice and had the knowledge and experience to deliver effective care and treatment.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Good



Summary of findings

- Data showed that patients mostly rated the practice higher than others for most aspects of care.
- We observed a strong patient-centred culture. Relationships between staff and patients were positive and supportive. Staff treated patients with kindness and respect, and maintained their confidentiality.
- Staff were motivated and inspired to offer kind and compassionate care. For example, staff had collected and delivered essential medicines to housebound patients' when no one was available to deliver them.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The services were delivered in a way to ensure flexibility, choice and continuity of care.
- People were able to access appropriate care and treatment when they needed it, and most people could access appointments and services in a way and at a time that suits them.
- The practice worked closely with the local community and other organisations in planning how services were provided, to ensure that they meet people's needs.
- The practice actively implemented improvements and changed the way it delivered services, as a result of feedback from patients and the patient participation group.
- There was a culture of openness and people were encouraged to raise concerns. Complaints were listened to and acted on to improve the service, and were investigated and responded to in a timely way.

Are services well-led?

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

Good



- The practice had a clear vision to deliver high quality care and promote good outcomes for patients.
- The practice had a highly motivated and committed staff team, to enable them to deliver well-led services.
- There was a strong focus on continuous learning and improvement at all levels.
- The culture, leadership and governance arrangements ensured the delivery of high-quality person-centred care.

Summary of findings

- The practice actively sought feedback from patients and the patient participation group (PPG), which it acted on to improve the services. For example, the PPG obtained feedback regarding the trial of the nurse triage system. In response to the positive feedback the triage service was established.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments where needed.
- Care plans were in place for people who were at risk of unplanned hospital admission or had enhanced needs to ensure they received appropriate care.
- Patients over 75 years were invited to attend an annual health check, and had a named GP to provide continuity of care and oversee their needs.
- The practice was performing above local and national averages in respect of the management of clinical conditions commonly affecting older people, including osteoporosis, stroke and heart failure.
- The 2014-2015 flu vaccination rates for the over 65s was 72%, with 6% of patients having declined this.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and completing patient reviews, having received appropriate training.
- The practice offered proactive care. Health reviews included education and strategies to enable patients to manage their conditions effectively.
- Patients with long term conditions and other needs were reviewed at a single appointment where possible, rather than having to attend various reviews.
- Regular checks were carried out to identify new patients diagnosed with long term conditions, to ensure they received appropriate follow up care and reviews.
- Longer appointments and home visits were available when needed.
- Patients were sign posted to appropriate support groups.

Families, children and young people

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

Good



Summary of findings

- Priority was given to appointment requests for babies and children under 5 to be seen the same day.
- Appointments were available outside of school and college hours.
- The premises were equipped and suitable for children and young people.
- The systems to identify and follow up children at risk of abuse, or living in disadvantaged circumstances required strengthening.
- The practice provided maternity care and family planning services.
- Immunisation rates were high for all standard childhood immunisations.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified, and the practice had adjusted the services it offered to ensure these were accessible and flexible.
- Patients were able to book appointments in person, by telephone or on line. They also had access to telephone consultations.
- Extended hours surgeries were available on Saturday mornings and Tuesday and alternate Wednesday and Thursday evenings.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. This included health checks to patients aged 40 to 74 years, which included essential checks and screening for certain conditions.

Good



People whose circumstances may make them vulnerable

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

- It was responsive to the needs of people whose circumstances may make them vulnerable, and offered home visits and longer appointments where needed.
- Patients with a learning disability were invited to attend an annual health check.

Good



Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies.
- The practice worked closely with multi-disciplinary teams in the case management of vulnerable people, and to safeguard children and adults from abuse, although certain recording and monitoring systems required strengthening.

People experiencing poor mental health (including people with dementia)

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

- The practice held a register of patients experiencing poor mental health (including people with dementia).
- Patients were invited to attend an annual health check.
- Patients were offered longer or same day appointments, where needed.
- The practice worked closely with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia, to ensure their needs were been met.
- Patients had access to counselling and psychological therapies.
- Staff had a good understanding of how to support people with poor mental health, having received appropriate training.
- The practice screened appropriate patients for dementia, to support early referral and diagnosis where dementia was indicated.

Good



Summary of findings

What people who use the service say

We spoke with 21 patients and two relatives during our inspection. Feedback from patients was consistently positive about the care they received, and the way staff treats them. They said that they were treated with kindness, dignity and respect, and were able to access appropriate care and treatment when they needed it.

