

# Care Quality Commission

## Inspection Evidence Table

### Adam House Medical Centre (1-553055514)

Inspection date: 7 January 2019

Date of data download: 30 December 2018

## Overall rating: Good

Please note: Any Quality Outcomes Framework (QOF) data relates to 2017/18.

## Safe

## Rating: Good

### Safety systems and processes

The practice had clear systems, practices and processes to keep people safe and safeguarded from abuse.

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Policies were in place covering adult and child safeguarding.	Y
Policies and procedures were monitored, reviewed and updated.	Y
Policies were accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs).	Y
There was active and appropriate engagement in local safeguarding processes.	Y
Systems were in place to identify vulnerable patients on record.	Y
There was a risk register of specific patients.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
Staff who acted as chaperones were trained for their role.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y
Explanation of any answers and additional evidence: Child safeguarding meetings were held monthly which the health visitor, school nurse, and midwife were	

Safeguarding	Y/N/Partial
all invited to attend. Practice representatives included the safeguarding lead and an administrator. Minutes were recorded, and patients' notes were updated as necessary. Adult safeguarding concerns were discussed as part of regular multi-disciplinary meetings.	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Y
Systems were in place to ensure the registration of clinical staff (including nurses) was checked and regularly monitored.	Y
Staff who required medical indemnity insurance had it in place.	Y
Explanation of any answers and additional evidence: We observed that the practice maintained comprehensive evidence to support their compliance.	

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: 17.07.2018	Y
There was a record of equipment calibration. Date of last calibration: 17.07.2018	Y
Risk assessments were in place for any storage of hazardous substances for example, medical gases, and the storage of chemicals.	Y
There was a fire procedure in place.	Y
There was a record of fire extinguisher checks. Date of last check: 20.04.2018	Y
There was a log of fire drills. Date of last drill: 02.10.2018. Fire drills were undertaken twice a year. The most recent evacuation included patients.	Y
There was a record of fire alarm checks. Date of last check: 13.11.2018	Y
There was a record of fire training for staff. Date of last training: Staff had undertaken the training on different dates. Staff received fire training annually as part of the practice's mandatory training programme.	Y
There were fire marshals in place.	Y
A fire risk assessment had been completed. Date of completion: August 2018	Y

Actions from fire risk assessment were identified and completed.	Y
Explanation of any answers and additional evidence: The evidence of compliance was well-maintained and easy to access.	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: Undertaken each month and documented with evidence that any actions arising had been completed.	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: ongoing*	Y
Explanation of any answers and additional evidence: *There was a comprehensive annual health and safety management plan in place. We saw evidence that risk assessment processes were embedded practice, and a range of assessments had been recorded and rated with control measures identified to minimise their occurrence or impact. Health and safety documentation was maintained to a high-standard.	

### Infection prevention and control

**Appropriate standards of cleanliness and hygiene were met.**

	Y/N/Partial
An infection risk assessment and policy were in place.	Y
Staff had received effective training on infection prevention and control.	Y
Date of last infection prevention and control audit: 24 October 2018	-
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence: Infection control audits were undertaken every six months. Training in effective hand-washing techniques was carried out for all staff twice a year. The infection control lead attended quarterly meetings with the local infection prevention and control team. This helped to share best practice and raise awareness of any updates in infection control. There was access to a microbiologist if any expert advice might be required on infection control concerns.	

### Risks to patients

**There were adequate systems to assess, monitor and manage risks to patient safety.**

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans for patients were developed in line with national guidance.	Y
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Y
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
There was a process in the practice for urgent clinical review of such patients.	Y
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Y
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Y
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The usage of additional locum staff was minimal. GPs arranged their leave and commitments collaboratively and with flexibility to ensure there was adequate medical cover. An information pack was available to support any locums who were not familiar with the way the practice operated.</p> <p>The practice had developed a skill mix, including advanced nurse practitioners, to ensure a more resilient workforce. There were plans to develop this further in the future, and as part of the local health partnership, roles such as practice-based pharmacists and mental health nurses were being considered.</p> <p>The staff working on reception and in administrative roles had an understanding and experience of each other's duties to ensure that work could be covered without loss of continuity.</p> <p>Information was displayed within reception to advise on recognising symptoms of acute medical presentations, including sepsis. The practice had developed a concise triage guide for non-clinical staff detailing what action to take across six categories of presenting symptoms, with immediate signposting to the GP in the most serious cases.</p> <p>A GP had delivered a presentation on sepsis to staff at a recent protected learning time event.</p>	

## Information to deliver safe care and treatment

### Staff had the information they needed to deliver safe care and treatment.

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
There was a system for processing information relating to new patients including the	Y

summarising of new patient notes.	
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
There was a system to monitor delays in referrals.	Y
There was a clear approach to the management of test results and this was managed in a timely manner.	Y
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y
Explanation of any answers and additional evidence:	

### Appropriate and safe use of medicines

**The practice had systems for the appropriate and safe use of medicines, including medicines optimisation.**

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) NHS Business Service Authority - NHSBSA)	0.78	0.69	0.94	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2017 to 30/09/2018) (NHSBSA)	4.4%	8.7%	8.7%	Variation (positive)

