

# Haven Medical Centre

## Quality Report

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Date of inspection visit: 19 April 2016

Date of publication: 06/06/2016

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?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Haven Medical Centre on 19 April 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. Learning from events and safety incidents was shared with practice staff.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. The practice was committed to staff training and development and the practice team had the skills, knowledge and experience to deliver high quality care and effective treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they were able to make an appointment with a GP or nurse for the following week, but that it was often difficult to make an appointment with their preferred GP. Urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- There was an active Patient participation Group (PPG) which liaised regularly with the practice to make improvements.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

# Summary of findings

- The practice should ensure that their processes for storing prescription pads is adhered to and monitored.
- The practice should proactively encourage relevant patients to attend for bowel cancer screening so that uptake is in line with CCG and national averages.
- The practice should be proactive in identifying patients who are also carers

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events. Lessons learned were shared with practice staff to improve practice.
- When any unexpected safety incidents occurred, people were provided with an explanation and an apology. They were told about any actions taken to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. All staff had received appropriate safeguarding training and knew how to act if they had a safeguarding concern.
- The practice had robust recruitment procedures to ensure all staff had the skills and qualifications to perform their roles, and had received appropriate pre-employment checks. A comprehensive induction was provided for all new staff.
- Risks to patients were assessed and well managed. This included infection control procedures and appropriate checks for systems and, appliances and equipment.
- Patients on high risk medicines were monitored on a regular basis and actions were taken to review any medicines alerts received by the practice to ensure patients were kept safe.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the CCG and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance and local protocols.
- Clinical audits demonstrated quality improvement. Two full cycle audits that we looked at showed improvements to care had been made.
- Staff had the skills, knowledge and experience to deliver effective care and treatment and all GPs had lead roles for clinical areas.
- There was evidence of personal development plans for all staff which were driven by their annual appraisal. The practice were supportive of development for all staff.

Good



# Summary of findings

- Staff worked with a wide range of other health care professionals to understand and meet the range and complexity of patients' needs. This was supported by monthly multi disciplinary meetings where actions and outcomes were well documented and available for relevant staff.

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had a policy of seeing vulnerable patients on the day they called, in recognition that some patients were difficult to engage with health care. This often meant that additional appointments were made available at the end of the day. An alert was placed in the patients notes to remind reception staff of any special requirements.
- The community based health care team reported that there was a positive relationship and engagement with the practice team.
- Feedback from care home staff was consistently positive with regards to the high levels of care provided by the practice team.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and had adjusted services to address the needs. For example; they had increased the GP triaging sessions and had increased the number of routine appointments which could be booked online.
- They had identified a particular vulnerable group and were looking at how they could work to reduce the number of teenage pregnancies in their area.
- Patients said they could usually get an appointment when they needed one but that the appointment system for routine care was confusing. This was supported by comments from comments cards we reviewed. Data from the patients survey found that 52% of patients described their experience of

Good



# Summary of findings

making an appointment as good, compared with the CCG which was 73%. Urgent appointments were available the same day. The practice had recognised this as an issue and had been working to improve it. Online booking was being encouraged and routine appointments were constantly monitored and managed.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

## Are services well-led?

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

- The partners had a vision to deliver high quality care and promote good outcomes for patients. Staff knew about the vision for the practice and appeared motivated to delivering high quality care.
- There was a clear leadership structure and governance framework, and staff felt supported by management to deliver the practice's vision and values. There were a number of policies and procedures to govern activity, monitor improvement and manage safety.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The patient participation group was active and worked with the practice to obtain patient feedback and to suggest improvements.
- There was a strong focus on continuous learning and improvement at all levels and all staff were encouraged to attend the monthly development sessions when the practice closed for an afternoon each month.
- The partners had identified a need to recruit two further GPs and had worked flexibly and creatively to fill the gap in clinic sessions by recruiting two advanced nurse practitioners to provide clinics for assessment and treatment of minor illness and telephone triage. They had arranged for other nurses to complete additional training which would enable them to prescribe medicines and insert contraceptive devices in the future.