Most people said that they had no problem in making an appointment, with urgent appointments or telephone consultations usually available the same day. However, a few people expressed concerns about getting through to the practice by phone at peak times, and booking urgent appointments.

People said they found the premises welcoming, clean and accessible.

As part of our inspection, we also received 30 CQC comment cards completed by patients. Feedback was generally very positive and aligned with above views, with two people having experienced difficulty in booking urgent appointments and getting through by phone at times.

We also spoke with four members of the patient participation group (PPG). The PPG are a group of patients who work together with the practice staff to represent the interests and views of patients so as to improve the service provided to them. They told us they felt supported in their role to represent the views of patients to improve the service.

Three patients had completed a review of the practice on NHS Choices in the last 12 months; comments about the

care and services were very positive. Healthwatch Derby had also received 19 comments about the practice; of which 12 were positive and seven were negative. Positive themes referred to the urgent triage service and the care people provided, whilst negative themes included difficulty in booking appointments and getting through by phone.

The national GP patient survey results published in July 2015 showed the practice was mostly comparable or above local and national averages. There were 119 responses and a response rate of 46%.

- 68% found it easy to get through to this surgery by phone compared to the CCG average of 75% and national average of 73%.
- 94% found the receptionists at this surgery helpful compared to the CCG average of 87% and national average of 87%.
- 88% were able to get an appointment to see or speak to someone the last time they tried compared with the CCG average of 87% and national average of 85%.
- 93% said the last GP they saw or spoke to was good at listening to them compared with the CCG average of 87% and national average of 85%.
- 95% describe their overall experience of this surgery as good compared with the CCG average of 87% and national average of 85%.

Mickleover Medical Centre

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, a practice nurse specialist advisor, a practice manager specialist advisor and an Expert by Experience.

Background to Mickleover Medical Centre

Mickleover Medical Centre is a partnership between five GPs providing primary medical services to over 11,400 patients. Two of the partners are currently registered with CQC; the other partners have submitted an application to be added to the provider's registration.

The practice is at Vicarage Road, Mickleover, Derby DE3 0HA, which covers an area of lower deprivation. The practice has a higher than average percentage of patients aged 65 years and over (23%).

The staff team includes reception and administrative staff, a practice manager, an assistant practice manager, a data quality/personnel manager, two triage nurses including a team leader, two practice nurses, a health care assistant and eight GPs including five partners and three salaried GPs. The staff team are female except for four male GP's and one male receptionist.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments times are largely from 8.30am to 10.30am and 3.30pm and 6pm daily. Extended hours surgeries are available on Saturdays from 9.am to 12 mid-day, and on Tuesday and alternate Wednesday and Thursday evenings.

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

The practice holds a General Medical Services (GMS) contract to deliver essential medical services.

Why we carried out this inspection

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

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

How we carried out this inspection

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?

Detailed findings

We also looked at how well services are provided for specific groups of people and what good care looks 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 that we hold about the practice and asked other organisations to share what they knew. We carried out a routine announced visit on 7 and 16 December 2015.

This was not in response to concerns. We spoke with a range of staff including the practice manager, assistant practice manager, reception and administrative staff, two triage/practice nurses, and five GPs including three partners and two salaried GPs.

We observed how people were being cared for and talked with carers and family members. We reviewed comment cards where patients and members of the public shared their views and experiences of the service. We also obtained feedback from several external staff who worked closely with the practice and senior staff at the two main care homes the practice supported.

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 an effective system in place for reporting and recording significant events.

- Staff told us there was an open culture to reporting incidents and near misses. They were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses.
- We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed.
- The practice carried out a thorough analysis of the significant events. Lessons were shared across the staff team and wider where appropriate; to make sure action was taken to improve safety. For example, a patient discharged from hospital had been prescribed a medicine, which they had a known allergy to. The practice duly prescribed an alternative suitable medicine, and wrote to the relevant hospital provider to raise the error. They received a report of the provider's findings and assurances that the matter had been addressed to prevent further incidents. The learning was shared with the staff team.
- When there are unintended or unexpected safety incidents, people received reasonable support, truthful information, an apology and were told about any actions to improve procedures to prevent the same thing happening again.