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Y

Medicines management	Y/N/Partial
There was a process in place for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures in place for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	n/a
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	partial
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen and a defibrillator on site and systems were in place to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	partial
<p>Explanation of any answers and additional evidence:</p> <p>The practice monitored patients being prescribed high-risk medicines. However, we observed that six patients did not have evidence that appropriate blood tests had been completed on the day of our inspection. The practice took immediate action to investigate this and on the following day were able to provide us with assurance that the appropriate tests had in fact been completed. This did highlight that when the blood tests were performed at one of the local hospitals, the full results were not being communicated to Derbyshire GP practices, giving the impression that the full blood tests were not being done. On discovering this, the practice immediately alerted their CCG and the Erewash Health Partnership so that this issue could be discussed and acted upon to benefit all local practices. The practice also updated their protocol for monitoring high-risk medicines further to this, and we were assured that the system was safe.</p> <p>Patients being prescribed Warfarin were managed by a nearby practice to ensure that all local patients had access to one service, which ensured consistency and expertise.</p> <p>On the day of the inspection, we observed some issues with the medical emergencies medicines and kit.</p>	

When we asked to look at the medical emergency drugs, these could not be located by the nurse and they were subsequently found in an unmarked cupboard. This created a potential risk in an emergency situation as all staff need to be aware of where the emergency medicines are stored and be able to access them promptly. Following the inspection, the practice informed us that the previous location for emergency medicines was assessed, and it was decided that they should be moved to an alternative and more secure location. This had occurred over the weekend before our inspection and the practice was unable to provide the details of this new location to the nurse prior to the inspection.

Some of the recommended medicines for inclusion in the emergency drugs kit were not available. The partners were able to explain their rationale for this and also had easy access to the adjoining pharmacy if certain medicines might be required. However, no documented risk assessment was available to cover this, for example, what other medicines might be used; alternatives strategies to deal with emergency situations; or confirmation that the pharmacy always stocked the items that may be required. The practice provided some additional information following the inspection explaining why the medicines were not stocked. The provider should consider putting a formal risk assessment in place for this.

In addition, we found that no child defibrillator pad was available. Although the GP informed us that the adult pad could be used on a child in an emergency situation, other clinical staff were unsure about this. This issue not been risk-assessed or communicated to all staff. After the inspection, the provider informed us that a GP partner had demonstrated how the adult pads could be used to the clinical team, and a risk assessment had been produced.

We also observed that two different types of unused flu vaccinations (one for patients over 65, and one for those under 65) had been placed in a dish in the vaccine refrigerator. These should have been returned into their respective packaging for safe storage. The day after our inspection, the practice sent us a copy of a letter sent to all staff which notified them that the vaccination vials should be kept separately at all times and clearly labelled and boxed to avoid any clinical incident occurring. The practice told us they would use this as a significant event to ensure learning.

The CCG medicines management team provided the practice with information to support controlled drugs monitoring twice a year. The most recent audit identified one controlled drug prescription having a quantity greater than recommended. This issue was promptly resolved with practice.

A representative from the CCG's medicines management team, and a manager from the independent pharmacy (which was co-located with the practice) were invited to attend the practice management team meeting each month. This helped communication and facilitated discussions on issues relating to medicines management. However, the practice informed us that the medicines management team had recently been unable to liaise with them as effectively, and they planned to discuss how this could be improved with them.

There was a protocol for uncollected prescriptions. Patients were contacted to remind them to collect their prescriptions but if they failed to respond after three occasions, the GP was informed who then made a decision if any follow up was required.

## Track record on safety and lessons learned and improvements made

### The practice learned and made improvements when things went wrong/.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	20
Number of events that required action:	20
Explanation of any answers and additional evidence:	

### Example(s) of significant events recorded and actions by the practice.

Event	Specific action taken
A medical test report from the ambulance service was handed into reception and placed in the 'scripts to be processed' basket with no patient details attached. This was found a few days later, but attempts to obtain the patient's identity from the ambulance service were unsuccessful.	It was agreed that staff must ensure that any information being handed in to reception must include patient details and if not, to attach a patient identifier label immediately. All members of the team were updated about the procedure and daily checks of prescription baskets were introduced.
Elevated vaccine refrigerator temperatures over two days for a period of one hour on each day.	The practice immediately sought advice from the vaccine supplier and Public Health England's local immunisations lead. It was confirmed that this would not impact on the integrity of the cold chain and the vaccine stock remained safe to use. The practice also used this event to train additional staff in monitoring the refrigerator temperatures as a back-up, for when the nursing team may not be available on site.
Following an external inspection of the building, it was noted that a letter from the signage on the practice name displayed outside the practice had become loose, creating a potential risk to those passing the building of being hit.	The letter was removed and an external contractor was arranged to check the remaining signage and to secure a replacement letter in place. A formal risk assessment was produced to record this, and the event was used as a 'near-miss' for learning with the wider practice team.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y

Staff understood how to deal with alerts.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice had an effective procedure for dealing with alerts. There was a clear process to receive, cascade and review Medicines and Healthcare products Regulatory Agency (MHRA) alerts within the practice. We observed that actions were taken in response to relevant MHRA alerts, and the decision on what to be done was made by a clinician. Patient searches were undertaken in response to appropriate MHRA alerts to identify any patients who may need their prescribed medicines reviewed, or required further investigations to keep them safe. A comprehensive log of MHRA alerts was maintained detailing the actions taken by the practice in response to the specific content of the alert. We saw that alerts were added to patient records for specified medicines so that a 'pop-up' appeared on the consultation screen when the patient was seen in the practice or externally (for example, if the patient attended the extended access service).</p>	

## Effective

## Rating: Good

### Effective needs assessment, care and treatment

**Patients' needs were assessed, and care and treatment was delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.**

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
Appropriate referral pathways were in place to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The systems manager had developed a range of condition/service-user specific templates which incorporated NICE guidance and best practice.</p> <p>An easy reference single page template was available with links to NICE clinical summaries, and other useful links to support best practice.</p> <p>Regular clinical meetings helped to facilitate discussion about new and revised guidance.</p>	

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) (NHSBSA)	0.22	0.63	0.81	Significant Variation (positive)

The practice had the lowest prescribing rate for hypnotics across their CCG. The prescribing of broad-spectrum antibiotics, and the overall prescribing of antibiotic medicines, was also the lowest within the CCG. Both of these prescribing indicators showed as significant positive variations when compared to the national averages.

