

Drs Abell, Church, Cooke, Dils, Stoodley and Taylor

Quality Report

Whittington Moor Surgery

Scarsdale Surgery

Chesterfield

S41 8NA

Tel: 01246 456938

Website: www.whittingtonmoorsurgery.co.uk

Date of inspection visit: 5 November 2015

Date of publication: This is auto-populated when the report is published

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

Ratings

Overall rating for this service

Outstanding 

Are services safe?

Outstanding 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive to people's needs?

Good 

Are services well-led?

Outstanding 

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	8
What people who use the service say	14

Detailed findings from this inspection

Our inspection team	15
Background to Drs Abell, Church, Cooke, Dils, Stoodley and Taylor	15
Why we carried out this inspection	15
How we carried out this inspection	15
Detailed findings	17

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Whittington Moor Surgery on 5 November 2015. Overall the practice is rated as outstanding.

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

- Feedback from patients about their care was consistently and strongly positive. Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- There was an open and transparent approach to safety and a highly effective system was in place for reporting and recording significant events. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Opportunities for learning from incidents were maximised and inclusive of the whole practice team
- The practice worked with other organisations and with the local community in planning how services were provided to ensure that they met people's needs. For example, the practice had contributed to the implementation of a telehealth service with a local care home to address high call outs by giving immediate telephone access to clinical advice.
- 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, a member of the group had witnessed the reception staff dealing with an aggressive patient and when this was reported to the practice, staff were given training in dealing with confrontation and information was displayed in reception regarding unacceptable behaviour.
- The practice used clinical audits to review patient care and took action to improve services as a result. For example, the practice had audited its referrals to gynaecology and this helped to reduce the number of referrals through discussion on appropriate cases with the other GPs.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- Information about how to complain was available and easy to understand, and learning was applied from complaints to improve services for patients.
- The practice had a clear vision which had quality and safety as its top priority. The partners had developed a robust strategy for business and clinical practice with lead areas of responsibilities for individual GPs. The supporting plans contained clearly defined goals and aspirations. The strategy to deliver this vision was regularly reviewed, and had been discussed with staff.
- Risks to patients were assessed and well managed in conjunction with the wider multi-disciplinary team.
- 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.
- 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.
- High standards were promoted and owned by an enthusiastic and motivated practice team with evidence of highly effective team working.

We saw several areas of outstanding practice including:

- The practice demonstrated an exceptional approach to safety and had a designated lead GP for significant events who had undertaken additional training to support this role. Events were risk rated to identify those with more serious implications for patient safety to prioritise them for action. Positive events were also recorded to ensure these could be celebrated and shared as good practice with the team.
- The practice contracted a pharmacist to provide clinics within the practice for substance misuse and Warfarin monitoring. This enabled vulnerable patients to be seen locally and within a familiar environment, and also facilitated rapid communication regarding any identified concerns between the GPs and the pharmacist. The

pharmacist had seen 32 patients for ongoing anticoagulation monitoring and seven patients for substance misuse issues over the last 12 months. The substance misuse service was quality-based to help keep patients stable on their medication regime, and the practice had audited patient satisfaction with the anticoagulation service in 2015 and this demonstrated positive feedback from patients.

- There was a high level of constructive engagement with staff and a high level of staff satisfaction. For example, the practice had undertaken a staff survey during October 2015. The whole team had all contributed to the development of the practice's vision. Annual away days recognised the contribution made by staff to deliver practice achievements. All staff we spoke with told us they felt valued and that their work was appreciated.
- A comprehensive set of reception protocols had been developed as a reference document for staff to provide information on what to do in response to any issues they may encounter when dealing with patient queries or presenting issues.
- The practice had been involved in establishing a telehealth system at one of the care homes which gave care home staff access to immediate clinical support via an external nurse triage facility. If the problem could not be resolved by telephone advice, the triage service requested the GP to visit. The impact of the scheme was evidenced by a reduction of 33 GP visits per month to the care home.
- The practice ensured that any children at risk from actual or potential abuse who re-located to another area were followed up by arranging a discussion with the new GP practice to share any known concerns.

One area where the provider should make improvement is:

To review access to a male GP by working with other local practices

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 outstanding for providing safe services.

- There was a designated lead GP for significant events. This GP and the practice manager had attended a validated course held over a six month period to acquire greater expertise in the management of untoward events. This had a major impact on how the practice dealt with incidents in prioritising patient safety concerns.
- The practice had an open and transparent culture towards safety and had a robust system in place for reporting and recording significant events. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Opportunities for learning from incidents were maximised and changes were made as a result of this. For example, the practice had identified the need to record a contact number for all carers. This was highlighted following a visit to a profoundly deaf patient where access to the home was delayed for five hours.
- The practice ensured that learning from events was inclusive of the whole practice team. Six monthly significant event review meetings took place with the team to share learning and review any themes. Meetings were documented for reference.
- When there are unintended or unexpected safety incidents, people received support, truthful information, an apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse. This involved regular liaison with other professionals to review any cases of concern. The practice ensured that any children deemed to be at risk of abuse who re-located to another area, were followed up via discussion with the new GP practice.
- The practice had effective procedures to manage infection control and reviewed standards of cleanliness on a regular basis.
- All staff had received appropriate recruitment checks including clearance from the Disclosure and Barring Service.
- Risks to patients were assessed thoroughly, well managed and co-ordinated with colleagues from the wider multi-disciplinary team.