Good



# 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.

- The practice had higher disease prevalence and higher levels of deprivation affecting their older population. The practice was aware of this and adjusted their services to account for the increased demand for this population.
- The practice cared for 53 patients in two nursing homes where they provided weekly ward rounds for acute and routine reviews of patients. All new patients admitted to the homes were reviewed within one week of registering at the surgery.
- The practice used The Gold Standards Framework (GSF) to plan care for older patients at the end of their life. (GSF is a model that enables good practice to be available to all people nearing the end of their lives, irrespective of diagnosis.) Meetings took place on a quarterly basis with community support services, including District Nurses, Community Matrons, Macmillan Nurse, Care Coordinator and Nursing home managers to plan and monitor care. The care co-ordinator tracked patients who had been discharged from hospital to plan their care and co-ordinate services including referral to social care, and voluntary services when required.
- The practice used RightCare plans to provide clear information on individual needs which were shared with out of hours' services and other agencies so that care could be coordinated and this helped to reduce the number of unnecessary hospital admissions. The RightCare plans were reviewed annually as a minimum.
- The practice worked with the CCG pharmacist to review patients medicines and an appointment was arranged annually with a GP for those who were taking more than eight medicines concurrently.
- All people over 75 had a named GP and routine home visits were provided for housebound patients where required.

Good



### People with long term conditions

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

- The practice was committed in supporting the training of clinical staff to deliver chronic disease management and was supporting a nurse to complete a nurse prescribing course. Nursing staff had lead roles in chronic disease management

Good



# Summary of findings

and were supported by the GPs to provide structured annual reviews which incorporated a medicines review and advanced care planning where required. More frequent reviews were provided for those who needed this. There was a dedicated administrator who contacted patients who failed to attend for their appointment. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

- QOF achievements for clinical indicators relating to chronic disease were higher than CCG and national averages. For example, the practice achieved 95% for diabetes related indicators, which was above the local and national averages of 93% and 89% respectively. However, exception reporting was 18% which was 5% higher than the CCG average and 8% higher than the national average. The practice told us that patients whose condition was poorly controlled were being cared for by a local provider which meant that those patients did not attend for regular checks at the practice. These were included in the exception figures.
- They had provided influenza vaccination for 97% of people with diabetes compared to the national average which was 94%.
- 94% of patients with diabetes had had a foot examination in the preceding year which was higher than the national average of 88%
- The practice proactively carried out audits of blood test results and medicine usage to identify patients who may be at risk of developing a chronic disease. Patients who had been identified as being at risk of developing a cardiovascular disease (CVD) were regularly monitored. Telephone advice was provided regarding lifestyle and diet to help prevent long term conditions developing.
- Longer appointments and home visits were available when needed.
- Uptake for cancer screening was lower than the CCG and national averages, whilst the number of newly diagnoses cases was similar to both CCG and national averages. However, the practice held a weekly clinical meeting where they discussed any new cancer diagnoses.

## Families, children and young people

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

Good





# 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. For example; attendance for under 24 months ranged between 96% and 99%. Where a child has not attended, the parents are contacted by a health visitor.
- 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.
- Appointments were available outside of school hours and the premises were suitable for children and babies. A protocol was in place that ensured that all children requesting an appointment were seen by a clinician on the day.
- We saw positive examples of joint working with midwives, health visitors and school nurses. Regular meetings were held to discuss families requiring extra support.
- Antenatal clinics were held three days per week over both sites and postnatal checks were provided for new mothers which included advice on contraception.
- There was an advanced nurse practitioner ( ANP) who provided contraceptive advice and implanon (contraceptive implant) surgeries in-house for patients. There were plans for the ANP to complete a refresher course on IUCD fitting (contraceptive coil) to increase the capacity to deliver this service.
- There was an in -house triage protocol that had been developed for all patients and had an additional section for 'red flag' symptoms for children. This was to support the reception team in identifying urgency of an appointment. Reception team had also undergone Patient In Need training.

## **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, flexible and offered continuity of care.
- Extended hours surgeries were available and telephone advice via the on call clinician each day during for people who were unable to attend during the usual opening hours.
- Patients were also able to view their records online and contact the surgery via email.