### Older people

### Population group rating: Good

### Findings

- The practice used a clinical template to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- The practice undertook a daily review of older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs. A care coordinator employed by the local community health provider was based within the practice, and worked closely with the practice team to support and coordinate care for elderly and vulnerable patients.
- The practice was part of a clinical delivery team (CDT) to ensure that the most vulnerable patients received appropriate packages of care. The practice hosted a monthly CDT meeting on site including a GP partner, the care coordinator, and other relevant community health and social care team members who attended to review the needs of these patients.
- The practice supported older patients by undertaking home visits where necessary, or referring home visits to a local HUB to ensure these were carried out in a timely manner.
- The practice offered a nurse 'round' for housebound patients that could not attend the practice for such things as chronic disease management and vaccinations. This included residential home patients who did not already receive this care from onsite nurse practitioners.
- End of life patients were identified and reviewed by GPs and advanced nurse practitioner, and the relevant system templates were completed for all of these patients to ensure their needs, and preferences were met in a timely manner.

## People with long-term conditions      Population group rating: Good

### Findings

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- The practice had system inbuilt templates and auto consultations to assist in the accurate and consistent review and recording of diagnosis and long-term condition information. A centrally stored Clinical Protocol template was available which stored links to condition specific NICE guidance and other useful clinical information.
- The practice employed a diabetes nurse specialist for two sessions each week. The nurse also worked at a local hospital and her role provided a beneficial link between primary and secondary care providers. The nurse focused on the three recommend treatment targets of glucose control, blood pressure and cholesterol for diabetes in accordance with NICE guidance, as well as other indicators. Outcomes were showing a steady increase. The nurse was able to initiate insulin for appropriate patients on site, helping to provide care closer to people's homes.
- Results from the latest national GP patient survey showed that 76% of respondents at the practice said they had received enough support from local services or organisations in the last 12 months to manage their long-term condition(s). This was marginally below the CCG and national averages of 79%.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.

- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	72.9%	80.9%	78.8%	No statistical variation
Exception rate (number of exceptions).	2.1% (9)	13.9%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) (QOF)	80.8%	77.1%	77.7%	No statistical variation
Exception rate (number of exceptions).	2.8% (12)	9.7%	9.8%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) (QOF)	76.9%	81.0%	80.1%	No statistical variation
Exception rate (number of exceptions).	6.9% (29)	13.9%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) (QOF)	78.0%	77.7%	76.0%	No statistical variation
Exception rate (number of exceptions).	2.0% (10)	7.0%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	90.4%	89.5%	89.7%	No statistical variation

Exception rate (number of exceptions).	6.8% (10)	16.2%	11.5%	N/A
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Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) (QOF)	85.5%	83.2%	82.6%	No statistical variation
Exception rate (number of exceptions).	2.4% (22)	3.1%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) (QOF)	91.6%	93.8%	90.0%	No statistical variation
Exception rate (number of exceptions).	1.4% (2)	6.1%	6.7%	N/A

#### Any additional evidence or comments

The 2017-18 QOF achievement for diabetes was 86.3%, which was below the CCG average of 92.2% and national average of 91%. However, exception reporting rates for diabetes indicators at 5.2% was less than half of the local and national average of 11.8%.

## Families, children and young people

Population group rating: Good

### Findings

- Childhood immunisation uptake rates exceeded the World Health Organisation (WHO) targets.
- Children and babies would be prioritised to be seen in practice in an emergency.
- The practice worked closely with the community midwives, who ran a weekly clinic on site, ensuring that any safeguarding, child protection and 'looked after child' information was shared and accurately documented.
- The practice hosted monthly safeguarding meetings including attendance from the health visitor, midwife, school nurse and lead GP attend to discuss and review any children of concern.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- The practice had recently engaged with younger patients aged 14-18 to offer ACWY vaccinations (This vaccine gives protection against four types of meningococcal disease caused by groups A, C, W and Y offering protection against serious infections including meningitis and septicaemia). Out of the 335 patients identified, 269 were vaccinated (80%).

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib) (i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018) (NHS England)	60	62	96.8%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	58	58	100.0%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) (NHS England)	58	58	100.0%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	57	58	98.3%	Met 95% WHO based target (significant variation positive)

#### Any additional evidence or comments

- The nasal flu vaccination was offered to all children aged two to four years old.

**Working age people (including those recently retired and students) rating here**

**Population group rating: Good**

#### Findings

- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.
- As part of the Erewash Extended Hours service, evening and weekend appointments were available via a HUB for those otherwise unable to attend appointments during normal opening hours.
- The practice offered evening and weekend flu vaccination clinics for those that could not attend within normal surgery hours due to employment or other commitments

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2017 to 31/03/2018) (Public Health England)	79.6%	77.8%	71.7%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (PHE)	79.0%	75.2%	70.1%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5-year coverage, %)(PHE)	58.6%	60.0%	54.6%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)	53.5%	64.8%	70.3%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	43.6%	51.9%	51.9%	No statistical variation