Outstanding



Summary of findings

Are services effective?

The practice is rated as good for providing effective services.

- Our findings at inspection 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) guidelines and other locally agreed guidelines. The practice had a system for one GP to review any new guidance received, and provide a summary of this to all other GPs to ensure they had an awareness of this.
- Data showed patient outcomes were at or above average for the locality. For example, the QOF achievement for 2014-15 was 99.6% which was 1.5% higher than the average across their Clinical Commissioning Group area, and 6.1% above the national average. The overall QOF exception reporting rate was however higher than the average at 16.5%
- Clinical audits demonstrated quality improvement and we saw examples of this in audit reports produced by the GPs.
- Uptake for screening and immunisation programmes were high. For example, the practice achievement in respect of cervical screening was 84.3% which was in line with the CCG average and 2.4% above the England average. Exception reporting was low at 2% which was 0.9% below the CCG and 4.3% below the England averages.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. The practice was committed to staff training and supported team members to learn.
- All staff had received an appraisal and had accompanying personal development plans.
- Staff worked with multidisciplinary teams to meet the range and complexity of people's needs.

Good



Are services caring?

The practice is rated as outstanding for providing caring services.

- We observed a strong patient-centred culture. Feedback from patients about their care and treatment was consistently and strongly positive.
- Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. For example, 100% of respondents said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%.
- Information for patients about the services available was easy to understand and accessible.
- The practice had a designated carer's champion to help support people who cared for others.

Outstanding



Summary of findings

- The practice had a caring approach which extended beyond the practice as demonstrated by their support of the toilet-twinning scheme (a charitable scheme to assist access to clean water and toilet facilities) and the provision of returned in-date patient medications to support poorer people in deprived communities overseas via Inter Care, a charitable organisation.
- Views of staff from other providers we spoke with who worked with the practice were extremely positive and aligned with our findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice constantly reviewed the way they accommodated demand for patient appointments. Urgent appointments were available the same day. Pre-bookable appointments could be made up to six weeks in advance. The practice promoted on-line services to book appointments and repeat prescriptions. The practice had made some on-the-day appointments available from midnight.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice provided a range of services on site throughout the week including counselling, the Citizen's Advice Bureau, services for patients with substance misuse and warfarin monitoring, and hosted abdominal aortic aneurysm screening.
- The practice adapted information for specific groups to accommodate their needs – for example, letters to patients with learning disability were adapted to include picture prompts if appropriate. Letters to patients with visual impairment were printed in a larger font size.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff to improve services, and we saw examples of how this had been applied.
- 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, the practice had reduced the number of options to choose when telephoning the surgery to reduce holding times, and also made more staff available to answer incoming calls for the busiest time between 8 and 8.45am.

Good



Summary of findings

Are services well-led?

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

- There was a clear leadership structure and staff felt supported by management. The practice had a comprehensive range of policies and procedures to govern activity and held regular governance meetings.
- It had a clear vision and strategy with quality and safety as its top priority. The practice delivered high quality care and promoted good outcomes for patients. Each GP partner had designated lead areas of responsibility to deliver the vision which was supported by development plans to achieve business and clinical objectives. Staff were clear about the vision and their responsibilities in relation to this.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction. For example, the practice had undertaken a staff survey during October 2015. The whole team had all contributed to the development of the practice's vision. Away days recognised the contribution made by staff to deliver practice achievements.
- 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 proactively sought feedback from staff and patients, which it acted on. The patient participation group was active and had assisted in the design of the practice's own patient survey in 2014.
- There was a strong focus on continuous learning and improvement at all levels.

Outstanding



Summary of findings

The six population groups and what we found

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

Older people

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

- Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people such as rheumatoid arthritis, osteoporosis and coronary heart disease. The practice had achieved 100% of the available points in all of these areas which was above both the CCG and national averages.
- It was responsive to the needs of older people and offered home visits, urgent appointments, and longer appointments times for those with acute or complex needs.
- The practice provided primary medical services to two local care homes. It undertook regular ward rounds at these locations to review patients, and also visited in-between these planned sessions if any urgent needs were identified. Named doctors provided input to the homes on a six monthly rotation to ensure continuity of care.
- The practice had been involved in establishing a telehealth system at one of the care homes. This was a process whereby care home staff had access to immediate clinical support via an external nurse triage facility. If the problem could not be resolved by telephone advice, the triage service requested the GP to visit. The impact of the scheme was evidenced by a reduction of 33 GP visits per month to the care home.
- The practice used the facilities of an adjacent church to encourage older patients to attend flu vaccinations on a Saturday during the flu vaccination season. This fostered social interaction and helped to protect older patients from developing flu. This event was supported by the patient participation group.
- The practice had regular meetings to review older people with complex needs. Communication regarding patient concerns were facilitated by the co-location of the care co-ordinator and district nursing team within the practice building. Care plans were in place for patients and the practice had signed up to the hospital admissions avoidance enhanced service.
- The practice used the single point of access (SPA) to address any identified needs which required input from the wider health and social care team allowing them to be met nearer to the patient's own home. The practice also utilised the voluntary SPA to access voluntary services to provide support services to patients in the community such as the befriending scheme.

