

Park Lane Surgery

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Park Lane Surgery on 23 February 2016. Overall the practice is rated as outstanding.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report significant events. These were discussed regularly at meetings and were a standing agenda item. Learning was shared with practice staff regularly and with other practices in the locality on an 'ad hoc' basis at planned development events.
- Information about safety alerts was reviewed and communicated to staff by the practice manager in a timely fashion. Recommendations made by the CCG pharmacist following medicines reviews were followed up by GPs.
- Risks to patients were assessed and well managed through practice meetings and collaborative discussions with the multi-disciplinary team. Patients needs were assessed and care was planned and delivered following best practice guidance.
- Patients we spoke with told us doctors and nurses at the practice treated them with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available in the reception area and patients told us that they knew how to complain if they needed to.
- Urgent appointments were available on the day they were requested. Patients said that they were able to see their preferred GP within one day. Routine appointments could be booked up to four weeks in advance and were usually available the next day.
- The practice had good facilities and was well equipped to treat patients and meet their needs. This included easy access for patients who were wheelchair users, baby changing facilities and a private room for breastfeeding.

Summary of findings

- There was a clear leadership structure and staff told us they felt supported by management. The practice proactively sought feedback from patients, which it acted on. Staff appeared motivated to deliver high standards of care and there was evidence of team working throughout the practice

We saw several areas of outstanding practice including:

- Hosting of a screening programme for Abdominal Aortic Aneurysm (AAA) which was attended by 302 people aged over 65. This led to aneurysms being detected in 5.5% of patients who attended which would otherwise have remained undetected.
- Implementation of a Melanoma Awareness event at the practice where screening was provided on the day

and onward referrals made to treat potential or actual identified skin cancers for five patients who might otherwise have not visited their GP about their skin lesion.

- The practice utilised a questionnaire so that patients with dementia and their carers were able to identify their preferences. This was done to assist with treating them with dignity and respect at times when they were unable to communicate effectively.

However there was one area of practice where the provider should make improvements:

- The practice should review the system of clinical audits to ensure all are repeated as part of the continuous improvement in outcomes for patients

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

There was an effective system in place for reporting and recording significant events, and lessons learned were shared throughout the practice at regular meetings. When there were unintended or unexpected safety incidents, patients received a verbal and written apology. They 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 patients safe and safeguarded from abuse and staff had received training relevant to their role.

Risks to patients were assessed and well managed. Infection prevention and control procedures were completed to a satisfactory standard. There were robust systems in place to manage safety alerts, including medicines alerts which were acted upon.

There was a robust process for managing incoming mail including test results which were acted upon on the same day if required.

There were enough staff to keep people safe.

Good



Are services effective?

The practice is rated as outstanding for providing effective services.

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

Audits and reviews were undertaken and improvements were made to enhance patient care. For example, an audit identified that 50% of patients fitted with an intra-uterine device had failed to attend their six week check. The practice amended the patient information leaflet about the six week check, and implemented an SMS text reminder to patients prior to their check up appointment.

The practice hosted and promoted an abdominal aortic aneurysm (AAA) screening service for 302 patients aged 65 and over which detected aneurysms in 5.5% of those patients which would otherwise have remained undetected

The practice provided a melanoma screening event which was attended by 23 patients and identified five patients who required treatment or further investigation and two others for close

Outstanding



Summary of findings

monitoring. 12 skin lesions were photographed and kept on the patients record for future monitoring. The screening event enabled patients to be referred for treatment who might otherwise have not visited their GP about their skin lesion.

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

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

Are services caring?

The practice is rated as outstanding for providing caring services.

Data showed that patients rated the practice higher than others for several aspects of care. For example; 95% of patients said their GP gave them enough time and 99% of patients said they had trust and confidence in their GP.

Patients told us they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. For example; 95% of patients said that their GP involved them enough in decisions about their care and 98% of patients said that their GP treated them with enough care and concern.