Overview of safety systems and processes

Overall, the practice had clear and embedded systems and procedures in place to keep people safe, which included:

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurse's 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 recent training.
- Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security).
- The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy team, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Patient Specific Directions were in place to enable the Health Care Assistant to administer vaccinations.
- Three personnel files we checked relating to staff employed in the last 12 months, generally showed that appropriate recruitment checks had been undertaken prior to their employment. For example, proof of identification, confirmation of relevant qualifications and the appropriate checks through the Disclosure and Barring Service. On our second visit to the practice the recruitment policy had been updated to set out all the standards the practice followed when recruiting new staff, to ensure they obtained all the required information.
- Records showed that appropriate checks were carried out to ensure that the nurses and GPs remained registered to practice with their relevant professional bodies.
- The vulnerable adults and child protection policies had recently been updated to reflect relevant legislation and guidance, and these were accessible to all staff. There was a lead GP for safeguarding. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. Staff demonstrated they understood their responsibilities, and all had received training relevant to their role.
- We found that certain safeguarding systems were not operated effectively to protect people from abuse and the risk of harm. For example, not all vulnerable patients and those at risk of abuse were correctly coded, to clearly show this on the practice's electronic record. In addition, the alert system to highlight vulnerable patients including those at risk of harm, subject to safeguarding procedures or on a child protection plan were not reliably completed. We highlighted several

Are services safe?

children and adults where no alert icon was recorded. This did not ensure that all patients were clearly identified and reviewed, and that all staff were aware of any relevant issues when patients contacted the practice or attended appointments. Senior managers told us that various issues we highlighted, were as a result of information being added to patients records by external agencies without the practice's knowledge. Also, the recording of information was inconsistent.

- Records showed that relevant professionals and partner agencies regularly met to share information about vulnerable children and adults. However, monthly meetings between the safeguarding lead and the health visitor were not recorded, to clearly show children discussed and actions agreed to help keep people safe.
- A notice was displayed in the waiting area and the consulting rooms advising patients that a chaperone was available, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (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). Non-clinical staff did not undertake chaperone duties but had completed on-line training to ensure they understood the role.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety.
- The practice had an up to date fire safety risk assessment. A system was in place to ensure that staff were aware of the procedure to follow in the event of a fire, as set out in the risk assessment. Records showed that non-clinical staff received formal fire safety training annually. The fire risk assessment highlighted the need for all clinical staff to also attend the formal annual training. The practice manager was addressing this.

- The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.
- Records showed that all electrical equipment was regularly checked to ensure it was safe to use. Records also supported that essential clinical equipment was regularly checked and calibrated where required, to ensure it was working properly.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and emergency medicines and equipment was accessible to staff in a secure area of the practice. All staff knew of their location.
- An effective system was in place for ensuring that all essential medicines and equipment was available and remained fit for use. All the medicines we checked were in date.
- The practice had a defibrillator and oxygen available with adult and children's masks. A first aid kit and accident book was also available.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Patients we spoke with told us they received appropriate care and treatment. Comment cards we received from patients, and feedback from senior staff at the two main care homes where patients were registered with the practice also supported this.

The practice assessed patients needs and delivered care in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99.8% of the total number of points available. All clinical areas received 100% points. For example;

- Performance for diabetes related indicators was 100%; this was 6.9% percentage points above the CCG and 10.8% above the national average.
- Performance for mental health related indicators was 100%, which was 3.1% above the CCG and 7.2% above the national averages.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the last 12 months, was 85%, which was 7.5 points above the CCG average and 8 points above the national average.

The practice's QOF clinical exemption rate was 16.6%, which was 5.5% above the CCG and 7.4% above national averages. Checks carried out showed that the practice was exemption reporting patients correctly.

- The practice participated in applicable audits, national benchmarking and peer reviews.
- There had been ten clinical audits completed in the last two years, three of these were completed audits where the improvements made were implemented and monitored. For example, an initial audit to identify patients with atrial fibrillation (an irregular heartbeat) who may need anti-coagulation treatment to reduce the risk of stroke identified that only 2.1% of patients were correctly coded. The coding system was changed on the practice's electronic system to ensure patients were correctly identified. A re-audit in October 2015 showed that the recording rate of patients with the condition had greatly increased to 97.6 %. However, it fell slightly short of the 100% target set in the previous audit. The practice made further adjustments to their system to ensure all patients were identified and scored accordingly.