Outstanding



Summary of findings

- The practice hosted a monthly abdominal aortic aneurysm screening programme. The screening is used to detect a dangerous swelling (aneurysm) of the aorta—the main blood vessel that runs from the heart, down through the abdomen to the rest of the body. The screening was targeted at men aged over 65 years old. Since August 2012, 168 patients from the practice had been screened, including 44 patients in the last 12 months. This accounted for 18.5% of all patients screened in the practice.
- Automatic entrance doors provided easy access for older patients and all the consulting rooms were situated on the ground floor. A wheelchair was available for use if required.

People with long term conditions

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

- All patients with a long-term condition had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care, and regular meetings were held to review and plan individual patient needs.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice achieved 99.5% of available points via QOF in 2014-15. Key achievements for diabetes included 88% of newly diagnosed patients with diabetes being referred to a structured education programme within nine months. This was 13.7% above the CCG average and 21.7% above the national average.
- A podiatrist had attended the practice on a weekly basis since July 2015 to undertake an annual moderate and high-risk foot assessments on patients with diabetes. This ensured that patients, skin, blood circulation and sensation were reviewed to assess any impact from their diabetes, in order that they could receive appropriate treatment or advice. The practice were also considering hosting an independent podiatrist to provide toe nail cutting for diabetic patients.
- The practice provided initiation of insulin (teaching patients how to inject and manage their insulin regime) for type 2 diabetes as part of an additional enhanced service (type 2 diabetes occurs when the body doesn't produce enough insulin to function properly). 20 patients had received this service over the last 12 month period.

Outstanding



Summary of findings

- The practice had developed a leaflet for patients with diabetes including information on pregnancy, driving, travel and administering insulin. Additionally, they had developed a template to record key information using an A-F easy guide – for example, ‘A’ included advice and albumin creatinine urine ratio (a method to monitor kidney disease used for patients with diabetes), ‘B’ for blood pressure and body mass index through to ‘F’ for feet, food, and flu vaccination.
- Longer appointments and home visits were available when needed. A home visit was provided for the patient’s annual review if they were housebound.
- The practice had developed a strategic management plan which identified a lead GP for specific long-term conditions and highlighted the priorities to be achieved. This was kept under regular review by the partners to monitor progress towards identified goals.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and those who were at risk, for example, children who had a high number of A&E attendances. Monthly child safeguarding meetings were held with the health visitor and midwife, and the practice had undertaken work to establish good links with the school nursing service. The practice was proactive in following up any children at risk who re-located via communication with their new practice.
- Immunisation rates were high for all standard childhood immunisations (varying from 92.9% to 100%), and the practice had a robust process to follow up on non-attenders.
- 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. A child’s play area was available in reception.
- Nurse-led contraception clinics were held and the GPs fitted intra-uterine devices (coils) and implants
- Chlamydia testing kits were available in the patient toilets and in the main entrance to promote sexual health and well-being.
- Urgent appointments were available on the day for children, and routine appointments were available outside of school hours.

Outstanding



Summary of findings

- School children from a local primary school had visited the practice to familiarise them with attending the doctor's surgery and helped them to understand what the practice did.

Working age people (including those recently retired and students)

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

- The 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. For example, the practice offered extended hours for GP consultations which included an early morning surgery from 7-8am on one day each week. Late evening appointments were available until 8pm on alternate Tuesdays, and appointments were available on a Saturday morning once a month. Telephone consultations could also be booked by patients either on the day or booked in advance.
- The practice was proactive in offering online services to book appointments or order repeat prescriptions as well as a full range of health promotion and screening that reflected the needs for this age group.

Outstanding



People whose circumstances may make them vulnerable

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

- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. For example, the practice contracted an independent prescribing pharmacist to attend the practice who reviewed patients who misused substances. Seven patients were monitored via this service over the last 12 months.
- It had told 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.
- The practice told us they had registered a homeless patient. The practice gave access to facilities on site and provided a drink if required for the homeless.

Outstanding



Summary of findings

- The practice had invited all 34 patients on their learning disability register to attend for an annual review and 47% had been seen. Care plans were in place for all learning disability patients over 16 years of age. Longer appointments could be booked for patients with a learning disability.
- The practice liaised with a local learning disability day and residential unit for expert advice.
- The practice was a recognised 'safe haven' for members of the community who had a learning disability. This was a partnership development instigated by Derbyshire County Council and the police. The scheme aimed to stop the bullying and abuse of people with learning disabilities across Derbyshire and help them feel safe and confident when out in the community by having access to places which would support them. For example, by making a telephone call to carers or relatives to collect them if they were in difficulty.
- A practice nurse led on health reviews for patients with a learning disability. This allowed continuity for patients in establishing a rapport with the nurse. A resource file had been established for information, and letters sent to patients included pictures and simplified text when this was appropriate to the individual.
- Health checks were offered to the carers of all vulnerable patients. This checked how the carer was coping and gave an opportunity to provide information on the support services available, and it also promoted good health such as offering flu vaccinations.
- Staff had completed recent training in learning disability awareness

People experiencing poor mental health (including people with dementia)

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

- 91.3% of people diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months. This was 7.7% above the CCG and 7.3% above the national averages
- 94% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in the preceding 12 months. This was in line with the CCG average and 5.7% above the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.