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

Outstanding



Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

They were aware of the practice population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice acted on suggestions for improvements for example by providing a 'meet the new doctors' event when two new GPs were recruited.

Patients told us they were satisfied with the appointment system and said they found it easy to make a routine appointment which was usually available the next day. Urgent appointments were always available the same day. Telephone consultations and home visits were available by appointment and where required.

Good



Summary of findings

The practice had good facilities and was well equipped to treat patients and meet their needs. The premises were suitable for patients who were disabled and there were baby changing facilities and a private room for breastfeeding.

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

Are services well-led?

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

There was a clear vision and strategy which was shared with staff who were clear about their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. High standards were promoted and owned by all practice staff and teams worked together across all roles. There were systems in place to monitor and improve quality and identify risk.

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

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

All GPs had completed their revalidation process and those GPs who were skilled in specialist areas used their expertise to offer additional services at the practice.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of older people in its population. Thirteen percent (13%) of the practice's patient list were over 65 years and most of them were being cared for at home.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. They worked closely with the community matron and district nursing team to help provide consistent care for people who were housebound.
- They held monthly collaborative meetings with the community support team and social work team to discuss individual needs and to plan ongoing care for patients. Safeguarding concerns were also discussed at this meeting.
- The practice worked closely with district nurse team and the MacMillan nurse team to plan care for patients who were receiving palliative care to anticipate their needs. Home visits by GP's were made and where necessary this included weekend visits for people at the end of their life. The practice held quarterly meetings with the palliative care team to discuss palliative care and included care for the families caring for patients who were on the palliative care register.
- The practice had arranged for a screening programme to be hosted at the practice to identify potential or actual abdominal aortic aneurysm in patients over the age of 65. The screening programme was proactively promoted during influenza vaccination sessions and on the practice's website. The abdominal aortic aneurysm (AAA) screening service was attended by 302 patients over a number of sessions resulting in a detection rate of 2.6% for the invited patients and a detection rate of 5.5% for those patients who were aged over 68 and had self-referred for the screening programme.
- Data from the Derbyshire Abdominal Aortic Screening Programme showed that since the screening clinics were hosted at Park Lane surgery, 73% of attendees were from Park Lane surgery and the remaining 27% from the other seven practices combined.

Outstanding



People with long term conditions

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

Good



Summary of findings

- All these patients had a named GP and a structured annual review with a nurse to check their health and medicines needs were being met. The nurses had received training in chronic disease management and worked closely with the named GP and the CCG pharmacist to ensure safe and effective prescribing through medicine reviews. For those patients with the most complex needs, support was provided by the community teams where required. For example the heart failure team, musculo-skeletal team and the community matron.
- The nurse practitioner was also a qualified diabetic nurse specialist. Her role included supporting patients to manage their diabetes including the regular monitoring of blood sugar levels. Nationally reported data for this practice was comparable to the CCG and national averages. They had provided influenza vaccination for 95% of people on the diabetes register compared to the national average which was 94%.
- Longer appointments and home visits were available when needed. Prescriptions could be ordered using the electronic system.
- Health reviews for patients with more than one long term condition were combined so that they did not have to attend multiple appointments
- The practice reviewed 83% of patients diagnosed with asthma, on the register, in the last 12 months. This was 4% higher than the CCG average and 8% above the national average for conduction annual asthma reviews.

Families, children and young people

The practice is rated as good 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 and young people who had a high number of A&E attendances. Immunisation rates were high for all standard childhood immunisations.
- 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. Comment cards also supported this.
- Appointments were available outside of school hours and the practice told us that children were always seen on the same day. The premises were suitable for children and babies and had baby change and breast feeding facilities.