Effective staffing

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

- All staff we spoke with praised the level of training, personal development and support they received.
- The staff team continued to increase in size and skill mix to meet patients' needs and the growth of the service. The skill mix and numbers of whole time equivalent nursing staff had increased, as nurses had taken on additional roles to support the GPs and the expansion of the services.
- The practice was actively looking to recruit a further GP to replace a GP partner who had recently left. In the interim period, regular clinical staff covered the previous partner's sessions with support of occasional locum GPs.
- Newly appointed members of staff completed the practice's induction programme, which was specific to staff roles. The practice manager planned to update the induction checklist to ensure this covered all essential information.

Are services effective?

(for example, treatment is effective)

- Staff received essential training updates including safeguarding, fire awareness, basic life support and equality and diversity. Staff also had access to and made use of e-learning training modules, in-house and external training.
- The practice could demonstrate how they provided role-specific training, and appropriate updates for relevant staff. For example, for staff reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of staff were identified through an effective appraisal system and meetings. Staff had access to appropriate training, clinical supervision and support for the revalidation of doctors and nurses, to meet these learning needs and to cover the scope of their work. For example, weekly supervision meetings were held for nurses, which included various training.
- All staff had had an appraisal within the last 12 months, which set out their training and development needs.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's intranet system and patient records.

- This included risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.
- The practice had strong links and worked in partnership with other services, to ensure that patients' received effective care and treatment.
- The practice worked actively with other services to help reduce the risk of unplanned admissions to hospital, and enable patients to remain at home, where possible.
- We saw evidence that various multi-disciplinary meetings to discuss the care of children and adults took place at weekly to monthly intervals, and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

- Staff received relevant training and understood the consent and decision-making guidance and legislation requirements, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- The process for seeking consent was monitored through records audits, to ensure it followed relevant guidance, and met the requirements of legislation.

Health promotion and prevention

- The waiting area displays were well set out and included a wide range of health promotion information for patients and carers.
- The practice identified patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition, and requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- The clinical staff worked closely with specialist teams to support patients to manage long-term conditions effectively and locally. For example, they obtained advice and arranged for patients to be seen at the practice where appropriate, by the specialist diabetes and respiratory nurses or consultants.
- The clinical staff were pro-active in using their contact with patients to help improve their health and wellbeing, such as offering opportunist screening checks. For example, 85% of women aged 25 to 65 years had received a cervical screening test in the last 5 years, which was above the national average of 74.3% and local average of 77.7%. A robust reminder system was in place for patients who did not attend for their cervical screening test.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. Both screening rates were also above the CCG and national averages.

Are services effective?

(for example, treatment is effective)

- A weekly audiology clinic was held at the practice to meet patients' needs and enable people to attend the service locally. CAMTAD also attended the practice to provide advice and a hearing aid service.
- Immunisation rates were high for all standard childhood immunisations. For example, the rates for the vaccinations given to under two year olds were 99%, and the rates for five year olds were 97%.
- The 2014-2015 flu vaccination rates for the over 65s were 72% and at risk groups was 46.8%. Data was not available comparing these to the CCG and national averages.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where risk factors or irregularities were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Doors were closed during consultations with patients, and that conversations taking place in these rooms could not be overheard.
- We noted that conversations at the reception desk between staff and patients could be overheard at times, due to the design and the busy nature of the waiting area. There was no scope to alter the reception area due to limited space. Staff were mindful of maintaining patient's privacy and confidentiality. They knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All reception staff attended annual in-house training on customer care.

We found many positive examples of staff going the extra mile to provide a caring service. For example, in response to a patient's circumstances and risks to their health the practice had set up a special fund, to provide a supply of glucose drinks to keep in their home to take when their blood sugar levels were low. Also, one of the nurses outside of work hours planned to visit certain isolated and vulnerable patients over the Christmas period, to check they were alright.

The practice had a large number of elderly and isolated people. Several staff had set up regular tea and chat meetings at the practice to enable people to meet socially. The meetings also provided information on health and safety issues. For example, fire officers from Derbyshire Fire and Rescue Service attended a recent meeting to talk about fire safety at home. The meetings were held on a Saturday morning, which staff attended in their own time. They also provided the catering and transport to enable people to attend. The recent Christmas meeting was attended by 35 people.

- Feedback from patients and external staff we spoke with who worked closely with the practice was consistently positive about the way staff treated people.
- Essentially all patients we spoke with described the staff as friendly and helpful, and said that they were treated with kindness, dignity and respect. They also said that they felt listened to and that their views and wishes were respected. Importantly, most patients said that they received personal care from staff who were caring and supportive, and who understood their needs.
- We also spoke with four members of the patient participation group. They also told us they were very satisfied with the care provided.
- We also received 30 comment cards from patients. The feedback was very positive and aligned with the above views.