Outstanding



Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations, and information was available within the practice.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health. The GP would review the discharge summary and if the patient was not receiving care from the crisis team, a face to face appointment would be booked at the practice.
- Staff had a good understanding of how to support people with mental health needs and dementia, and we saw evidence of recent staff training in dementia awareness.
- The practice supported two local care homes which had a high number of patients with dementia. Managers at the homes told us that staff were listened to and involved in patient consultations, and relatives were provided with an opportunity to attend planned reviews being done by the GP.
- The practice was designated as 'dementia friendly', a programme focusing on improving inclusion and quality of life for people living with dementia.
- The practice had the highest rate of diagnosis of dementia patients in the CCG. This was aided for example by review of long-term condition patients which identified patients with memory loss for further assessment.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 2 July 2015. The results showed the practice was performing generally above or in line with local and national averages. 269 survey forms were distributed and 112 were returned which is equivalent to a 42% response rate.

- 81% of patients surveyed described their experience of making an appointment as good compared to a CCG average of 76% and a national average of 73%.
- 80% of patients found it easy to get through to this surgery by telephone compared to a CCG average of 76% and a national average of 73%.
- 87% of patients found the receptionists at this surgery helpful compared to a CCG average of 89% and in line with the national average of 87%.
- 87% of patients were able to get an appointment to see or speak to someone the last time they tried which was in line with the CCG average of 87% and slightly above the national average of 85%.
- 90% of patients said the last appointment they got was convenient compared to a CCG average of 93% and a national average of 92%.

- 65% usually waited 15 minutes or less after their appointment time to be seen which was below the CCG average of 72%, but in line with the national average of 65%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 32 comment cards which were all positive about the standard of care and treatment received, and included references to helpful and caring staff, being treated respectfully, and being provided with information. However, five cards which gave good feedback also made reference to difficulties in obtaining an appointment, and not being able to see the same GP for continuity.

We also spoke with nine patients on the day of the inspection. All nine patients said that they were happy with the care they received and thought that staff were approachable, committed and caring. They said they were given enough time during a consultation and felt involved in discussions about their care. Some patients said they had to wait longer to see a specific GP, but this was not problematic to them and they understood the reasons for this.

Drs Abell, Church, Cooke, Dils, Stoodley & Taylor

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. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Background to Drs Abell, Church, Cooke, Dils, Stoodley and Taylor

Whittington Moor Surgery is situated approximately two miles from the centre of the town of Chesterfield. The practice is delivered from purpose built premises which has been extended on two occasions to accommodate growth.

The practice is run by a partnership of six female GPs who employ two part-time salaried female GPs (equivalent to 5.25 whole time equivalent GPs). The practice has four part time practice nurses and a health care assistant. The clinical team is supported by a practice manager, an assistant practice manager and a team of 14 administrative, secretarial, reception staff and an apprentice. As a training practice, GP registrars also work at the practice and at the time of our visit, two registrars were

working at the practice. The practice also hosts members of the health visiting and district nursing teams, the community matron and the care co-ordinator employed by Derbyshire Community Health Services.

The registered practice population of 7,525 are predominantly of white British background, and are ranked in the fourth more deprived decile. Disease prevalence is mostly higher than the CCG and national average, indicating an increased demand for services. The practice age profile is broadly in line with national averages but has slightly higher percentages of patients aged 40 and over.

The practice opens from 8am until 6.30pm Monday to Friday. GP morning appointments times are available from 8.40am to 12.30pm and extended hours are offered from 7 to 8am each Wednesday to accommodate people who cannot easily attend during standard opening times for example, due to work commitments. Afternoon surgeries run from 2pm to 6pm on Monday and Tuesday; 2 to 5pm on Wednesday, and from 1.30 to 6pm on Thursday and Friday. The practice closes once a month on a Wednesday afternoon for staff training and development. In addition, the practice also offer extended hours every alternate Tuesday evening until 8pm, and open one Saturday morning each month with appointments available between 9 and 11am. When the practice is closed patients are directed to the out of hours' service provided by Derbyshire Health United (DHU).

The practice holds a Personal Medical Services (PMS) contract to provide GP services which is commissioned by NHS England. A PMS contract is one between GPs and NHS England to offer local flexibility compared to the nationally negotiated General Medical Services (GMS) contract by offering variation in the range of services which may be

Detailed findings

provided by the practice and the financial arrangements for those services. The practice offered a range of enhanced services including joint injections as part of the minor surgery local enhanced service. They also provided four additional enhanced services including anti-coagulation, insulin initiation and support to care homes

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme under Section 60 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, 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 our inspection, we reviewed a range of information that we hold about the practice and asked other organisations including Healthwatch, NHS England and North Derbyshire Clinical Commissioning Group to share what they knew.

We carried out an announced inspection on 5 November 2015. During our inspection we spoke with staff including GPs, practice nurses, the practice manager and a number of reception and administrative staff. In addition, we spoke with members of the health visiting team, the care co-ordinator, the podiatrist and managers from two local care home regarding their experience of working with the

practice team. We also spoke with patients who used the service, and representatives from the practice patient participation group. We observed how people were dealt with during their visit to the practice. Additionally, we reviewed 32 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 are provided for specific groups of people and what good care looks like for them. The population groups are:

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

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



Are services safe?

Our findings

Safe track record and learning

There was a highly effective system in place for reporting and recording significant events.

