Newhall Surgery

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Newhall Surgery on 10 February 2016. Overall the practice is rated as Good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. All meetings across all staff groups included significant events as a standard agenda item.
- There were comprehensive risk assessments undertaken and regularly reviewed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment. Personal development was encouraged and provision made regularly for this for all staff via the appraisal process.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Patients were routinely given the opportunity to assist in writing their own care plan.
- Information about services and how to complain was available and easy to understand.
- Feedback from patients about their care was consistently and strongly positive and they were always able to see a GP or nurse on the day they called.
- The practice had good facilities and was well equipped to treat patients and meet their needs. This included baby changing facilities and treatment rooms which had been purposefully refurbished.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example: equipment had been purchased following fundraising activities, events to raise awareness of health issues were conducted regularly, 'Teddy bear' clinics had been introduced to reduce anxiety for children receiving immunisations.

Summary of findings

- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was reviewed and discussed with staff.

We saw two areas of outstanding practice

- The practice had introduced innovative ways of engaging children within the practice for example; the Teddy Bear clinics which enabled an attendance rate of 98%-100%.
- The practice proactively monitored and managed all patient falls that were reported. This had resulted in the number of emergency hospital admissions for over 65s being around 250 per 1,000 people which is substantially lower than the CCG and locality averages (CCG was around 285 and locality average was around 295).

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?

Good

The practice is rated as good for providing safe services.

- The practice had effective systems in place to support the recording of events, incidents and near misses. Staff were actively encouraged to identify and report any areas of concern. Staff meetings and protected learning time were used to learn from significant events and lessons learned were recorded and communicated. Information about safety was recorded,appropriately reviewed and addressed. When there were unexpected safety incidents, patients received an apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Risks to patients were comprehensively assessed and well managed. Infection prevention and control procedures were completed to a satisfactory standard. There were enough staff to keep people safe.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse and concerns were discussed at regular safeguarding meetings and also at other relevant meetings.

There were robust processes in place to manage safety issues such as patient safety alerts, medicines management and medical emergencies. There were also comprehensive risk assessments made regarding all aspects of risk to staff and patients.

Are services effective?

Outstanding

The practice is rated as outstanding for providing effective services.

Our findings showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) and other locally agreed guidelines, and clinicians used these as part of their work.

Audits were undertaken over two cycles and improvements were made as a result to enhance patient care.

Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff.

Summary of findings

The practice proactively followed up vulnerable patients who did not attend for a scheduled appointment and had a policy of monitoring all patient falls which were investigated by a GP, a risk assessment made and follow up care arranged by the care coordinator

Staff worked closely with multidisciplinary teams to plan, monitor and deliver appropriate care for patients. The teams included midwives, health visitors, community matron, district nurses and the mental health team

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98% of the total number of points available, with 7% exception reporting

Are services caring?

Good

The practice is rated as good for providing caring services.

Data showed that patients rated the practice higher than others for several aspects of care. For example; 93% of patients said their GP was good at listening to them and 98% of patients said they had trust and confidence in their GP. 100% of patients also said that nurses gave them enough time and 100% of patients said that they had confidence in them.

Patients told us they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. For example; 92% of patients said that their GP involved them enough in decisions about their care, compared with the CCG average of 83% and national average which was 82%. The survey also reported that 98% of patients said that nurses involved them enough in decisions about their care, This was higher than both the CCG and national averages (CCG 87%, national 85%). The practice had a policy of ensuring that patients contributed to creating their own care plans where needed.

Information for patients about the services available was easy to understand and accessible. We also saw staff treated patients with kindness and respect, ensuring that confidentiality was maintained.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

They were aware of the practice population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. It acted on suggestions for improvements and changed the way it

delivered services in response to feedback from the patient participation group (PPG) and were innovative in responding to the specific needs of its community by providing extra support to patients. For example;

- They utilised the services of a Well-being Worker who was able to assist with referrals to the Live Life Better Derbyshire scheme. The scheme provided support for a people with specific needs, including people who were carers or required help with exercise or activity, weight management, smoking cessation and help with issues such as debt and housing. A buddy could also be provided to assist people to attend appointments or services and this had assisted three patients in the preceding eight months.
- They were proactive in providing care for vulnerable people. Annual health checks were provided for all vulnerable people on their registers and there was a recall system to manage non attenders. Appointments were rescheduled, reasons for not attending were investigated and referrals made to the care coordinator and community team where required to address their changing health and social needs. A template was designed by the practice staff to manage annual health check monitoring and they had shared this with the Learning Disability Association for the benefit of other practices.