**People whose circumstances make them vulnerable rating here**

**Population group rating: Good**

Findings
<ul style="list-style-type: none"> <li>• End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. Death reviews were undertaken to ensure any learning could be considered to enhance the future care for end of life patients.</li> <li>• The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.</li> <li>• Patients with a learning disability were encouraged to receive an annual review to ensure their health needs were being met. We saw that 10 of the 42 patients on the practice's learning disability register (24%) had received an annual review in the last 12 months.</li> <li>• The low uptake for annual reviews was explained as the practice had recently engaged with a learning disability specialist nurse who had reviewed those patients with a learning disability, ensuring that diagnosis, system coding and care was accurate and up-to-date. Following this, the annual review process was relaunched, and the practice planned to increase uptake over the next few months.</li> <li>• The practice worked collaboratively with other health and care providers and agencies to support the management of patients identified as vulnerable proactively and in a timely manner.</li> <li>• Staff had undertaken mandatory training to support them in recognising the signs of abuse in both adults and children, and were regularly updated with currently safeguarding protocols and contacts.</li> </ul>

- Monthly CDT meetings were utilised to identify those already known to be vulnerable and those of recent concern.

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

Population group rating: **Good**

### Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, long-term disease management, and access to 'stop smoking' services.
- The practice worked with wider members of the health community to address the needs of their patients, for example the local community mental health team.
- Results from the latest national GP survey showed that 80% of patients felt the healthcare professional they saw recognised or understood any mental health needs during their last consultation (CCG average 87%; national average 87%).
- There was a system for following up patients who failed to attend for administration of long-term medication.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice used a system protocol that launched when any new diagnosis of a depressive disorder was added to a patient record. This prompted the user to arrange for a follow up appointment for the patient with 2 months of diagnosis.
- Staff had completed online training for dementia awareness and the practice had recently engaged with Young Dementia UK to be part of a pilot scheme.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	85.7%	83.5%	89.5%	No statistical variation
Exception rate (number of exceptions).	4.5% (2)	16.0%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	82.9%	87.1%	90.0%	No statistical variation
Exception rate (number of exceptions).	6.8% (3)	12.0%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a	77.3%	83.2%	83.0%	No statistical variation

face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)				
Exception rate (number of exceptions).	2.2% (2)	5.8%	6.6%	N/A

## Monitoring care and treatment

**The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.**

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	541.57	-	537.5
Overall QOF exception reporting (all domains)	3.3%	5.2%	5.8%

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Y
The practice had a comprehensive programme of quality improvement and used information about care and treatment to make improvements.	Y

Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years

<p>We saw evidence of an active programme of clinical audit. For example, this included audits initiated by medicines safety alerts, NICE guidance, and audits to ensure patients being prescribed specified medicines received regular blood tests in line with guidance.</p> <ul style="list-style-type: none"> <li>We observed an audit which reviewed annual blood tests for patients being prescribed medicines for thyroid hormone deficiency. An initial audit in January 2018 showed only 45% of patients had received the appropriate blood test in the preceding 12-month period. Alerts were created on patient records and the importance of testing was raised with staff. Monthly audits were put in place to monitor progress. An audit in December 2018, demonstrated that this figure had increased to 96%.</li> <li>We saw a full cycle audit which had been undertaken by a fifth-year medical student in collaboration with one of the GP partners.</li> </ul> <p>The first cycle in September 2018 had reviewed compliance with NICE guidance in relation to patients with diabetes who also had significant kidney impairment. This focused on the prescribing of a specific medicine which, whilst beneficial in the treatment of diabetes, can cause severe implications for patients with renal impairment. The first audit identified 14 patients with blood test results that showed they had significant renal impairment, and of these two patients (14%) were being prescribed the medicine. The NICE guidance standard was for 100%. Actions were taken to address this by reviewing the two patients who were identified, and clinicians were reminded of the appropriate NICE guidance.</p>
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A second audit was completed four weeks later, and this demonstrated that 100% patients with a diagnosis of diabetes and with significant renal impairment, were no longer being prescribed the medicine in question. The importance of checking this prior to initiating this medicine was reinforced to clinical staff who prescribed.

- The practice also provided a two-cycle audit on conjunctivitis. This had been based on a medical journal article which stated that the prescribing of antibiotics for conjunctivitis had little impact in resolving the condition. The audit found that 195 practice patients had been prescribed topical antibiotics (these are applied to the body, as opposed to oral antibiotics) for conjunctivitis in 2015. Actions were identified to update clinical staff and to provide patients with an information fact sheet about their condition to reduce their expectations of being prescribed an antibiotic.

A second audit undertaken the following year demonstrated that the number of prescriptions had reduced to 175, showing a reduction of around 10%. The plan was to continue to raise awareness to clinicians and continue to provide information sheets on self-management to patients.

## Effective staffing

**The practice was able to demonstrate that staff had the skills, knowledge and experience to carry out their roles.**

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff. This included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Y
Explanation of any answers and additional evidence:	
The team were up-to-date with the practice's mandatory training requirements. Training was closely monitored and recorded on a spreadsheet. Training certificates were kept on file and reminders were set when refresher training was due.	

Staff development was encouraged and supported. For example, a nurse had been supported to complete a Master of Science (MSc) degree by the practice, and now worked in an advanced nurse practitioner role. Two reception staff had completed phlebotomy training.

The practice employed a health care assistant who had trained as a nurse outside of the UK. Their clinical skills were utilised for example, through participation in the travel vaccination programme. Whilst this was outside of the usual scope for a health care assistant, we saw that the practice had evidence that appropriate training had been completed and assurances had been sought to ensure they were covered to complete the additional duties being undertaken. The practice told us they would consider a formal clinical oversight of their work, for example, via an audit of consultations.

A member of the reception team had completed navigation training which helped to ensure patients were directed to the most appropriate service to meet their needs.