Good



Summary of findings

- We saw positive examples of joint working with midwives, school nurse and health visitors who told us that they had a positive working relationship with the practice and that concerns about patients were regularly discussed and quickly addressed. We saw minutes of meetings where issues relating to children were discussed.
- Postnatal and eight week baby checks were available which were 30 minute appointments to enable time for vaccinations and to discuss post natal wellbeing including post natal depression. This was followed by a 30 minute appointment with the practice nurse for first vaccinations. The practice streamlined these appointments to enable opportunity for support and education. The health visitor is contacted when input is required
- The practice provided emotional support and signposting to victims of domestic violence and followed up their care when they moved to safe refuge.

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; appointments could be booked online and telephone consultations were available by appointment. Routine appointments were available until 6pm each evening and, if necessary a later appointment could be arranged.

Repeat prescriptions could be ordered using the online ordering service and, on request, prescriptions could be sent to local pharmacists for collection directly from the pharmacy saving a visit during working hours to the surgery.

The practice was proactive in offering a range of health promotion that reflected the needs for this age group, This included NHS checks and over 40 checks as well as screening for cervical cancer and bowel cancer. This was advertised in the practice and on the website.

They had recently provided a screening event where patients were invited to attend to be screened on the day. The melanoma awareness day was attended by 23 patients, 5 of whom were referred for further investigation and treatment, and two others closely monitored

Outstanding



Summary of findings

The practice achieved 85% for providing cervical screening for eligible female patients within the last year which was 4% higher than the CCG average and 8% higher than the national average

People whose circumstances may make them vulnerable

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

The practice held a register of patients living in vulnerable circumstances including those with a learning disability and told us that they had built up a trusted relationship with their patients over a number of years. There was a named GP for patients with learning disabilities who worked with the patient's carer or case worker to assess the level of support required and to review the care plan with the patient to ensure ongoing personalised care. An annual health check was offered and longer appointments were available. They had completed health checks for nine of the 13 patients on their register

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people and informed them 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.

Interpreters were available, including sign language for deaf people, and chaperones were always offered.

Good



People experiencing poor mental health (including people with dementia)

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

The practice had a population that was higher than average for older people and were alert to the need to provide dementia screening opportunistically. They offered annual reviews to patients diagnosed with dementia and in the preceding year, with 72% having their care reviewed in a face to face meeting. This was below the national average of 84%. The practice were exploring ways to increase patient engagement to improve attendance at annual reviews.

Appointments were provided on demand for people with dementia, and where a carer requested a home visit, this was always

Good



Summary of findings

accommodated at short notice. A questionnaire was provided to patients and their carers to identify their preferences and assist with treating them with dignity and respect at times when they were unable to communicate effectively.

The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. Ninety-four (94%) of patients with a mental health condition had a care plan that had been reviewed in the preceding year which was 2% above CCG average and 6% above national average

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. This included counselling and telephone support provided by local organisations.

The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Staff had a good understanding of how to support patients with mental health needs and dementia and described situations where they had assisted people who appeared confused or were particularly anxious.

Summary of findings

What people who use the service say

The national GP patient survey results published on January 2016. The results showed the practice was performing in line with local and national averages. A total of 245 survey forms were distributed and 180 were returned. This represented 61% response rate.

- 96% found it easy to get through to this surgery by phone compared to a CCG average of 74% and a national average of 73%.
- 93% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 86% and national average of 85%.
- 97% described the overall experience of their GP surgery as fairly good or very good compared to a CCG average of 87% and national average of 85%.
- 94% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to a CCG average of 80% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 34 comment cards which were all positive about the standard of care received. Comments included praise for the kindness and compassion of the GPs, nursing staff and receptionists and that they were given enough time in the consultations. Patients also felt their dignity and privacy was maintained and that they were respected by the practice staff. Many commented that the practice staff, including GPs went that extra mile for patients.

We spoke with 10 patients during the inspection. All 10 patients said they were happy with the care they received and thought staff were approachable, committed, caring and provided an excellent service. They were happy with the availability of appointments and said that appointments usually ran on time.