Patients told us they were satisfied with the appointment system and said they were able to make a routine appointment but they sometimes had to wait a long time to get through to the practice by telephone. Urgent appointments were always available the same day. Routine appointments were offered from 8am until 5pm every day, and extended appointments from 6.30pm to 8pm on Wednesday evenings and an early commuter clinic from 7am to 8am on Tuesdays. Saturday morning clinics were available once each month from 9am to 12.30pm. Telephone consultations and home visits were available by appointment where required.

The practice had good facilities and was well equipped to treat patients and meet their needs. The premises were suitable for patients who had a disability

Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff

Are services well-led?

Good

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

There was a clear vision and strategy which was shared with staff who were clear about their responsibilities in relation to this. There

Summary of findings

was a clear leadership structure and staff felt supported by management. High standards were promoted and owned by all practice staff and teams worked together across all roles. There were systems in place to monitor and improve quality and comprehensive risk assessments conducted to identify risk.

The practice proactively sought feedback from staff and patients, which it acted on. They worked closely with the patient participation group (PPG) which was active and had influenced change within the practice through regular collaborative meetings with the practice management team.

Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities. There was a high level of constructive engagement with staff and a high level of staff satisfaction.

Learning and development was encouraged and supported by the partners and management team and dedicated time was assigned for clinical staff to attend development opportunities

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

Good

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

- There were innovative approaches to providing integrated person-centred care. For example; multi disciplinary meetings included the social care team, community nursing team, mental health team and care coordinator.They also utilised the services of a Well-being Worker who was able to assist with referrals to the Live Life Better Derbyshire scheme. The scheme provided support with exercise,weight management, smoking cessation and help with issues such as debt and housing. A buddy could also be provided to assist people to attend appointments or services and this had assisted three patients in the preceding eight months.
- Patients could access appointments and services in a way and at a time that suited them. For example; longer appointments were available as well as joint home visits with a GP and community matron. Housebound patients were assessed and treated at home.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- All patients aged over 75 had a named GP and an annual health check had been provided for 90% of people aged over 75.
- There was a monitoring system in place to follow up on missed appointments within 48 hours and a new appointment made or a referral to the care coordinator to manage ongoing needs.
- The practice had developed a robust system to monitor and manage falls prevention. All falls were investigated by a GP, a risk assessment made and follow up care managed. There was written information provided to advise on the prevention of falls. This had resulted in the number of emergency hospital admissions for over 65s being around 250 per 1,000 people which is substantially lower than the CCG and locality averages (CCG was around 285 and locality average was around 295).

People with long term conditions

Good

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

- Patients with a long term condition had a named GP who worked collaboratively with the nursing staff who had lead roles

in chronic disease management. They provided structured reviews to check that their health and medicines needs were being met which were conducted twice each year or more often where required.
- There were two nurses trained for each long term condition and access to a CCG specialist diabetes nurse within the locality. For those patients with the most complex needs, the named GP and nurse worked with relevant health and care professionals, including a care coordinator to deliver a multidisciplinary package of care.
- The practice had achieved 100% of QOF points for asthma related indicators which was 1% above the CCG average and 3% above the nation average. They had an exception rate of 7% which was better than CCG or national averages.
- The Well-being worker was also utilised where required to assist with weight management, smoking cessation and to obtain financial advice if required. Data showed that the practice had provided a health check for 76% of people on their register with a long term condition.

The practice had identified that they had underachieved in obtaining QOF points in the preceeding year and had implemented dietary advice, in-house, information booklets, links with a specialist nurse and patient contracts which had resulted in an improvement in achieving satisfactory blood sugar levels for patients with diabetes.

- Data provided by the practice showed that they had achieved a blood sugar level within an acceptable range for 79% of patients with diabetes compared with 74% the previous year. This data was taken from practice QOF data for the current year which has not yet been verified or published.
- The practice provided personalised care plans which were held by patients and included information about their condition as well as advice on what to do if they became unwell. Rescue medication packs were also provided to aid patient's self management.
- Longer appointments and home visits were available when needed.

Families, children and young people

Good

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

Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations. The practice provided a 'teddy bear' clinic whereby pre-school children were invited to bring their teddy along to a pre-school booster clinic which was delivered in a fun and interactive way to reduce anxiety for children. This had resulted in an attendance rate of 98%-100%. There was also two nurses available for each immunisation to enable this to be conducted without delay and to provide some distraction.
- The practice worked with community programmes, for example; 'fun in the park' event to promote a healthy lifestyle. Practice staff including GPs were encouraged to participate in events.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this on the day.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses who worked closely with practice staff and attended regular meetings.
- The practice provided contraception services and pregnancy testing at the practice.