Good



# Summary of findings

- The practice was proactive in offering online services for booking and cancelling appointments and for requesting repeat prescriptions.
- A full range of health promotion and screening was available that reflects the needs for this age group. For example, there was information regarding breast screening and bowel screening. Health information leaflets were also available for patients to read.
- Cervical cancer screening had been performed for 81% of eligible women which was 3% below the CCG average and the same as the national average. Exception reporting was 4%.
- There was a surgery newsletter that kept people up to date with surgery improvements and news.

## People whose circumstances may make them vulnerable

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 homeless people, those with a learning disability and those with a mental health condition or dementia, carers and people who were receiving palliative care. All vulnerable people on their registers were invited for an annual health check, apart from those who were receiving palliative care, who were reviewed more frequently as required.
- The practice offered longer appointments for patients with a learning disability, those with a mental health condition and others who required this.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. Meetings were held quarterly with the multi-disciplinary team which was led by the care coordinator to review patients progress and to enable continuity of care.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. Patients records alerted staff to when a patient was at risk. The practice had a high number of patients on their at-risk register.

Good



# Summary of findings

## 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 had a population whereby 0.7% of the population had a diagnosis of dementia. Many of these were patients in two local care homes affiliated to the practice which specialised in caring for people with dementia.

- 86% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the CCG average and 2% higher than the national average.
- The practice had a high number of patients receiving care and treatment for complex mental health disorders including alcohol and substance misuse. They had achieved 100% of their QOF points in mental health related indicators which was 3% better than the CCG average and 7% better than the national average, however, the exception reporting across these indicators was 17%. This was the same as the CCG average and 6% higher than the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia, taking account of their best interests, and included carers where relevant.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- 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.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 2 January 2016.

The results showed the practice was performing below local and national averages for patient satisfaction scores. 414 survey forms were distributed and 115 were returned. This represented a 28% response rate.

- 55% of patients found it easy to get through to this practice by phone compared to the CCG average of 74% and the national average of 73%.
- 68% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 86% and national average of 85%.
- 74% of patients described the overall experience of this GP practice as good compared to the CCG average of 87% and national average of 85%.
- 60% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 80% and national average of 78%.

The practice were aware of the results and had supplied data from a survey conducted by their patient

participation group (PPG) in September 2015 that showed that the majority of patients (93%) preferred to use the telephone to make their appointment and that 2% reported that they found it difficult to get through by telephone.

They had implemented a message service on their telephone system asking patients wishing to make a routine appointment or enquire about test results to call back after 11am to enable better access for those requiring an urgent appointment. They also implemented a queuing system so that patients didn't receive the 'busy' signal when they called.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 22 comment cards which were all positive about the standard of care received. However, two comments related to dissatisfaction about the appointments system. We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

## Areas for improvement

### Action the service SHOULD take to improve

The areas where the provider should make improvement are:

- The practice should ensure that their processes for storing prescription pads is adhered to and monitored.
- The practice should proactively encourage relevant patients to attend for bowel cancer screening so that uptake is in line with CCG and national averages.
- The practice should be proactive in identifying patients who are also carers

# Haven 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 adviser and a practice manager specialist adviser.

## Background to Haven Medical Centre

Haven Medical Centre is located in Osmaston, Derby. DE24 8GT. The current site was formed following the merger of two practices in July 2011 and currently has over 11,000 patients. The main site is situated on Osmaston Road with a branch surgery at Keldholme Lane in Alvaston. Patients are able to attend either one of the locations, however, as bus routes between the two sites are difficult, most patients tend to make most use of the site nearest to where they live.

Both surgeries have a bus stop near to the site and a small car park.

The practice currently has a list size of approximately 11,500 patients and holds a General Medical Services (GMS) contract which is a contract between general practices and NHS England for delivering primary care services to local communities. The practice provides GP services commissioned by NHS Southern Derbyshire Clinical Commissioning Group.(CCG)

The practice is situated in an area of very high socio-economic deprivation, and an income deprivation affecting children and older people which is significantly higher than the national average. It has a population of

babies and children under the age of 18 which is significantly higher than the national average and the number of working aged people who are unemployed is twice the CCG and national averages.