We saw that the paperwork for staff inductions was not always fully completed. However, the practice provided us with a revised induction template that had been introduced the day following our inspection to ensure that all relevant information was covered during the induction process and signed off by both the employee and employer.

## Coordinating care and treatment

### Staff worked together and with other organisations to deliver effective care and treatment.

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	Y
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Y
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
Explanation of any answers and additional evidence:	
The care co-ordinator followed up on hospital admissions and discharges and liaised with a range of services to support people and kept them safe in their homes. 'Welcome home' calls were made to patients when they were discharged from hospital, and if it proved difficult to contact patients. These visits were taken to ensure that the individual was safe and well.	
The care co-ordinator held a range of information to share with patients and their carers on support services, and social prescribing schemes. For example, matinee film screenings with tea, cakes and social activities for people in the community with dementia or memory challenges with friends and family members.	

## Helping patients to live healthier lives

### Staff were consistent and proactive in helping patients to live healthier lives.

	Y/N/Partial
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The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Y
Explanation of any answers and additional evidence: A cancer awareness promotional event was recently held at the practice. The health care assistant offered in-depth diet and lifestyle advice, and support with smoking cessation. The practice could refer patients to local services to support them with healthier lifestyle management, for example referral to programmes run by a local gymnasium, and educational sessions for pre-diabetes.	

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) (QoF)	98.5%	95.4%	95.1%	Variation (positive)
Exception rate (number of exceptions).	0.7% (12)	0.9%	0.8%	N/A

### Consent to care and treatment

**The practice always obtained that it always obtained consent to care and treatment in line with legislation and guidance.**

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
The practice monitored the process for seeking consent appropriately.	Y
Explanation of any answers and additional evidence: We saw the practice had developed a consultation template for minor surgery which included inbuilt consent forms for both minor operations and joint injections. This included information on any potential	

complications which could arise from the procedure in an easy-read format.

When we asked clinicians about their understanding of consent, for example, when consulting with younger patients, they were able to explain the guidance, and how they adhered to this.

Staff were aware of, and knew how to apply the principles of, the Mental Capacity Act.

# Caring

**Rating: Good**

## Kindness, respect and compassion

**Staff treated patients with kindness, respect and compassion. Feedback from patients was positive about the way staff treated people.**

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y
Explanation of any answers and additional evidence:	

CQC comments cards	
Total comments cards received with comments recorded.	18
Number of CQC comments received which were positive about the service.	17
Number of comments cards received which were mixed about the service.	1
Number of CQC comments received which were negative about the service.	0

Source	Feedback
CQC comment cards	<p>Patients told us that they were extremely pleased with the service provided, and said they felt very fortunate to be a registered with the practice. The most consistent comment was that patients felt they were listened to, and they felt their needs were understood and responded to.</p> <p>Patients said that where there had been a significant health problem, actions had been taken promptly to either provide them with the treatment they needed, or to refer them for specialist care at the hospital.</p> <p>We received one card with mixed comments. Whilst the patient was happy with the care received from the practice, they raised a problem with car parking and the collection of prescriptions (however, it was unclear if this related to an issue with the practice or the pharmacy).</p>
Patient interviews	We spoke with five patients. All of these patients were extremely happy with the level of service they had received, and were able to report their personal accounts of how they felt their needs had been addressed effectively.
NHS website	The practice was rated as 4.5 out of a maximum 5 stars based on 22 comments on the NHS website (formerly NHS Choices). Thirteen of the comments had been added in the last 12 months. The majority of comments were positive about the patient experience with regards to the ease of obtaining an appointment, and in relation to the care received.

## National GP Survey results

**Note:** The questions in the 2018 GP Survey indicators have changed. Ipsos MORI have advised that the new survey data must not be directly compared to the past survey data, because the survey methodology changed in 2018.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
6916	274	103	37.6%	1.49%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2018 to 31/03/2018)	78.5%	89.4%	89.0%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	81.2%	87.6%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	92.5%	96.1%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	72.5%	82.6%	83.8%	No statistical variation

### Any additional evidence or comments

Although we received very positive feedback on the day of the inspection from patient interviews and comment cards about the standards of care received, the national GP survey demonstrated that the practice had scored below local and national averages on these questions. We spoke with the practice about these results which they were aware of this. They were able to discuss some strategies they were considering improving on this, and they were also undertaking ongoing patient surveys to mirror the questions in the national survey in order to assess satisfaction on a continuous cycle.

Question	Y/N
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The practice carries out its own patient survey/patient feedback exercises.	Y
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### Any additional evidence

The practice had a monthly patient satisfaction survey using questions to reflect those within the national GP patient survey. An average of approximately 8-10 patients were surveyed and the results were analysed, and then ranked in order of satisfaction. The results were discussed at monthly team meetings.

### Involvement in decisions about care and treatment

#### Staff helped patients to be involved in decisions about care and treatment

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y
Explanation of any answers and additional evidence:	

### National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	87.7%	94.2%	93.5%	No statistical variation

### Any additional evidence or comments

Patients told us that they felt members of the practice team listened and understood them. They were informed about their treatment options and were given advice as appropriate. Patients said that when medicines were prescribed, they were told what these were for, and received an explanation of what their treatment plan involved.

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in easy read format.	Y

Information about support groups was available on the practice website.	Y
Explanation of any answers and additional evidence: Easy-read letters were available to assist with communications sent out to patients with a learning disability. Information could be printed out for patients in larger font sizes if requested.	