Working age people (including those recently retired and students)

Good

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, flexible and offered continuity of care.
- The practice offered a wide variety of appointments available, including commuter clinics which started at 7.00am and late evening clinics which finished at 8.00pm as well as Saturday mornings. They also had 'sit and wait' appointments where patients could be seen on the day they called. Telephone consultations were also available with a GP or nurse.
- They utilised a text message reminder service.
- Online presriptions were offered and there was a service to send precriptions to a pharmacy of the patients choice.
- The practice offered health checks for people over 40

Summary of findings

- The practice had provided a cervical smear test for 87% of its relevant population within the preceeding year, which was 4% better than the CCG average and 6% better than the national average. They had a robust system in place to recall patients who did not attend for their test and up to three letters were sent inviting them to re-schedule the appointment.
- The practice offered a 'catch-up' vaccination programme for students who had returned to the area and had missed these.
- There was an active contact service for patients who were approaching the age of 65 to offer them an influenza and pneumonia vaccination, as well as a full range of health promotion and screening that reflected the needs for this age group.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. They offered longer appointments for patients with a learning disability and worked closely with their carers. Regular visits were made to the local residential home for learning disabilities and immunisations were offered as well as regular health checks. In the preceeding year, the practice had achieved 81% of its planned health checks for patients with a learning disability.
- Annual health checks were provided for all vulnerable people on their registers and there was a recall system to manage nonattenders. Appointments were resceduled, reasons for not attending were investigated and refers made to the care coordinator and community team where required to address their changing health and social needs.
- A template was designed by the practice staff to manage annual health check monitoring and they had shared this with the Learning Disability Association for the benefit of other practices.
- The practice staff regularly worked with multi-disciplinary teams in the case management of vulnerable people. The meetings included community staff, social team, mental health team, care coordinator as well as practice staff.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. The practice had a robust system in place for identifying and reporting concerns which were discussed at weekly practice meetings, led by the practice manager and

attended by the safeguarding lead. Concerns were identified by all staff groups including receptionists. The outcomes of concerns raised were fed back to staff through their team meetings.

People experiencing poor mental health (including people with dementia)

Good

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

- 96% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was 10% higher than the CCG average and 12% higher than the national average. The exception reporting at 4% was also better than the CCG and national averages. (CCG 9%, national 8%)
- The practice also achieved 100% of its QOF points for mental health indicators, although their exception reporting was an average of 12% across all these indicators. This was comparable with CCG and national averages.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. The team included community staff, social team, mental health team and care coordinator.
- The practice carried out advance care planning for patients with dementia. Which included patients and carers being given the opportunity to create their own care plan.
- The practice had a dementia champion who had recently left but had provided dementia friends training for all staff. GP's and nurses actively provided dementia screening where relevant for patients who visited the practice which generated a 63% onward referral rate for dementia care compared with the CCG average of 43%. Staff had a good understanding of how to support patients with mental health needs and dementia and had attended relevant training
- The practice provided annual health checks for people with a mental health condition and had provided this for 76% of relevant people on their register. They had told patients experiencing poor mental health about how to access various support groups and voluntary organisations and provided dementia support packs for patients and their carers. There was information freely available to patients in the waiting area.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016. There were 273 survey forms distributed and 117 were returned. This represented a 42% response rate.

The results showed the practice was performing better than local and national averages in most areas. For example;

- 91% were able to get an appointment to see or speak to someone the last time they tried (CCG average 86%, national average 85%).
- 90% described the overall experience of their GP surgery as fairly good or very good (CCG average 87%, national average 85%).
- 82% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 80%, national average 78%).
- 71% found it easy to get through to this surgery by phone which was in line with the CCG average of 74% and a national average of 73%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 56 comment cards, most of which were very positive about the standard of care received and said that staff were courteous, helpful, respectful and kind. However, eight comments also referred to difficulty in getting through to the practice or getting a routine appointment. The practice told us that they had recently had difficulty in providing sufficient routine appointments due to a GP being away on sick leave.

We spoke with five patients during the inspection. All five patients said they were happy with the care they received and thought staff were approachable, committed and caring. Some gave examples of how the practice staff including receptionists had gone the extra mile and all were happy that appointments ran on time most of the time. However, some had experienced difficulty recently getting through to the practice by telephone in the morning but said that it was possible to see a doctor or nurse on the same day if they wanted one.