The practice displays a mission statement informing people that they are committed to providing high quality, evidence-based patient care in a caring and supportive environment. Staff are enthusiastic about their work being patient centred and the practice values team work.

There are two GP partners, both male and three salaried GPs, two female and one male. There is a large nursing team consisting of two advanced nurse practitioners, two practice nurses, one health care assistant and one health care support worker.

The clinical team is supported by the community clinical team, including a community matron, health visitor, midwives, district nurse, MacMillan nurse, practice pharmacist and a care coordinator.

The practice is supported by a practice manager, assistant practice manager and a team of administration and reception staff.

The practice is open between 8am and 6.30pm Monday to Friday and an extended opening time on Mondays until 8pm.

Appointments are available at the main site in Osmaston road from 8.30 until 6.30 each day and has an extended hours clinic on Mondays until 8pm.

Appointments are available at the branch surgery in Keldholme Lane from 8am to 6.30pm each day and has an extended hours clinic on Mondays until 8pm.

When the surgery is closed, patients are directed to the out of hours service via the 111 telephone service. Details can be found on the practice's website.

# Detailed findings

## Why we carried out this inspection

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 19 April 2016. During our visit we:

- Spoke with a range of staff (GP partners, salaried GP, practice manager, assistant practice manager, nurses, advanced nurse practitioner, practice pharmacist, care coordinator, health visitor, 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.

# 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 they would inform the practice manager of any incidents that occurred. A form was available to report incidents on the practice's computer system.
- The practice carried out an analysis of each significant event which were reviewed at clinical or staff meetings which were held each month. There was also an annual review of significant events to ensure that learning had been embedded.
- When there were unintended or unexpected safety incidents, people received support, an apology, and were told about any actions taken to prevent the same thing happening again.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared with relevant staff to make sure action was taken to improve safety in the practice. For example, when a diagnosis was delayed, the practice reviewed the symptoms and management of this condition as a team.

The practice had processes in place to review and share any medicines alerts and patient safety alerts received. These were received by the practice manager and shared with other members of the staff team as required. Copies of alerts were kept on file and staff told us about actions they had taken to address safety alerts they had received.

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

**Overview of safety systems and processes** 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 Level 3. Staff we spoke with were able to give examples of action they had taken in response to concerns they had regarding patient welfare. On the day we inspected, there were a high number of people on their safeguarding register and all these had an alert on their notes which reminded staff that they were at risk. Community staff we spoke with confirmed that the practice liaised with them regarding safeguarding concerns.

Information was displayed in the waiting area which advised patients that chaperones were available if required. The nurses and some receptionists acted as chaperones, 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. They had appointed a practice nurse as an 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 November 2015. Changes had been implemented, for example; disposable curtains had been purchased, and gloves, soap dispensers and aprons were mounted on the walls.

Arrangements for managing medicines ensured that patients were kept safe. For example, there was a CCG pharmacist who worked closely with the GP's to monitor adherence to protocols relating to prescribing and dispensing. There was a process to review and cascade medicines alerts received via the Medicines Health and Regulatory Authority (MHRA). When this raised concerns about specific medicines, searches were undertaken to check individual patients and ensure effective action were taken to ensure they were safe. For example, prescribing an alternative medicine if a concern had been raised about the safety of a particular medicine.

There was a robust process in place to monitor patients who were taking certain medicines that might cause harm if not closely monitored.

The practice told us that prescription pads were usually stored securely and processes were in place to monitor

## Are services safe?

their use. However, on the day of our inspection, there were some prescriptions that had not been locked away. Patient Group Directions (PGDs) were being used by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions (PSDs) to enable health care assistants to administer Vitamin B12 and influenza vaccinations which were appropriately signed.

There was a temperature monitoring system in the medicines fridges to ensure that vaccinations were stored at the correct temperature, and emergency medicines were in date and regularly checked.

We reviewed five 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.