Carers	Narrative
Percentage and number of carers identified.	53 (0.8% of registered patients)
How the practice supported carers.	<p>A member of the practice team had been identified as the carers lead.</p> <p>The care co-ordinator based in the practice was able to provide a wide range of information to carers on support groups, benefits and access to additional care where appropriate.</p> <p>Carers were invited to attend the practice for an annual health review. We saw that 50% of carers had been invited to attend for a health-check at the time of our inspection, although not all had wanted to accept this invitation. The practice planned to engage with the remaining carers to offer them a health-check.</p> <p>A specific carers template had been developed to record the assessment to ensure consistency and ensure that all carers were offered the same support.</p>
How the practice supported recently bereaved patients.	<p>When a patient died, a GP or member of the team would often contact relatives/carers to offer condolences and advise on any support they may require.</p> <p>The practice would send a 'sympathy' card which would normally be signed by the health professional most involved in the patient's last few weeks of life.</p> <p>The practice team was able to advise relatives and carers how they could access bereavement support. A protocol and flow chart was available to staff for reference if they were unsure.</p> <p>One patient told us about how they had been called by a GP after the death of a close relative, and how this had been handled with great sensitivity and care.</p>

## Privacy and dignity

### The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y

There were arrangements to ensure confidentiality at the reception desk.	Y
Explanation of any answers and additional evidence:	

# Responsive

Rating: Good

## Responding to and meeting people's needs

### The practice organised and delivered services to meet patients' needs

	Y/N/Partial
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.	Y
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Y
<p>Explanation of any answers and additional evidence:</p> <p>A hearing loop was available at reception. Automatic doors had been installed at the main entrance and the entrance into the reception. The practice's consulting rooms were all located on the ground floor.</p> <p>Services including physiotherapy, podiatry and counselling were all available on site.</p>	

Practice Opening Times	
<b>Opening times:</b>	
Monday	8am – 6.30pm.
Tuesday	8am – 6.30pm.
Wednesday	8am – 6.30pm.
Thursday	8am – 6.30pm. Extended hours 6.30pm - 8pm.
Friday	8am – 6.30pm.
<b>GP consultation times available:</b>	
Monday: 8.30am - 11.20am and 3pm - 5.30pm	<p>Appointments were available with members of the practice team between 8am and 6.15pm, Monday to Friday at Adam House Medical Centre. Some appointments with the health care assistant were available from 7.45am.</p> <p>The surgery was closed 1pm until 2pm on a Tuesday afternoon (although the branch surgery was open during this time)</p>
Tuesday: 8.30am - 11.00am and 3.30pm - 5.30pm	
Wednesday: 8.30am - 10.30am and 3pm - 5pm	
Thursday: 8.30am - 10.30am and 3pm - 5.30pm Pre-bookable appointments were available on a Thursday evening between 6.30pm – 7.45pm	
Friday: 8.30am - 11.30am and 3pm - 5.30pm	

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
6,916	274	103	37.6%	1.49%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)	96.0%	95.6%	94.8%	No statistical variation

## Older people

Population group rating: **Good**

### Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- We spoke with representatives from two local care homes where the practice had registered patients. They both told us that they were very happy with the service provided to their residents, with one home stating that the practice was particularly helpful in relation to end-of-life care. We were told that visiting practice staff had established a good rapport with residents, and that they were responsive to their needs.
- The GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.

## People with long-term conditions

Population group rating: **Good**

### Findings

- The diabetes nurse specialist working at the practice provided one of their two sessions during the extended hours opening on a Thursday evening. This was beneficial for working patients with diabetes. The nurse also provided appropriate patients with her telephone number, so that they had direct contact if a concern arose. The nurse also provided home visits for housebound patients.
- Patients with multiple conditions had their needs reviewed in one appointment. Longer appointments were available to accommodate patients with more complex needs.
- The practice liaised regularly with the local district nursing team and nurse practitioners based within the community to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.

## Families, children and young people

Population group rating: Good

### Findings

- Early and late appointments with the nurse were available for school age children so that they did not need to miss school.
- We found there were systems 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 accident and emergency (A&E) attendances.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.

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

Population group rating: Good

### Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was open until 8pm on a Thursday evening. Pre-bookable appointments up to 8pm were also available to all patients on weekday evening at additional locations within the area, as the practice was a member of an extended access scheme as part of a GP federation. Appointments were also available Saturday and Sunday morning and at bank holidays under this scheme.
- Telephone consultations were available each day

## People whose circumstances make them vulnerable

Population group rating: Good

### Findings

- The practice held a register of patients living in vulnerable circumstances including those patients with a learning disability, and those patients who were approaching end-of-life.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- Shared care arrangements were in place to support patients with substance misuse difficulties.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability. For example, an advanced nurse practitioner led on learning disability reviews and invited patients for health checks via telephone or 'easy read' invitation letters.

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

Population group rating: Good

## Findings

- A counsellor provided sessional input on site once a week, meaning that patients could access mental health support without having to travel long distances to other venues.
- Receptionists would contact mental health patients who failed to attend their appointment to check they were well. On occasions, the GP had visited patients at home who had not answered the call.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia. The practice was working towards 'dementia friendly' status.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.
- Staff had completed online training for autism awareness and the practice had requested a pack to be part of the autism awareness week 2019.