Records showed that 98% of people who had completed the practice's 2015 friends and family test would recommend the practice to their family and friends.

The national GP patient survey results published in July 2015 showed that patients felt they were treated with compassion, dignity and respect. The satisfaction scores on consultations with doctors and nurses were mostly above local and national averages. For example:

- 91% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 90% said the GP gave them enough time (CCG average 88%, national average 87%).
- 97% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%)
- 88% said the last GP they spoke to was good at treating them with care and concern (CCG average 87%, national average 85%).
- 87% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 90%).
- 94% said they found the receptionists at the practice helpful (CCG average 87%, national average 87%)

Care planning and involvement in decisions about care and treatment

Are services caring?

Patients told us that they felt involved in decisions about the care and treatment they received. They also said they felt listened to and supported by staff, to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

The national GP patient survey results showed patients responded positively to questions about their involvement in planning, and making decisions about their care and treatment. For example:

- 89% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 90% said the last GP they saw was good at involving them in decisions about their care (CCG average 84%, national average 81%)

Staff told us that translation services were available for patients who did not have English as a first language. We saw information in the reception area and on the practice's website informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

A notice board in the waiting area told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 3.1% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

The practice was awarded a Carers Pledge certificate by Derbyshire Carers Association. The Carers Pledge sets out the practice's commitment and contribution to carers to enable them to continue their caring role.

Staff told us that if families had suffered bereavement, the practice would provide care and support on an individual basis.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, they were involved in a project, which had aligned the local care homes to specific practices. This had resulted in more effective use of resources, improved communication and continuity of care for patients.

The practice worked closely with the local community and other organisations in planning how services were provided, to ensure that they meet people's needs. For example, they were part of a collaborative working group with three other GP practices, which was focusing on the development of community services. The group had put a proposal to the CCG to create a local centre offering a wide range of community and intermediate care services, to enable patients to access more services locally.

- A member of the nursing team phoned all patients discharged from hospital within 48 hours, to enquire about their welfare and check they had a supply of essential medicines. The pro-active approach helped to ensure that people were receiving appropriate support, and to reduce re-admission to hospital.
- Local care homes now had a named GP who carried out regular visits to review resident's needs.
- The practice actively implemented improvements as a result of feedback from patients and the patient participation group (PPG). For example, external handrails and lighting had been provided to improve security and safety for patients.

Access to the service

Patients told us that they were able to access appropriate care and treatment when they needed it, and most people could access appointments and services in a way and at a time that suited them.

In response to feedback from patients and the PPG regarding difficulty getting through by phone at key times, the practice had put an additional phone line and staff

hours in place to cover peak times. The practice had also explored the option of installing a new telephone system; due to circumstances the costs involved were not currently feasible.

We found that the services were delivered in a way to ensure flexibility, choice and continuity of care.

- The practice was open between 8am and 6.30pm Monday to Friday. Appointments were largely from 8.30am to 10.30am and 3.30pm and 6pm daily.
- Extended hours surgeries were available on Saturdays from 9am to 12 mid-day, and on Tuesday and alternate Wednesday and Thursday evenings, for working patients who could not attend during normal opening hours. The practice was also looking to provide an early morning surgery.
- In addition to appointments that could be pre-booked up to two weeks in advance, urgent appointments were also available for people that needed them.
- One of the GPs covered home visits and urgent appointments each day, which enabled them to respond promptly to patient's needs.
- The appointment of an additional nurse had meant that patients had access to nurse triage from 8am to 6pm Monday to Friday. Data showed that the number of telephone consultations with nurses in the last 12 months had increased to around 1,403, compared to 380 in the previous 12 months.
- Same day appointments were available for children and those with urgent health conditions.
- Patients were encouraged to see the same clinician for re-current issues to ensure continuity.
- Longer appointments and home visits were available for patients where required, including people with complex needs, who were vulnerable, elderly or who were unable to attend the surgery.
- Disabled facilities, a hearing loop and translation services were available. We noted that the internal door leading to the consulting rooms was not easily accessible to people in a wheelchair. Also the hearing loop was not actively used and displayed; not all staff knew how to set it up and use it. There was also limited access to disabled parking.