Outstanding practice

We saw two areas of outstanding practice

- The practice had introduced innovative ways of engaging children within the practice for example; the Teddy Bear clinics which enabled an attendance rate of 98%-100%.
- The practice proactively monitored and managed all patient falls that were reported. This had resulted in the number of emergency hospital admissions for over 65s being around 250 per 1,000 people which is substantially lower than the CCG and locality averages (CCG was around 285 and locality average was around 295).

Newhall Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Newhall Surgery

Newhall Surgery is located in Southern Derbyshire and is predominantly an ex- coal mining community which has influenced the health needs of its older population.

The practice currently has a patient list of 10,492 and serves a population with a lower than average level of deprivation. Unemployment is lower than the national average but the number of people who have a long term condition is higher than the national average.

The practice is run by a partnership of five GPs (four male and one female) and this is a training practice. Each GP provides nine clinic sessions each week to enable a wide range of available appointments.

There are four registered nurses and two health care assistants (HCA) who provide chronic disease management programmes as well as treatment room services and phlebotomy services for patients at the surgery and at home. The clinical team is supported by a practice manager a team of managerial, administrative, secretarial and reception staff. The practice also has strong links with the community matron and attached nursing team, mental health team, social work team, CCG pharmacist and a care coordinator.

The practice has General Medical Services (GMS) contract to provide a number of routine medical and monitoring services as well as family planning, contraception, midwifery and some minor procedures.

The practice is open between 8am and 6.30pm each day on Monday to Friday, with extended opening times on Tuesday mornings from 7am to 8am and Wednesday evenings from 6.30pm to 8pm. In addition, the practice is open on one Saturday morning each month from 9am to 12.30pm.

Appointments are available at the same times as the opening hours with appointments bookable online and by telephone up to five weeks in advance. There is also a sit and wait clinic from 4.30 to 6.30pm Monday to Friday by appointment.This enables patients who call in the morning to be seen on the same day

When the practice is closed patients are directed to Derbyshire Health United (DHU) via the 111 service.

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.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 10 February 2016. During our visit we:

- Spoke with a range of staff (GP's, GP Registrar, practice manager, assistant practice manager, nurses, infection control lead, attached staff, reception and administration staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

· Is it safe?

· Is it effective?

· Is it caring?

· Is it responsive to people's needs?

· Is it well-led?

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

· Older people

· People with long-term conditions

· Families, children and young people

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

· People whose circumstances may make them vulnerable

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

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

Good

Are services safe?

Our findings

Safe track record and learning

The practice had systems and processes in place to enable staff to report and record incidents and significant events effectively.

- Staff told us they would inform the practice manager of any incidents. There was a recording template available on the practice's computer system and staff knew where to find this. There was an ongoing summary of significant events on the system which was regularly updated and could be accessed by all practice staff.
- The practice carried out a thorough analysis of significant events and these were discussed at weekly practice meetings with GPs, clinical staff and other meetings with all other staff groups.

The practice staff knew how to raise significant events and they said they felt confident to do this.

Seventeen significant events had been recorded on a register in the preceding 18 months and these had been appropriately recorded, reviewed and learning shared with practice and any other relevant staff . There were a number of learning points that GPs had recorded individually to assist with their appraisal. These were used in discussions with clinical staff for the purpose of learning and sharing knowledge.

Records showed that where there were unintended or unexpected safety incidents, patients were offered support, information about what had happened and apologies where appropriate.

We reviewed safety records, incident reports patient safety alerts and minutes of meetings where these were discussed. We found that there was a robust process to act on safety alerts and that staff understood what to do and recorded their actions. We looked at the last three patient safety alerts relating to medicines and found that each one had been reviewed, acted upon and documented.