- There was a designated lead GP for significant events. This GP and the practice manager had attended a five day course run over a six month period by the NHS Institute for Innovation and Improvement called Leading Improvement in Safety and Quality (LISQ). This had a major and positive impact on how the practice dealt with incidents in prioritising patient safety concerns.
- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant event and reviewed these both at business and general staff meetings. A six monthly team meeting took place to review all events collectively and we saw minutes of this meeting during our inspection. This ensured all staff understood what actions had been taken to apply learning from each event.
- Events were graded by colour to aid categorisation into events that either had an adverse outcome, had the potential to have caused harm, or were positive events. The grading helped to ensure immediate action could be taken when events were more significant. Positive events provided an opportunity to share best practice with colleagues.

We saw that 22 events had been recorded in the previous 18 months indicating that the practice was proactive in logging all the events that had occurred. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a consultant request for a blood test to monitor the use of a specific medication was missed. This was identified three weeks later and the error occurred due to the information not being highlighted within the consultant's letter. Consequently all letters were checked by the designated GP lead for this speciality to ensure a robust process was in place to review medications and to record the details accurately on the electronic patient record.

When there were unintended or unexpected safety incidents, people received support, truthful information, an apology and were told about any actions to improve processes to prevent the same thing happening again.

National patient safety alerts were cascaded to all clinicians and a hard copy was saved for reference at reception.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding children who met monthly with the health visitor and midwife. Comprehensive minutes were produced from these meetings and they were circulated to the other GPs. The practice were proactive in contacting other practices about any safeguarding issues when any patients moved away to ensure children were protected. Staff demonstrated they understood their responsibilities for safeguarding and all had received training relevant to their role, for example, all GPs were trained to level three. The lead GP had also undertaken additional training to support their role.
- A notice in the waiting room and consulting rooms advised patients that nurses or the health care assistant would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead, and there was an infection control protocol in place. Staff had received up to date training, including the two cleaning staff employed by the practice. Annual infection control audits were undertaken and we saw evidence that an action plan



Are services safe?

had been developed following the most recent audit in October 2015. The cleaning staff worked to robust written cleaning schedules, and the practice manager monitored the cleaning to ensure high standards were maintained. Clinical equipment was cleaned by practice staff and this was documented.

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed five personnel files, including the locum GP, and found that 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 with a poster in the reception office. The practice had up to date fire risk assessments and carried out regular fire drills, most recently in October 2015. 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 also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, legionella, lone working and manual handling.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. As most GPs were part-time, this allowed for some flexibility in providing additional sessions, and a regular locum GP was used for continuity when required.

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.
- The on call doctor was used to respond to emergencies, and a reception protocol incorporated details of what actions should be followed by staff in an emergency situation.
- All staff had received annual basic life support training and there were emergency medicines available.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available.
- The practice had a comprehensive and up to date business continuity plan in place for major incidents such as power failure or building damage. The practice informed us of an event when they lost power for a protracted length of time. However, they were still able to deliver the service with minimal interruption to patient care, and worked closely with nearby practices to provide them with support throughout the incident.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. For each new guideline received, one GP would summarise and provide a precis for their colleagues to ensure they were aware of it.
- The practice monitored that these guidelines were followed through discussion and audit.

Management, monitoring and improving outcomes for people

- The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99.6% of the total number of points available, although exception reporting at 16.5% was comparatively high (compared to the CCG average of 11% and the national average of 9.2%). The exception reporting figure is the number of patients excluded from the overall calculation due to factors such as non-engagement when recalled by the practice for reviews. A lower figure demonstrates a proactive approach by the practice to engage their patients with regular monitoring to manage their conditions. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-5 showed:
- Performance for diabetes related indicators showed an achievement of 97.7% which was similar to the CCG average of 96.7%, but above the national average of 89.2%
- The percentage of patients with hypertension in whom the last blood pressure reading within the preceding 12 months was 150/90 mmHg or less was 87.5% (net of exceptions). This was better than the CCG average of 85.3% and the national average of 83.6%

- Performance for mental health related indicators showed an achievement of 100% which was better in comparison to the CCG average of 98.1% and the national average of 92.8%
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months at 87% was above the CCG average of 76.6% and the national average of 77%.
- 86.6% of patients on the practice's diabetes register had a record of a foot examination and risk classification within the preceding 12 months, compared to the CCG average of 89.1% and a national average of 88.3%. However, a podiatrist had started attending the practice weekly since July 2015 which will impact upon this figure.

Clinical audits demonstrated quality improvement.

- There had been six full cycle clinical audits completed in the last twelve months.
- Findings were used by the practice to improve services. For example, an audit had been completed on patients taking particular medications used to control hypertension, which could indirectly impact upon the function of the kidney. If a patient developed gastroenteritis (inflammation of the stomach and intestines), whilst taking these medications, there was a risk of developing acute kidney injury. The first audit cycle indicated that 30 patients taking this medication had presented with symptoms of gastroenteritis. A number of these patients had not been given advice about stopping the medication until they had fully recovered from the symptoms of gastro-enteritis, although none had developed kidney complications. This resulted in the practice changing the way it worked to ensure all relevant patients were made aware of the issue.
- A recent audit on HbA1c levels (an indicator of long term control of diabetes) in patients to ensure the level did not go below the lower threshold of 6.5% had been completed. Following the identification of patients with a level below 6.5% and action being undertaken in response to this, the number of patients below the lower threshold has reduced by ¾.
- The practice participated in local medicine audits with the CCG medicines management team. This included an

Are services effective?