- The practice had procedures in place to monitor and manage risks to patient and staff safety. There was a health and safety policy available which was accessible to all staff electronically and an accident book to record accidents.
- The practice had up to date fire risk assessments and carried out regular fire drills.
- 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 legionella (Legionella is a bacterium which can contaminate water systems in buildings).
- Arrangements were in place to plan and monitor staffing levels needed to meet patients' needs. There was a rota system in place for all of the different staffing groups to ensure that enough staff were on duty. The practice manager and assistant practice manager were multi skilled and were able to cover absent staff if required. The GPs generally covered each other when there was annual leave or sickness, but sometimes utilised three locum GPs who they knew well and who were familiar with the patient population.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were comprehensive supply of emergency medicines available which were in date.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and a copy was kept off site in case they were unable to get into the buildings.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice had systems in place to keep all clinical staff up to date. The practice assessed needs and delivered care and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) guidelines, and local guidance, for example, in relation to prescribing and infection control management.

### 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 99% of the total number of points available. This was 2% above the CCG average and 4% above the national average. Exception reporting was 14% which was 3% above the CCG average and 5% above the national average. (the exception reporting rate is the number of patients which are excluded by the practice when calculating their achievement within QOF).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators at 95% was 2% above the CCG average of 6% above the national average. However, exception reporting rates for the eleven individual indicators within diabetes was an average of 10% which was 4% above the CCG average and 5% above national average. The practice told us that their most complex patients were referred to a secondary provider and were excluded from data as patients were generally reluctant to attend for health checks at the practice as well as attending specialist services.
- Performance for mental health related indicators was 100% which was 3% better than CCG average and 7% better than national average. Exception reporting at 17% was the same as the CCG average and 6% higher than the national average.

- Performance for a cancer related indicator was 92% which was 2% below the CCG average and 4% below the national average. Exception reporting rate for this indicator at 23% was slightly higher than CCG and national averages.

- The percentage of patients with COPD who have had a review in the preceding 12 months was 95% which was 5% higher than the CCG average and 5% better than the national average. Exception reporting for this indicator was below CCG and national averages.

- 86% of patients diagnosed with dementia had had a face to face review in the preceding 12 months. This was in line with CCG and national averages. Exception reporting at 12% was slightly higher than CCG and national averages

A review of three patient records that had been exception reported showed that the correct process for contacting non-responders had been followed and documented in each case, providing assurance that the practice data was accurate.

There was evidence of quality improvement including clinical audit.

- There had been eight clinical audits undertaken in the last two years. We looked at two which were completed audits conducted over two cycles where the improvements made were implemented and monitored. For example; an audit showed that the practice was an outlier in prescribing antibiotics. The practice implemented a number of changes which included patient education, and GP prompts to alert them to prescribing guidelines. This resulted in a significant improvement over two cycles and the practice were commended by the CCG pharmacy team for their improvement. A second audit was conducted over two cycles to check whether improvements had been achieved to blood cholesterol levels for selected patients. The audit identified a need to monitor patients on a six monthly basis and changes were made to enable relevant patients to be invited to attend a review.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. For example; they regularly undertook patient searches to check compliance with medicines and to see whether best practice was being followed in monitoring whether patients
- diagnosed with asthma were using their inhaler correctly.

# Are services effective?

(for example, treatment is effective)

- Regular prescribing comparisons were undertaken with the support of the CCG Medicines pharmacist to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice had historically been an outlier for prescribing certain antibiotics and had worked as a team to improve this. Information was displayed in the waiting room informing patients of the best practice for prescribing antibiotics and information was made available for patients regarding management of self-limiting minor ailments. This had resulted in a dramatic improvement.

## Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. The practice had not been successful in recruiting two additional GPs and had reviewed the skill mix within their team. They had appointed a second advanced nurse practitioner to provide five additional clinic sessions per week for patients with minor illness and minor injury which provided a total of eight sessions for patients to book into instead of seeing a GP. The advanced nurse practitioners had achieved a Masters level degree in clinical practice which covered topics such as sexual health, chronic disease management and assessment of minor illness and injury. They were also able to prescribe medicines where required. This role was utilised to provide telephone triage as well as 'on the day' appointments which enabled GPs to focus on more complex cases.