Overview of safety systems and processes

- We saw the practice had robust systems, processes and practices in place to keep patients safe and safeguarded from abuse. These included arrangements to safeguard children and vulnerable adults from abuse which were in line with local requirements and national legislation. There was a lead GP responsible for safeguarding within the practice and staff were aware of who this was. The practice had policies and procedures in place to support staff to fulfil their roles and staff knew who to contact for further guidance if they had concerns about patient welfare. Staff had received training relevant to their role and GPs were trained to an appropriate level to manage safeguarding concerns. Staff we spoke with were able to give examples of action they had taken, or would take in response to concerns they had regarding patient welfare.
- A poster was displayed in the waiting area which advised patients that chaperones were available if required. The nurses and some reception staff acted as chaperones and were trained for the role and had received a Disclosure and Barring Service 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).
- The practice had arrangements in place to ensure appropriate standards of cleanliness and hygiene were maintained. There was a practice nurse who was the infection prevention and control (IPC) lead. We saw that current staff had completed mandatory infection control training. Regular infection control audits were undertaken, the most recent audit being in September 2015. Actions required were recorded and marked as completed appropriately. Changes had been implemented, for example; all treatment and consulting rooms had been de-cluttered and the policy for accepting sharps bins from patients had been amended to keep reception staff safe.
- Arrangements for managing medicines, including vaccinations and emergency medicines ensured that patients were kept safe. For example, there was a temperature monitoring system in the medicines fridges and staff knew what to do in the event of a fridge failure. This had occurred recently and appropriate action had been taken. Emergency medicines were checked regularly and records kept of this.
- Regular prescribing audits were undertaken with the support of the CCG Medicines Management Team (MMT) to ensure prescribing was in line with best practice guidelines for safe prescribing. For example; an audit to

review prescribing of high dosage opiate medicine was conducted which resulted in messages being placed in patients notes to remind GPs about the prescribing protocol for this medicine.

- Prescriptions were stored securely and processes were in place to monitor their use. Patient Group Directions (PGDs) were being used by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and staff we spoke with were able to identify potential health and safety concerns. We saw that health and safety issues were routinely discussed at practice meetings.The practice had up to date fire risk assessments which were conducted by an external company and carried out regular fire drills. We saw comprehensive records to show that all electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).These were comprehensive and regularly reviewed.

Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.

Arrangements to deal with emergencies and major incidents

The practice had robust arrangements in place to respond to emergencies and major incidents and staff knew how to respond to an emergency. When an emergency situation had taken place, all staff involved were given time to attend a de-briefing session so that lessons could be learned and shared.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. Two members of staff had been allocated a role as first responder so that emergency response and activity was coordinated and other patients continued to be looked after.
- All staff received annual basic life support training and emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.There was a system and process for checking emergency equipment and we saw records to show that this was followed.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks which were checked and found to be in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Outstanding ☆

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice routinely used National Institute for Health and Care Excellence (NICE) best practice guidance and other national and locally agreed guidelines and protocols as part of their consultations with patients. They monitored these guidelines which were followed through with comprehensive risk assessments. The practice had systems in place to ensure all clinical staff were kept up to date.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98% of the total number of points available, with 7% exception reporting. (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). Data from 2014 -15 showed;

- Performance for diabetes related indicators at 72% was lower than the CCG average of 91% and the national average of 89% The practice supplied data which showed their current achievement in one of the indicators was 79%. This data has not yet been verified or published. The improved performance was as a result of implementing dietary advice in-house, information booklets, links with a specialist nurse and patient contracts
- Performance for indicators relating to stroke and ischaemic attack was 93% which was 4% lower than the CCG average and 3% lower than the national average.

They had achieved 100% in many other clinical indicators, with an exception reporting rate that was lower or comparable with the CCG and national average for most indicators. However, the exception reporting rate for some clinical indicators was higher than the CCG and national average. For example;

- An indicator relating to the referral of patients following a stroke within three months of the event had an exception reporting rate of 23% compared to the CCG average of 15% and national average of 14% for exception reporting of this indicator.
- An indicator relating to patients diagnosed with a myocardial infarction who were being treated with an anti-platelet therapy, beta-blocker and statin was 43%, compared to which the CCG average of 28% and the national average which was 29%

Clinical audits demonstrated quality improvement. We were shown nine clinical audits undertaken in the last two years, and we reviewed two of these where the improvements made were implemented and monitored. For example;

- An audit was conducted over two cycles to identify whether all required standards were being achieved when performing minor surgery. The results showed that all required standards were being met (including obtaining consent, diagnostic accuracy, histology reporting and decontamination processes) but that recording of the decontamination processes that had been carried out could be improved. Measures were then taken to record decontamination activity.
- An audit was conducted to identify whether best practice was being used in prescribing contraceptive medicine to patients with a body mass index (BMI) over 35. Those patients who were identified as being at risk were reviewed and alternative methods of contraception offered. Results identified that those patients were reviewed appropriately prior to prescribing the medicine and demonstrated that standards of good practice and patient safety were being met.After the second cycle three patients remained on the medicine and there were plans to address this.