### Timely access to the service

#### People were able to access care and treatment in a timely way.

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Y
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Y
<p>Explanation of any answers and additional evidence:</p> <p>There was some capacity each day for urgent consultations.</p> <p>When all appointments had been booked for the day, patients could access an 'on-the-day' service 8.30am - 6.30pm Monday to Friday provided by the local Hub at one of two locations within the CCG area. The practice has eight allocated appointments on a Monday, and five from Tuesday to Friday. If other practices did not use their allocated appointments by a certain time, these were made available to the other participating practices. If all capacity was taken, an urgent request for an appointment was received, this was sent to the GP to review, and the patient would be seen if necessary. The Hub also provided extended access between 6pm-8pm during the week and at weekends.</p> <p>The practice had access to a home visiting service provided through the Erewash Health Partnership. The majority of home visit requests were directed through to this service further to an in-house clinical triage. The home visits were undertaken by nurse practitioners although they did not see patients at the end of life, those patients who were in care homes, or patients with mental health difficulties. The nurses had access to the same computer system so that the practice team had access to their consultation notes. GPs undertook home visits for patients who did not meet the scheme's criteria or were determined as suitable for a GP visit under the inhouse triage process.</p> <p>Patients also had access to a local walk in centre at Ilkeston.</p>	

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018)	73.5%	-	70.3%	N/A
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	71.1%	67.7%	68.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	58.5%	63.0%	65.9%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	80.0%	75.2%	74.4%	No statistical variation

Source	Feedback
Comment cards	Responses received on patient comment cards were positive with regards to being able to access timely appointments.

## Listening and learning from concerns and complaints

**Complaints were listened and responded to and used to improve the quality of care.**

Complaints	
Number of complaints received in the last year.	12
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	1

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
Explanation of any answers and additional evidence: We observed that correspondence with patients did not always mirror the recognised NHS complaints guidance. For example, by sending a written response to the patient outlining the outcome of the complaint investigation with contacts details of the Ombudsman, should they remain unsatisfied with the outcome. Following our inspection, the practice devised a new letter template to ensure this	

information was sent to patients when the complaint investigation was completed. Verbal complaints were responded to informally and were not being documented as part of the practice complaints log. However, the practice told us they would start to capture the details of verbal complaints more formally and ensure these were used to generate learning with the practice team.

Example(s) of learning from complaints.

Complaint	Specific action taken
Patient unhappy with the late cancellation of two appointments for a vaccination as supplies had run out on both occasions.	More efficient stock ordering and communication between reception and administrative staff
A patient was unhappy that no details of the walk-in centre in Nottingham was available.	It was ensured that all reception staff had access to useful contacts in the area on their own computer.

## Well-led

Rating: Good

### Leadership capacity and capability

**There was compassionate, inclusive and effective leadership at all levels.**

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme in place, including a succession plan.	Y
Explanation of any answers and additional evidence: The practice was an active member of the Erewash Health Partnership, covering approximately 70,000 patients. This was a federation of 10 local GP practices who worked collaboratively to ensure standardisation, strengthen resilience, and to derive benefits from economies of scale. Initiatives such as the partnership's extended access scheme offered greater opportunities for patient consultations. Erewash Health Partnership also ensured resilience in terms of succession planning by a strategy of taking over practices in the event of a partnership/single handed practitioner no longer being sustainable. The managerial arrangements had changed approximately 12 months prior to our inspection with the appointment of a practice manager and general manager. One had a focus on finance and practice management issues, and the other on practice IT systems. We observed that the two managers had developed and consolidated a comprehensive system to support good governance arrangements. This was continuing to evolve at the time of our inspection, but we were able to see how the systems provided good evidence of compliance with our inspection criteria. We found that leadership development was supported. The practice manager had completed a mentor scheme run by the Local Medical Committee, and had an assigned mentor whose time was paid for by the partnership. The practice manager had also volunteered to undertake a mentoring role to new practice managers. A GP partner worked as a hospital practitioner in endocrinology and had also worked in cardiology and paediatrics. This provided additional clinical expertise and enhanced relationships with secondary care provision.	

### Vision and strategy

**The practice had a clear vision and credible strategy to provide good quality sustainable care.**

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy in place to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y

Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The strategy aligned with the NHS Five Year Forward View, and that of the Erewash Health Partnership. The practice strategic aims stated:</p> <ul style="list-style-type: none"> <li>• Improve our population’s health outcomes</li> <li>• Provide a better quality of care for our local population</li> <li>• Moderate the cost of delivering that care</li> <li>• Improve the workday experience and satisfaction of staff.</li> </ul> <p>The practice had a set of clear values and a vision, supported by a mission statement. These were displayed on the home page of the practice’s website.</p> <p>The practice mission statement said, “our vision is to continue to provide the best possible healthcare and education to meets the needs of our patients and practice staff, in an environment which is patient focused, welcoming, caring, safe and accessible”</p>	

## Culture

### The practice had a culture which drove good quality sustainable care

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
The practice’s speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
<p>Explanation of any answers and additional evidence:</p> <p>All the staff we spoke with during the inspection gave a very positive account about their interactions with managers and the GP partners. They told us that the team worked together and that they were always able to access support when this was needed. Staff told us they felt confident to raise concerns and that these were addressed effectively by managers when they did so.</p> <p>The care coordinator who was based in the practice was employed by the local community health provider. They told us that they felt welcomed and were fully integrated with members of the practice team.</p> <p>A staff suggestion box had been introduced to encourage staff feedback, any comments could be posted anonymously to encourage uptake.</p> <p>There was a scheme to identify employees for their work as part of an employee of the month programme. The practice told us they planned to undertake a staff survey in the future.</p>	

A GP partner also informed us about some initial plans for a well-being coach to provide some input on a monthly basis to promote healthy lifestyles.

Examples of feedback from staff or other evidence about working at the practice

Source	Feedback
Staff interviews	A receptionist told us about how they had been encouraged to develop in their role, after initially working at the practice as an apprentice. The employee had undertaken training as a phlebotomist and had just successfully completed their programme of competency assessments. They were due to start seeing patients the week following our inspection.
Staff interviews	Staff told us that their suggestions were acted upon to improve services for patients. For example, a nurse had asked that all end of life patients had a 'right care plan' in place to facilitate better management of their needs, and this was implemented within the practice.