We saw some evidence of induction programmes for newly appointed members of staff that covered such topics as health and safety and confidentiality, infection control and safeguarding. Some newly appointed staff told us that they had been well prepared for their role and felt properly supported.

- The practice ensured role-specific training with updates was undertaken for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support,

one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months and those we looked at had identified learning needs documented.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. They were also encouraged to attend the practice learning sessions which were a mix of practice/team meetings and development sessions. These were available for all staff one afternoon every three months.

## 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 electronic patient record. This included care plans and risk assessments, medical history, 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.

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 community health team representatives, district nurse, health visitor, school nurse, social work team and the community mental health team where required. Care plans were routinely reviewed and updated and shared with relevant services as required.

## 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 recorded consent to treatment and procedures in the patient's record. Written consent was obtained for minor surgery and invasive procedures.

# Are services effective?

(for example, treatment is effective)

## Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. These included patients 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.

The practice's uptake for the cervical screening programme was 74%, which was 4% lower than the CCG average and below the national average of 82%. There was a policy to send 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 ensuring that a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening by making this information visible in the waiting area. The practice's uptake for breast cancer screening was

70% which was comparable with the CCG average of 77% and the national average which was 73%. The practice had achieved an uptake of 47% for screening for bowel cancer which was lower than the CCG average of 61% and the national average which was 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96% to 99% and five year olds from 89% to 98%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74 where a risk assessment was made regarding risk of cardio-vascular disease. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- 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.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Almost all of the 22 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with three members of the patient participation group (PPG). 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 showed patients felt they were treated with compassion, dignity and respect. The practice performance was variable in relation to its satisfaction scores on consultations with GPs and nurses. For example:

- 83% of patients said the GP was good at listening to them compared to the CCG average of 80% and the national average of 89%.
- 84% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 86% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%
- 75% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%.

- 85% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 87% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%

However, staff related a number of examples to us on the day of our visit about how all staff went the extra mile for patients. For example, picking up prescriptions and taking them to patients who were housebound. One receptionist noted that a patient hadn't attended for an urgent appointment and informed the on-call GP who attended the patients home and found their condition had worsened and called emergency services. Staff we spoke to were very enthusiastic about providing high quality care and told us that they made a positive difference to patients lives.

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

Patients told us they generally felt involved in decision making about the care and treatment they received. 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 from the comment cards we received was also positive and aligned with these views. The care plans we viewed were personalised. Staff from a local care home where GPs visited regularly told us that the GPs were caring, respectful and approachable.

Results from the national GP patient survey showed patients did not respond positively to questions about their involvement in planning and making decisions about their care and treatment. Results were below local and national averages. For example:

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 72% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 82%.
- 73% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 82%

## Are services caring?

The practice provided facilities to help patients be involved in decisions about their care. Staff told us that translation services were available for patients who did not have English as a first language and that five different languages were spoken by practice staff who could provide translation services. We saw notices in the reception areas informing patients this service was available.

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website and there was a notice board for carers in the reception area.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 167 patients as carers which represented about 1% of the practice list. Written information was available to direct carers to the various avenues of support available to them. All carers were offered the opportunity to have an influenza vaccination during two drop in sessions where carers were able to meet with other carers in a social environment. Representatives from the Derbyshire Carers Service were invited to the practice two-three times each year to talk to carers about the services they provided. The practice had recently started to offer annual reviews to carers and had achieved 16% attendance at the time of our inspection and were planning to increase this by utilising their trained nursing team to provide reviews.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice was in an area of high deprivation, high social and economic deprivation and high demand for clinical services, particularly relating to drug and alcohol misuse. They had reviewed the needs of its local population and engaged with the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example; they had not been able to recruit additional GPs to meet the demands of the population, so they utilised the skills of advanced nurse practitioners to provide minor illness assessment clinics which enabled GPs to see more complex cases.