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. It covered such topics as safeguarding, infection prevention and control, fire safety, health and

safety and confidentiality. We looked at the records for recently recruited staff and found that there was a comprehensive induction checklist that had been completed.

- There was an active appraisal system in operation at the practice, and all staff had received their appraisal in the preceding 12 months. Staff were supported to undertake training to meet personal learning needs to develop their roles and enhance the scope of their work. for example, for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- All staff had received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.
- There was a minor illness clinic led by a nurse prescriber which increased options for patients and reduced pressure on GPs.
- Phlebotomy services were also available onsite and in patient's own home where required.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and the computer system. This included care plans, medical records and test results. All relevant information was shared with other services in a timely way, for example when people were referred to other services and with the attached community team.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis incorporating reviews of patients at risk of hospital admission, end of life patients, and those who had complex needs. These meetings included a care coordinator, community health team representatives, district nurse, health visitor, the social care team and the community mental health team where required.

Care plans were routinely reviewed and updated. The practice also utilised a wellbeing worker who attended the practice one day each week and was able to direct patients arrange for a 12 week lifestyle enhancement programme for example; an exercise programme where two free activity sessions were provided per week over a 12 week period; a wellbeing appointment for information and advice about issues such as debt and housing; smoking cessation weekly support sessions, and a 12 week weight management programme.All these were provided by the 'Live Life Better Derbyshire' organisation. GP's and nurses were also able to refer patients directly to the wellbeing worker following assessment.

The practice had a falls prevention protocol whereby all patient falls were investigated by a GP. Patients were given an appointment to discuss their fall and a risk assessment made.Follow up care was provided where required and further care planned via the care coordinator. Patients and carers were encouraged to make use of a hazards checklist in order to identify potential trip hazards around their home and advice was provided on making their home more safe. This had resulted in the number of emergency admissions for over 65s being reduced to around 250 per 1,000 population, compared to the CCG average of 285 and the locality average of 295, which has reduced the burden on hospital services.

Consent to care and treatment

Staff understood and sought patients' consent to care and treatment in line with legislation and guidance, 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, and where a patient's mental capacity was unclear the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment. Staff gave appropriate examples of how they assessed a patient's mental capacity.

Staff recorded consent to treatment and procedures in the patient's record. We saw that written consent had been obtained for surgical procedures and verbal consent was obtained for treatment room procedures carried out by nurses which were then recorded in the patient's record.

Supporting patients to live healthier lives

Outstanding ☆

Are services effective?

(for example, treatment is effective)

The practice identified patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet or smoking cessation. Patients were then signposted to the relevant service by the GP, nurse, care coordinator or the wellbeing worker. Smoking cessation advice was available at the practice.

The practice was able to provide some services on site, for example, dietary advice, dementia screening, carers advice packs and appointments with the wellbeing worker. Smoking cessation and weight management programmes were provided via the live life well Derbyshire organisation and available via the wellbeing worker following referral from the GP's or nurses. Access to counselling was also provided via a local provider following GP referral or patients could self-refer to this service.

The practice's uptake for the cervical screening programme was 87%, which was higher than the CCG average of 84% and the national average of 83%. There was a policy to offer written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability. Nurses who provided the service were also female. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening and had achieved 78% attendance which was comparable with the CCG average which was also 78% and the national average which was 72%.

Childhood immunisation rates for the vaccinations given were higher than CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 98% to 100% and five year olds from 96% to 100%. The practice had implemented 'Teddy bear clinics' whereby pre-school children were encouraged to bring their teddy bear along to the immunisation clinic and members of the PPG dressed in teddy bear costumes to help with distracting children in the waiting area.

Flu vaccination rates for the over 65s were 77%, and at risk groups 61%. These were also above the CCG average of 75% and 53% respectively.

Patients had access to appropriate health assessments and in the preceding year, they had provided these for 64% of their population aged 40 - 64

Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During the inspection we saw staff treated patients with dignity and respect and behaved in a kind and caring manner. Staff were helpful to patients on the telephone and to those attending the practice. Staff told us that the GPs really cared about their patients and patients told us that practice staff often went the extra mile.

Measures were in place to ensure that patients felt at ease within the practice:

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- It was acknowledged that conversations could be overheard in the small reception area and so reception staff were able to offer patients a private room to discuss their needs if they appeared distressed or needed to discuss a sensitive matter. The reception staff also played background music to help with this.