(for example, treatment is effective)

audit of patients with atrial fibrillation (a heart condition that causes an irregular or abnormally fast heart rate) which demonstrated that more patients were being identified and prescribed appropriate anticoagulation medication to prevent blood clotting and thereby reduce the risk of stroke.

We observed that the practice had higher hospital admission rates including cancer patients, in comparison to some other practices within the CCG. The practice were able to explain the high hospital admissions for the previous year and were able to identify those patients who underwent multiple admissions. The practice developed a clear plan to address this by meeting with the A&E and pain management consultants and the community matron to support patients more effectively. This had impacted upon hospital admissions rates and figures for the current year were in line with averages. The practice had also reviewed its cancer admissions rates and found these were appropriate with only two admissions being identified as having been potentially avoidable.

The practice had lower than average A&E attendances compared with the North Derbyshire CCG average. This was demonstrated within the latest monitoring statistics which covered A&E attendances from August 2012 to August 2015. The practice had carried out an audit in 2012 to review A&E attendance and appointment availability at the practice, which showed no correlation between the two. One GP had also investigated individual A&E attendances and sent letters to those patients who could have attended surgery rather than A&E to help educate patients on when it was appropriate to attend A&E.

Effective staffing

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

- The practice had a comprehensive induction programme for newly appointed members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. Inductions were designed around specific roles, including locums, rather being a generic programme for everyone. We reviewed copies of completed induction records during our inspection.

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- 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 these learning needs and to cover the scope of their work. All staff had received an appraisal within the last 12 months.
- Staff 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, events organised by the CCG as part of protected learning time, and in-house training. All training was recorded on the practice intranet.
- High standards were promoted and owned by an enthusiastic and motivated practice team with evidence of highly effective team working.

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 their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

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 or after they were discharged from hospital. The practice team met with multi-disciplinary team members for regular clinical meetings, for example to review end of life patients, patients at high risk of hospital admissions, and safeguarding cases.

The GPs worked well with the CCG medicines management team for advice on prescribing issues, and ensure cost

Are services effective?

(for example, treatment is effective)

effective drugs were prescribed. An action plan had been produced at a recent meeting including actions such as reducing medicines waste and implementing appropriate cost-saving drug switches.

On the day of our inspection, our GP specialist adviser met with representatives from the multi-disciplinary palliative care meeting, to discuss how this worked. This highlighted that effective liaison took place to ensure good support for end of life patients in their own homes, and therefore avoid a hospital admission. The meetings took place every six weeks.

The practice had audited patient deaths in the previous six months and found that 71% of end of life patients on the practice register had died in their preferred place.

The practice team met twice daily at break times to discuss any new issues and to review the incoming post. This also helped promote good team working and effective communication.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, 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.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

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, smoking and alcohol cessation. For example, 86.5% of patients identified as smokers had been offered support or treatment to quit within the last 24 month period either through the local smoking cessation service or in-house.

A representative from Live Life Better (Derbyshire) attended the practice once a week to help and support patients over 16 to stop smoking, lose weight, become more active or improve their diet. This service was funded by Derbyshire County Council and provided by Derbyshire Community Health Services, and patients could self-refer for assessment.

The practice's uptake for the cervical screening programme was 84.31%, which was above the national average of 81.88%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening, and the uptake of these was slightly higher than national averages.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96.5% to 100% (CCG figures were 95.2% to 98.9%) and five year olds from 92.9% to 100% (CCG figures were 96.5% to 99.1%). The practice proactively followed up non-attenders, for example, a GP had visited a child at home who had not attended on three occasions to ensure they received the appropriate vaccinations. Flu vaccination rates for the over 65s were 71.98% (compared against a national average of 73.24%), and at risk groups 54.23% (the national average was 52.29%).

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. The practice were aware that uptake was generally lower than other practices in the CCG and had undertaken actions to address this. For example, re-designing the invite letter and increasing the health care assistant's hours to include more health assessment appointments.



Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that 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.

All of the 32 patient CQC comment cards we received were positive about the care provided to them by the practice team, and this was reinforced by discussions with patients on the day of our inspection. The practice provided evidence of exceptional examples how the practice had accommodated needs to care for vulnerable patients.

The practice supported others beyond the practice, for example, by sending any returned medications that were not due to expire within the next 18 months or more to Africa through a recognised charitable organisation, and supporting fundraising for a local hospice. The practice also participated in the toilet-twinning scheme which helped raise funding for people in the poorest communities to access toilets and clean water, and therefore helped to promote good health.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was in line with the CCG and national averages for its satisfaction scores on consultations with doctors and nurses. For example:

- 100% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%.
- 90% patients surveyed said the last GP they saw was good at listening to them compared to the CCG average of 92% and the national average of 89%.

- 89% said the GP they saw or spoke to gave them enough time compared to the CCG average of 91% and the national average of 87%.
- 89% patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 85%.
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 90%.
- 87% said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us that they 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 on the comment cards we received was also positive and aligned with these views.

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 generally in line with local averages and above national averages. For example:

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 91% and the national average of 86%.
- 86% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 81%.
- 95% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and the national average of 85%.