- The assistant practice manager monitored access to appointments throughout the day and made additional appointments available if required in order to manage patient services.
- They utilised a care coordinator to facilitate and coordinate care and to enable referral to relevant services such as Age Concern, Anti-social Behaviour Scheme, Derby Homes and Healthy Housing.
- The practice offered a 'Commuter's Clinic' at the branch surgery from 8am every day and a later evening clinic on Mondays from 6.30pm to 8pm at both surgeries for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability, people with a mental health issue or complex needs, and those requiring translation services.
- Patients could make appointments by telephone, at reception and online.
- Routine appointments were available up to seven days in advance. However, patients told us that it was often difficult to make a routine appointment as these were quickly used up. The practice had recently changed the way in which it managed routine appointments and were encouraging patients to use the online service.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. Housebound patients were visited routinely by an advanced nurse practitioner.
- Same day appointments were available for children and those patients with an urgent need.

- The practice had implemented a queuing system for their telephone system so that patients did not get a busy signal when calling at busy times and were kept informed of where they were in the queue.
- The practice had identified two GP leads to be responsible for caring for patients in two local nursing homes where they made two-weekly ward rounds and prioritised visits when required.
- Repeat prescriptions could be ordered online or by email and the practice used an electronic system to send repeat prescriptions directly to a pharmacy for collection.
- The practice provided a confidential system for patients from a women's refuge to register as a patient.
- Transient people were able to register using a YMCA address.
- There were disabled facilities, a hearing loop and translation services available with five languages spoken in house by clinical staff.
- NHS health checks were offered to all 40-74 year olds to identify patients at risk of developing CVD. High risk patients were invited annually for review. Patients were followed up by a telephone consultation with the HCA following calculation of their QRISK score and appropriate actions taken.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday and an extended opening time on Mondays until 8pm.

Appointments were available at the main site in Osmaston road from 8.30 until 6.30 each day and had an extended hours clinic on Monday evenings until 8pm.

Appointments were available at the branch surgery in Keldholme lane from 8am to 6.30pm each day and had an extended hours clinic on Monday evenings until 8pm.

In addition to pre-bookable appointments that could be booked up to one week in advance, urgent appointments were also available on the same day for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was lower than local and national averages.

# Are services responsive to people's needs?

(for example, to feedback?)

- 69% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and the national average of 78%.
- 59% of patients said they could get through easily to the practice by phone compared to the CCG average of 79% and the national average of 73%.

Two of the CQC comments cards related to difficulties in making an appointment and people told us on the day of the inspection that they were able to get appointments when they needed them, but this often meant calling on the day.

The practice were encouraging patients to use the online booking service where more routine appointments were available and were closely monitoring demand for appointments following recent changes.

The practice had a system in place to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.

Receptionists had received triage training to help them to prioritise urgent needs using a triage protocol. This had been designed in-house and shared with other local practices and the CCG.

The advanced nurse practitioners had time scheduled to make home visits for housebound and vulnerable patients.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

## Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was the designated complaints lead who was the responsible person who handled all complaints in the practice.
- We saw that information was available in the reception area to help patients understand the complaints system

We looked at nine complaints received in the last 12 months and found that these were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints and action was taken to as a result to improve the quality of care. For example, additional online appointment slots were made available.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a vision to deliver high quality care and promote good outcomes for patients in an area of high socio-economic deprivation and high demand for services.

- The practice had a mission statement which was displayed in the waiting area and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored at practice meetings.

### Governance arrangements

The practice had a governance framework which included.

- 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 through the practice's computer system.
- A programme of continuous clinical review and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

However the practice needed to be more proactive in some areas including identifying carers, improving screening rates and considering areas of high exception reporting.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice. They told us they prioritised safe, high quality and compassionate care and that they offered an accessible, personal service. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal

requirements that providers of services must follow when things go wrong with care and treatment). We saw that patients had been notified following a significant event. The partners encouraged a culture of openness and honesty. We saw that the practice notified patients when things went wrong with care and treatment and gave affected people support, truthful information and a verbal and written apology

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

- The practice held regular team meetings and we saw minutes of these.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted that there was an afternoon each quarter where the practice closed to enable staff meetings, training and development.
- Staff said they felt respected, valued and supported by management. 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 delivered by the practice.

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

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

The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met bi-monthly, carried out patient surveys and made recommendations for improvements. For example, changes to the appointments system.

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