**Governance arrangements**

**There were clear responsibilities, roles and systems of accountability to support good governance and management.**

	Y/N/Partial
There were governance structures and systems in place which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
Explanation of any answers and additional evidence: There were a comprehensive range of policies and procedures which were regularly updated. There was a network of internal meetings, including regular clinical and managers meetings, to support good governance. When practice representatives attended external meetings, feedback was shared with the team to promote best practice. For example, the practice managers attended the local practice managers meeting and GPs engaged with CCG-led meetings including clinical governance and prescribing.	

**Managing risks, issues and performance**

**There were clear and effective processes for managing risks, issues and performance.**

	Y/N/Partial
There were comprehensive assurance systems in place which were regularly reviewed and improved.	Y
There were processes in place to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y

A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
Explanation of any answers and additional evidence: The practice told us they were planning to implement a formal risk register.	

### Appropriate and accurate information

### There was a demonstrated commitment to using data and information proactively to drive and support decision making.

	Y/N/Partial
Staff used data to adjust and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
Our inspection indicated that information was accurate, valid, reliable and timely.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
Staff whose responsibilities included making statutory notifications understood what this entails.	Y
Explanation of any answers and additional evidence: The practice used data to review and improve performance. We saw many examples of this during our inspection. For example, the practice reviewed their performance by benchmarking themselves against other practices within the CCG and using this to consider where any improvements may be required.  The practice also had access to a system which enabled them to access information on attendances at hospital, and out of hours' services for example, including the reasons for their attendance. This helped them to consider when patients may require their support package reviewing. In some cases, this may indicate a referral to the high-intensity user scheme for education and advice in self-management measures.  They had also been given access to a local council information system to review some information on social care provision, and they were the only practice to have been granted access. The council had invited them to participate as part of a pilot to determine how useful this might be, and had approached them to participate due to the good working relationship between them.	

### Engagement with patients, the public, staff and external partners

### The practice involved the public, staff and external partners to sustain good quality and sustainable care.

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
Staff views were reflected in the planning and delivery of services.	Y

The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
<p>Explanation of any answers and additional evidence:</p> <p>There was a suggestion box for patients, and ongoing patient satisfaction surveys. Any suggestions were reviewed and responded to as part of a 'you said, we did' process.</p> <p>One of the learnings from the most recent review of patient feedback was about late running appointments and this led to an increased awareness for clinicians to be more vigilant with their consultation times.</p>	

Feedback from Patient Participation Group (PPG).

### Feedback

We spoke with the chair of the PPG, who described a positive and productive relationship with the practice. A PPG meeting usually took place bi-monthly and a representative from the practice would always be in attendance. Further to some changes in membership over the preceding 12 months, the core membership was five members and the PPG were proactively trying to identify new members. There had been a successful response to requests from patients to join a virtual group and this was being reviewed at the time of our inspection.

The PPG had assisted the practice in patient surveys. At the time of our inspection, a prescription satisfaction survey was being undertaken. This included questions such as if prescriptions were ready in line with the timescale suggested; if the items they received were correct; and if they were satisfied with the service provided.

Previous surveys included online patient access, for example to appointments and the ordering of repeat prescriptions. Further to this, the practice achieved 53% of registered patients signed up for online services which was the highest of the 66 practices across NHS South Derbyshire and NHS Erewash CCGs.

The PPG assisted the practice with other ventures. For example, they had previously implemented patient education sessions held at a local church hall. Speakers included the Alzheimer's Society on dementia, and specialist nurses on respiratory conditions and the avoidance of developing type two diabetes.

The PPG had influenced changes, including automatic doors being fitted at the entrance into the reception, and an aquarium in the waiting room to improve the environment for children.

PPG members engaged in wider networks and periodically produced a newsletter for patients. The PPG felt very well supported by the practice, and felt they were valued and respected.

### Continuous improvement and innovation

**There were systems and processes for learning, continuous improvement and innovation.**

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y

Explanation of any answers and additional evidence:

## Examples of continuous learning and improvement

As a member practice of the Erewash Health Partnership, there was a drive towards collaborative working and standardisation locally. Initiatives such as a nurse-led home visiting service and extended access were in operation at the time of our inspection, offering greater flexibility and alternative choices for patients. There were plans for the number of member practices to further increase, and schemes such as a pooled administrative centre and access to wider skill mix arrangements were under consideration.

The Systems Manager had devised a range of templates to incorporate all the relevant information for consultations with links to supporting guidance. An easy reference summary sheet provided easy access to all relevant NICE guidelines. The practice was planning to share these with their colleagues in local GP surgeries to facilitate the sharing of best practice.

### Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95% confident that the practice's performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as no statistical variation, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

The percentage of practices which show variation depends on the distribution of the data for each indicator, but is typically around 10-15% of practices. The practices which are not showing significant statistical variation are labelled as no statistical variation to other practices.

N.B. Not all indicators in the evidence table are part of the GP insight set and those that aren't will not have a variation band.

The following language is used for showing variation:

	Variation Band	Z-score threshold
1	Significant variation (positive)	$Z \leq -3$
2	Variation (positive)	$-3 < Z \leq -2$
3	No statistical variation	$-2 < Z < 2$
4	Variation (negative)	$2 \leq Z < 3$
5	Significant variation (negative)	$Z \geq 3$
6	No data	Null

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average.

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link:

<https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

### Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.