Managers at two local care homes covered by the practice shared their experiences of working with the GPs. A large number of these patients had dementia and staff told us that GPs attended for regular ward rounds and treated patients with dignity and respect. Nursing staff were listened to and relatives were informed when the visits would take place so that they could be involved where



Are services caring?

necessary. This enabled GPs to obtain a greater understanding of the patients and help inform any decisions for those who lacked capacity to make decisions for themselves. The GPs rotated to the home on a six monthly basis to provide continuity of care over this time, whilst also enabling other GPs at the practice to get to know the patients when they took over.

Staff told us that translation services were available for patients who did not have English as a first language. Double appointments were booked for patients who required an interpreter to allow additional time for the consultation.

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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 2.7% of the practice list as carers.

The practice's health care assistant (HCA) was the designated carer's champion and the practice had signed up to the carer's pledge with Derbyshire Carers Association. As part of this role, the HCA helped signpost patients to access support services. A pack was available for patients containing literature to provide information and to help direct carers to the sources of support available to them. Health checks were offered to carers of all vulnerable patients, for example those caring for patients with a learning disability. This checked how the carer was coping and gave an opportunity to provide information on the support services available, and also promoted good health such as offering flu vaccinations.

Staff told us that if families had experienced bereavement, their usual GP would try and visit the relative or carer, or would send them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. We spoke to a patient who confirmed they had been offered counselling following a bereavement.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- There were longer appointments available for people with a learning disability.
- Home visits were available for patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities on site. A hearing loop was available in reception, and a portable loop was available for individual consultations. An alert had been placed on the records of patients with a visual impairment to ensure any correspondence sent out by the practice was printed in a large font size.
- A pharmacist who was also an independent prescriber attended the practice fortnightly and provided a service for patients with substance misuse. The pharmacist saw seven patients over the last 12 months as part of a quality based service to keep individuals stable on their prescribed regime. This pharmacist also ran Warfarin clinics and had seen 32 patients for ongoing anti-coagulation monitoring over the last 12 months. The practice had undertaken an audit of patient satisfaction with the anti-coagulation service in 2015 (including those patients seen by the practice nurse) and 52 patients provided a response. Patients said they were satisfied with the service, including ease of getting an appointment, convenience of clinic times, clarity of advice and dosage, and felt able to ask questions regarding their treatment and overall management of warfarin.
- People who were homeless were supported in registering with the practice, and the practice were responsive to the needs of patients living in vulnerable circumstances.
- The practice provided primary medical services to two local care homes. It undertook regular 'ward rounds' at these locations to review patients, and also visited in-between these planned sessions if any urgent needs were identified. Named doctors provided input to the homes on a six monthly rotation to ensure continuity of care, and allow all the GPs to develop a rapport with the home. Laptops were used for the visits to enable access to the patient's record and photographs of patients were added onto the clinical system to ensure safety when visiting. Special notes or RightCare notes were available for all care home residents which ensured patients received safe and effective care if they need to access out of hours' care.
- The practice used the facilities of an adjacent church to encourage older patients to attend for flu vaccinations on a Saturday during the flu vaccination season. This fostered social interaction and helped to protect patients from flu. This event was supported by the patient participation group (PPG).
- The practice offered a range of services on site including counselling, the Citizen's Advice Bureau, monitoring of patients taking warfarin, podiatric assessments of patients with diabetes, substance misuse and abdominal aneurysm screening.
- The practice had provided some educational sessions for patients including weight management and how to reduce waste with medicines. These were provided in response to patient requests for information.
- The practice responded to issues raised by their PPG. For example, it was noted that names could be read on sample bottles dropped into a basket for collection. The practice took action to address this to ensure confidentiality.
- A representative from 'Live Life Better' provided by Derbyshire Community Health Services attended the practice weekly and offered advice on smoking, alcohol and weight management. Patients could self-refer to this service, or the GP would make the referral with the patient's consent.
- The practice had utilised some team members' personal interest in knitting as part of a national project to produce 'twiddlemuffs' to support patients with dementia. The knitted muffs contained strands of attached textured materials and fabrics, and provided a source of visual, tactile and sensory stimulation for patients with dementia who often present with restless hands and benefit from having something to keep their

Are services responsive to people's needs?

(for example, to feedback?)

hands occupied. The practice provided these free of charge to patients. The scheme had also fostered a community spirit by inviting patients to help produce them, or to provide unwanted supplies of wool or fabric materials.

- A 'Receptionist Survival' had been developed to change patients' perception of a GP receptionist, and in response to some comments received through patient surveys. This provided key examples on how to enhance communication and deal with difficult situations.
- The GPs at the practice were all female, although male GP registrar placements happened periodically. This may have deterred some male patients from accessing consultations for particular health concerns, and the practice should consider working with other practices regarding access to a male GP.

Access to the service

The practice opened from 8am until 6.30pm Monday to Friday. GP morning appointments times were available from 8.40am to 12.30pm and extended hours were offered from 7 to 8am each Wednesday to accommodate people who could not easily attend during standard opening times primarily due to work commitments. Afternoon surgeries ran from 2pm to 6pm on Monday and Tuesday; 2pm to 5pm on Wednesday, and from 1.30 to 6pm on Thursday and Friday. The practice closed once a month on a Wednesday afternoon for staff training and development. In addition, the practice also offered extended hours every alternate Tuesday evening until 8pm, and opened one Saturday morning each month with appointments available between 9 and 11am. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. When the practice was closed patients are directed to the out of hours' service provided by Derbyshire Health United (DHU).

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were generally comparable to local and national averages. People told us on the day that they were able to get appointments when they needed them.