Are services responsive to people's needs?

(for example, to feedback?)

The national GP patient survey results published in July 2015 showed that patients mostly responded positively to questions about access to the service. For example:

- 81% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and national average of 75%.
- 68% patients said they could get through easily to the surgery by phone (CCG average 75%, national average 73%).
- 76% patients described their experience of making an appointment as good (CCG average 74%, national average 73%).
- 65% patients said they usually waited 15 minutes or less after their appointment time (CCG average 69%, national average 65%).

Listening and learning from concerns and complaints

Patients said they felt listened to and were able to raise concerns about the practice as the staff were approachable.

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.

- The practice manager and a lead GP were responsible for handling all complaints in the practice.
- We saw that information about how to complain was available and easy to understand.
- We looked at complaints the practice had received in the last 12 months and found that they had been acknowledged, investigated and responded to, in a timely and transparent way in line with the practice's policy.
- Complaints were actively reviewed as to how they were managed, to ensure that appropriate learning and improvements had taken place. For example, the process for sending hospital referrals was strengthened to ensure all referrals were promptly sent.
- An effective system was not in place for recording and monitoring informal concerns. Staff told us where possible; concerns were dealt with on an informal basis and promptly resolved. The information was not always recorded, to enable the practice to identify any patterns, and oversee how they were managed.
- Staff told us that the practice was open and transparent when things went wrong, and that patients received an apology when mistakes occurred. Records we looked at supported this.

Are services well-led?

Good 

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

Our findings

Feedback from patients was consistently positive about the way the service was managed.

Vision and strategy

- The practice had a clear vision to deliver high quality care and promote good outcomes for patients.
- The practice had a mission statement which was displayed in the waiting area and staff knew and understood the values.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- Systems were in place for regularly reviewing the performance of the practice.
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements.
- Overall, effective arrangements were in place for identifying, recording and managing risks, issues and implementing mitigating actions. However, the systems for recording and monitoring vulnerable patients, including those at risk of abuse or subject to safeguarding procedures required strengthening.

Regular meetings were held to review the finances, performance and business. The partners were clear as to the short and long term plans for the service, and were able to demonstrate a commitment to on-going improvements. However, the practice's supporting business plans were not formally set out.

Leadership, openness and transparency

- The findings of this inspection showed that the senior management team had the experience and capability to run the practice, and ensure high quality care. They prioritise safe, high quality and compassionate care.

- The partners were visible in the practice and staff told us that they were approachable, and take the time to listen to all members of staff.
- The partners were aware of and complied with the requirements of the Duty of Candour, and encouraged a culture of openness and honesty.
- Staff told us that the practice held regular team meetings. Records we looked at supported this.
- The partners hosted an annual team building and social event at one of their houses for all staff, their partners and children, including the extended primary care team.
- The practice had a highly motivated and committed staff team, to enable them to deliver well-led services. Staff we spoke said they were proud of the organisation as a place to work.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings, and felt confident and supported if they did.
- Staff said they felt respected, valued and supported, by all staff. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service.

The practice had robust systems in place for knowing about and managing notifiable safety incidents. When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology, where appropriate.
- They kept written records of verbal communications and written correspondence.

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

The practice encouraged and valued feedback from patients, the public and staff. It actively sought patients' feedback through:

- The patient participation group (PPG), comment cards, complaints and various surveys..
- There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for

Are services well-led?

Good 

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

improvements to the practice management team. For example, the PPG obtained feedback regarding the trial of the nurse triage system. In response to the positive feedback the triage service was established. There was also an active on line virtual PPG group, which provided feedback about the service but did meet. There were plans to merge the two PPG groups to work more closely together.

- The practice had also gathered feedback from staff through meetings, appraisals and general discussion. Staff told us they would not hesitate to give feedback, and discuss any concerns or issues with colleagues and management. Staff said that they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning at all levels within the practice. The commitment to learning and the development of staffs' skills was recognised as essential to ensuring high quality care. Staff told us that they were actively supported to acquire new skills, and obtain further qualifications to improve the services. For example, the lead nurse had gained prescribing status, and was going onto to complete a Masters qualification.

This section is primarily information for the provider

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
Treatment of disease, disorder or injury	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>How the regulation was not being met:</p> <p>Certain safeguarding systems were not operated effectively including the recording and monitoring of vulnerable patients, to protect people from abuse and the risk of harm.</p> <p>Regulation13 (2)</p>