Most of the 56 comment cards we received were very positive about the standard of care received and said that staff were courteous, helpful, respectful and kind. However, eight of these comments also referred to difficulty in getting through to the practice or getting a routine appointment. This was supported by the five patients we spoke with who said they were happy with the care they received and thought staff were approachable, committed, thoughtful and caring. Some gave examples of how the practice staff including receptionists had gone the extra mile and all were happy that appointments ran on time most of the time.

We spoke with some members of the patient participation group who told us that they were very active at the practice and enjoyed a positive relationship with the practice staff. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey published on January 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 nurses. For example:

- 93% of patients said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 92% of patients said the GP gave them enough time (CCG average 88%, national average 87%).
- 98% of patients said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%)
- 89% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 86%, national average 85%).
- 99% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 91%).
- 85% of patients said they found the receptionists at the practice helpful (CCG average 88%, national average 87%)

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. Patients who required a care plan were given the opportunity to create their own and then discuss this with a GP. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views. There were a number of information support packs available that were condition-specific and these were used to help patients manage their condition and to be able to recognise when their condition was deteriorating.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 84% of patients 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%.

Good

Are services caring?

- 88% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 84%, national average 81%)
- 97% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 87%, national average 85%)

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. For example; Cruse for bereavement support, Alzheimer's society and cancer care self-help group.

The practice's computer system alerted GPs if a patient was also a carer. There were 226 patients registered as carers which is 2.1% of the practice list. The practice recorded on the patients record if they were a carer and told us that were aware of which patients were carers and remembered to ask about their welfare when they visited the practice. There was a carers champion at the practice who ensured that carers received a written carers information pack and was available to direct them to the various avenues of support available

Staff told us that if families had experienced bereavement, their usual GP contacted them or visited them at home. Bereavement counselling was also available. We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- The practice offered extended hours clinics on Tuesday mornings from 7am to 8am and Wednesday evenings from 6.30pm to 8pm for working patients who could not attend during normal opening hours. There were also Saturday morning appointments available once each month from 9am to 12.30pm where appointments could be booked with a GP or a nurse.
- There were longer appointments available for patients with a learning disability and those with complex needs.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those who had an urgent need.
- Patients could make appointments by telephone, at reception and online.
- The practice told us that there were sufficient appointments available that enabled patients to obtain a routine appointment and there was a 'sit and wait' clinic each day from 4.30pm onwards where patients could be seen on the day they called.
- Appointment cards were provided and patients were reminded about their appointment via text message.
- The practice proactively followed up vulnerable patients who did not attend for their scheduled appointment. They contacted them by telephone within 48 hours and re-scheduled their appointment or took remedial action if their health had deteriorated. The care coordinator planned their ongoing care where needed.
- Contraception services were offered at the practice including contraceptive implants and coils. Pregnancy testing was also available on site.
- The practice provided a travel vaccinations clinic where vaccines were available on the NHS as well as privately.
- There were facilities for the disabled, a hearing loop and translation services available if required.
- Annual health checks were offered to vulnerable patients and those with complex needs, for example, those with a mental health condition and those with a learning disability. These were provided in the patients own home for housebound patients.
- Patients with a chronic illness, for example heart disease and lung disease were offered an annual health check and those with diabetes were reviewed more regularly as required.All nurses had received training on specific chronic illness and the practice nurse with a lead role for diabetes worked closely with the community diabetic specialist nurse.

Access to the service

Patients told us they were satisfied with the appointment system and said they were able to make a routine appointment but they sometimes had to wait a long time to get through to the practice by telephone. Urgent appointments were always available the same day. Routine appointments were offered from 8am until 5pm every day, and extended appointments were available from 7am to 8am on Tuesday mornings and 6.30pm to 8pm on Wednesday evenings. Saturday morning clinics were available once each month from 9am to 12.30pm. Telephone consultations and home visits were available by appointment and where required.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was better than local and national averages in most areas, including the following;

- 87% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 75%.
- 86% of patients said they always or almost always see or speak to the GP they prefer (CCG average 55%, national average 59%).

The practice were also in line with CCG and national averages for accessing the surgery by phone.

- 71% of patients said they could get through easily to the surgery by phone (CCG average 74%, national average 73%).

The practice were aware of this difficulty and told us that they were working to resolve this by actively promoting the different ways to make an appointment including using the online booking service.