- 76% of patients surveyed were satisfied with the practice's opening hours compared to the CCG average of 78% and the national average of 75%.

- 80% of patients said they could get through easily to the surgery by phone compared to the CCG average of 76% and the national average of 73%.
- 81% of patients described their experience of making an appointment as good compared to the CCG average of 76% and the national average of 73%.
- 65% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 72% and the national average of 65%.
- 66% of patients said they usually get to see or speak to their preferred GP compared to the CCG average of 60% and the national average of 60%.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. Information about how to make a complaint was available on the practice website and the practice patient leaflet and information was also available within reception.
- Complaints were reviewed by the full practice team annually. This ensured learning was shared with everyone and provided an opportunity to consider any trends or themes in the issues which had led to the complaint.

We looked at 15 complaints (both written and verbal complaints) received in the last 18 months and found that these were satisfactorily handled, dealt with in a timely way, and responded to with openness and transparency. Lessons were learnt from complaints and action was taken as a result to improve the quality of care. For example, a patient had been invited for a review following an abnormal test result, but did not attend and this was not identified at the time. It was later discovered via a complaint, that this patient could have received appropriate care more urgently had they attended the designated appointment. Therefore, the practice changed the way it managed such results and it was agreed that the GP must be made aware of any similar occurrences so they

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

were able to review the circumstances and take prompt action if necessary. Another example of learning was that further to a complaint, it was agreed that carer support needed to be discussed at the palliative care meetings and each end of life patient should have a named GP.

Are services well-led?

Outstanding



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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care, promote the values of the practice, and to deliver good outcomes for patients.

- The practice had a vision statement and staff knew and understood the values.
- The practice had developed a robust strategy for business and clinical practice with lead areas of responsibilities for individual partners. Quality and safety were the key priority of these plans, and each area had identified goals and aspirations. These plans were regularly monitored to assess progress.

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 staff were aware of their own roles and responsibilities, and understood how they contributed to the overall achievement of the practice's aspiration to provide the highest quality of care possible.
- The practice had developed a comprehensive range of policies and protocols which had been implemented and were accessible to all staff. A robust set of protocols for reception staff gave comprehensive guidance on all procedures undertaken by this team.
- A comprehensive understanding of the performance of the practice
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions
- GPs had lead clinical responsibilities and also for other areas such as incident reporting and complaints. GPs and the Practice Manager had attended training in complaints and significant events to enhance their expertise in managing these effectively.

- The practice held a weekly business meeting and a monthly partners' meetings. GPs met informally twice a day to discuss any new issues and deal with incoming correspondence. The practice nurses met with the GP or practice manager each month. The practice team also engaged with community providers for regular clinical review meetings, for example end of life patients, patients at high risk of hospital admissions, and safeguarding cases.
- The practice engaged with their CCG and attended meetings to contribute to wider service developments. The practice also reviewed CCG data to check performance on a range of comparative data to ensure they were aware of any key priorities to be considered for action.

Leadership, openness and transparency

The partners in the practice had the experience and capability to run the practice and ensure high quality care. All six GP partners contributed to the leadership and development of the practice, and they constantly strove for change to improve patient care by prioritising safe, high quality and compassionate care. There was no designated senior partner as all partners were deemed equal and undertook a proportionate share of managerial work. They had developed a 'partners' pledge' as a collective agreement to work to set values including integrity, respect and fairness. 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. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents the practice gave affected people reasonable support, truthful information and provided an apology

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

- Staff told us that the practice held monthly team meetings. Meetings were documented to ensure anyone unable to attend could access information on what had been discussed.

Are services well-led?

Outstanding



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

- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.
- The practice had a low staff turnover which indicated staff were happy to work there. Some staff had been employed by the practice for over 20 years.
- Team away days were organised annually. These had included cycling in the Peak District, a treasure hunt and most recently, a double decker bus was hired to take staff out. This provided an excellent opportunity for team building and reflection on the year's achievements.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. 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 proactively sought patients' feedback and engaged patients in the delivery of the service.

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis submitted proposals for improvements to the practice management team. For example, the practice had reduced the number of options to choose when telephoning the surgery to reduce holding times, and also made more staff available to answer incoming calls for the busiest time between 8 and 8.45am.
- The practice undertook its own patient survey annually, designed by their PPG. The practice distributed 500

questionnaires in October 2014 and received 320 responses. This led to the formation of an action plan including changes to the way appointments were made available such as offering next day bookings from February 2015. Information on the survey was displayed in the reception area.

- The practice had also reviewed the outcomes of the 2015 national GP survey. Whilst these were generally positive, there had been a reduction in overall satisfaction levels in comparison to the previous survey. The practice responded to this by further reviewing the appointment system such as increased extended hours provision, and facilitating communication training for staff.
- The practice had also gathered feedback from staff through a staff vision day and generally through staff meetings, appraisals, regular discussion and away days. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with management. A staff survey had just been completed but had not yet been analysed, the plan was to run this survey twice a year. The partners had implemented a 'you said, we did' process to capture staff feedback and inform them what actions had been taken to address the issues they had raised. We saw the latest collation of comments which included a suggestion to shadow other practice team members to obtain a greater understanding of their role. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

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

The practice were in the early stages of developing a new project and had completing a bid for financial assistance to purchase outdoor gym equipment situated in front of the building for patient and staff use.