Areas for improvement

Action the service SHOULD take to improve

However there was one area of practice where the provider should make improvements:

- The practice should review the system of clinical audits to ensure all are repeated as part of the continuous improvement in outcomes for patients

Outstanding practice

We saw several areas of outstanding practice including:

- Hosting and promotion of a screening programme for Abdominal Aortic Aneurysm (AAA) which was attended by 302 people aged 65 and over. This led to aneurysms being detected in 5.5% of patients who attended which would otherwise have remained undetected.
- Organising of a Melanoma Awareness event at the practice where screening was provided on the day and

onward referrals made to treat potential or actual identified skin cancers for five patients who might otherwise have not visited their GP about their skin lesion.

- The practice utilised a questionnaire so that patients with dementia and their carers were able to identify their preferences. This was done to assist with treating them with dignity and respect at times when they were unable to communicate effectively.

Park Lane Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Park Lane Surgery

Park Lane surgery is located in the village of Allestree which is in Southern Derbyshire. It was established in its existing premises during the 1930s and has undergone extensive refurbishments and extensions over time.

The practice provides primary medical services to 5,959 patients under a General Medical Services (GMS) contract. The level of deprivation affecting the practice population is below the national average. Income deprivation affecting children and older people is also below the national average.

There are facilities for disabled patients, including a lowered reception desk, baby changing facilities, breastfeeding facilities and there is car parking.

The clinical team comprises four GP partners, two male and two female, a senior nurse practitioner, one other practice nurse and a phlebotomist. The clinical team is supported by a part time practice manager, and a range of reception and administrative staff.

The practice are currently recruiting for a health care assistant and a receptionist to replace staff who have recently retired.

The practice opens from 8am to 6.30pm Monday to Friday. The practice is closed on Saturday and Sunday. Consultation times are from 8.30am to 12.00pm and 3pm to 6pm on Monday to Wednesday and from 8.30am to 12pm and 2pm to 6pm on Thursday and Friday. There are no formal late evening clinics available, but these can be accommodated on an individual basis where necessary. Telephone consultations are also available.

When the practice is closed, patients are directed to the out of hours service via a direct telephone number or advised to contact the 111 service.

Why we carried out this inspection

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

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 23 February 2016. During our visit we:

Detailed findings

- Spoke with a range of staff (GPs, practice nurse, infection control lead, practice manager, reception staff, CCG pharmacist and attached community staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?

- Is it well-led?

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

Staff told us they would inform the practice manager of any incidents. In addition there was a recording template available on the practice's computer system and staff knew where to find this. The practice carried out a thorough analysis of the significant events which were discussed at weekly practice meetings and monthly clinical meetings. Findings were discussed at other team meetings including those for non clinical staff. Significant events were routinely discussed at clinical meetings as a standing agenda item.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared with relevant staff to make sure action was taken to improve safety in the practice. For example, when a staff member cut their hand on glass in a sink, this was discussed at the next clinical meeting and all staff asked not to place glass items in the kitchen sink. A notice was also placed nearby to remind people of this. The practice had also participated in an event with other practices in their locality to discuss significant events and share learning.

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

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

Overview of safety systems and processes

We saw the practice had robust systems, processes and practices in place to keep patients safe and safeguarded from abuse. These included arrangements to safeguard children and vulnerable adults from abuse which were in line with local requirements and national legislation. There was a lead GP responsible for safeguarding within the practice and staff were aware of who this was.

The practice had policies and procedures in place to support staff to fulfil their roles and staff knew who to contact for further guidance if they had concerns about patient welfare. Staff had received training relevant to their role and GPs were trained to Level 3. Staff we spoke with were able to give examples of action they had taken in response to concerns they had regarding patient welfare.

Information was displayed in the waiting area which advised patients that chaperones were available if required. The nurses acted as chaperones, were trained for the role and had received a Disclosure and Barring Service check (DBS check). DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. The practice was planning to provide training and DBS checks for some reception staff so that they could act as a chaperone in the future.