People told us on the day of the inspection they were able to get appointments when they needed them. They were satisfied an appointment was available on the same day with a GP if they needed one and could attend the daily 'sit and wait' clinic if required.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns were in line with recognised guidance and contractual obligations for GPs in England. Information on how to complain was made available to patients in the waiting area and on the website. Leaflets were available explaining the options and signposted patients to advocacy services and to NHS England. There was a designated responsible person who handled the complaints in the practice.

Patients we spoke with were generally aware of the process to follow if they wished to make a complaint, and told us that they would feel confident to report any concerns should this arise.

The practice had received 11 written complaints in the previous 12 months. We looked at a selection of the written complaints received in the year and found that these had been fully investigated and responded to within an appropriate timescale. Apologies were provided and learning points were recorded and shared with staff at their meetings. The practice also adopted the practice of documenting all verbal complaints so that these could be included in discussions at meetings and improvements made.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, when a patient attended for a minor procedure on the wrong day, the practice reviewed their processes and made an amendment.

Are services well-led?

Good

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

Our findings

The practice had a clear vision and purpose to deliver high quality care in a friendly, caring and professional manner. We saw that all staff took an active role in ensuring provision of a high level of service on a daily basis and we observed staff behaving in a kind, considerate and professional manner. The practice had a robust strategy and supporting business plans which reflected the vision and values of the practice. The plans included recruitment of a GP, involvement with local commissioning groups, and meeting the potential increased patient demand due to nearby housing development.

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 via the practices computer system. These were recently updated and reviewed regularly.
- Practice meetings were held weekly and provided an opportunity for staff to learn about the performance of the practice. Other team meetings and multi disciplinary team meetings were held monthly and included relevant practice staff and the attached community team, social work team, mental health team and the care coordinator where required.
- A programme of clinical and internal audit which was used to monitor quality and to make improvements. We reviewed two clinical audits and two reviews to processes that showed improvements had been made.
- The GP's recorded individual areas for improvement as part of their appraisal and revalidation process.
- The practice supported nurses in their revalidation process by providing opportunities for development including reflection and sharing learning.
- There were arrangements in place for identifying, recording and managing risks which were comprehensive and organised.
- There was a meeting structure in place that allowed for lessons to be learned and shared following significant events and complaints. Staff groups including the community team and attached staff attended meetings where the agenda items regularly included significant events, complaints, safeguarding, at risk patients, and more recently the nurse meetings included revalidation as an agenda item at every meeting.

Leadership and culture

The GP partners had the experience, capacity and capability to run the practice to ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

We were shown a clear leadership structure that had named members of staff in lead roles. For example, infection prevention and control,safeguarding,complaints,GP training, palliative care, information governance and medicines management. Nursing staff also had lead roles in long term conditions, learning disability health checks and minor ailment management.

We saw from meeting minutes that regular team meetings were held. Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and were confident in doing so and felt supported if they did. We also noted that the whole clinical team were given time to attend a development session each month. Staff said they felt respected, valued and supported, particularly by the partners in the practice. The nurses were encouraged to meet with other clinicians at clinical meetings to discuss their individual practice and reflections as part of the nurse revalidation process.

Staff told us that they felt the leadership within the practice was fair, consistent and generated an atmosphere of team working.

The surgeries practice manager is a member of the CCG's Primary Care Operational Group and the practice also engaged in locality meetings, practice manager forums and QUEST sessions, where there was opportunities to learn and share with other practices.

The practice were not currently involved in any planned collaborative working schemes within their locality, however they regularly worked with other practices in their locality on an informal basis.

Are services well-led?

Good

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

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

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

The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met quarterly, carried out patient surveys and submitted proposals for improvements to the practice management team. The practice had set up a surgery page on social media to try and encourage patients to use this as another means of accessing information regarding the practice.

The practice implemented a healthy lifestyle programme following recommendation from the PPG. This included regular organised events where services relating to healthy lifestyle were promoted in a fun environment. For example; a 'fruity Friday' event whereby fruit was provided for patients and staff along with information about healthy eating. The practice also supported the PPG to run regular coffee mornings for people with cancer and their relatives and carers to receive non medical support and discuss issues that affect them. The PPG had also arranged fund raising activities and had purchased additional equipment for the practice, a remembrance tree and improvements to the car park. They also acted as buddies for patients who required this and were well supported by the practice staff in all their activities.

The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they felt able to approach any of the GP partners and manager to give feedback and discuss any concerns or issues.

There was a consistent meeting structure where staff groups including the community team attended meetings where the agenda items regularly included significant events, complaints, safeguarding, at- risk patients, and more recently the nurse meetings included revalidation as an agenda item at every meeting.