The practice had arrangements in place to ensure appropriate standards of cleanliness and hygiene were maintained. The Infection Prevention and Control (IPC) lead was a GP and some responsibility was delegated to the Nurse Practitioner. We saw that current staff had completed infection control training. Regular infection control audits were undertaken, the most recent audit being in February 2016 which was conducted in collaboration with the locality IPC lead. An action plan had been created and some changes planned. For example, to replace the carpets in the consulting rooms with washable floor covering. We reviewed the audit completed in February 2015 and saw that actions had been implemented to improve safety. For example; couch rolls had been mounted onto walls so that they were off the floor and carpets in the treatment rooms had been replaced with washable floor covering.

There were robust arrangements in place for managing incoming mail including test results. These were checked daily by GPs, and where a test result showed an abnormal result, a GP would contact the patient on the same day to discuss or make an appointment for them. For test results that were grossly abnormal, a GP would contact the patient immediately to discuss and arrange a home visit if required.

There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme which included recording samples taken,

Are services safe?

patients details and name of the sample taker. Any abnormal results were dealt with on the day by GPs who would contact the patient by telephone and invite them for an appointment to discuss further treatment.

Arrangements for managing medicines ensured that patients were kept safe. For example, there was a GP who was the lead for medicines management and worked with the CCG pharmacist to monitor adherence to protocols relating to prescribing and dispensing. Regular medicines reviews were conducted and actions recommended by the CCG pharmacist were followed up by GPs. There was a temperature monitoring system in the medicines fridges to ensure that vaccines were stored at the correct temperature, and emergency drugs were in date, fit for use and regularly checked. Controlled drugs were stored and dispensed safely in line with the practices' standard operating procedure and CCG guidelines.

Prescription pads were stored securely and processes were in place to monitor their use which included recording serial numbers. Patient Group Directions (PGDs) were being used by the practice to allow nurses to administer medicines in line with legislation.

We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- The practice had procedures in place to monitor and manage risks to patients and staff safety. There was a health and safety policy available which was accessible to all staff electronically. The practice had commissioned an external company to undertake a health and safety risk assessment of the premises. This was last completed in July 2015. Recommended actions were carried out, for example, a fire emergency plan was completed.
- Fire alarms were checked and maintained by an external company every six months. We saw records of these, the last one being completed in August 2015. Fire alarms were tested weekly and records kept, and staff told us they knew what to do in the event of a fire. A fire training exercise was provided by an external company

in December 2014, and a fire drill exercise was carried out in February 2016. We saw a detailed action plan following this and a further fire drill was scheduled for August 2016.

- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. We saw records of actions taken where equipment required attention.
- The practice had processes in place to monitor safety of the premises such as control of substances hazardous to health and legionella (Legionella is a bacterium which can contaminate water systems in buildings). We saw that there was a formal water testing appointment scheduled for 3 March 2016 with an external company. The practice had adopted a policy of running the water for a period of time in all of the clinical rooms each morning to remove any stagnant water in the pipes.
- Arrangements were in place to plan and monitor staffing levels needed to meet patients' needs. There was a system in place for all of the different staffing groups to ensure that enough staff were on duty. Each staffing groups had agreements about the number of staff who could be on leave at the same time to ensure service provision was not adversely affected. GPs would cover other GP's annual leave, although there were plans in place to utilise a recommended locum GP if required in the future.

Arrangements to deal with emergencies and major incidents

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

- There was an alarm system in all the consultation and treatment rooms which alerted staff to any emergency.
- Basic life support training was delivered annually and there were emergency equipment available in the treatment room which we found to be in date and fit for use. The practice had scheduled a closure afternoon for the day after our inspection so that all staff could receive their annual basic life support training.
- There was 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.

Are services safe?

· Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked at each site were in date and fit for use.

· The practice had a comprehensive business continuity plan in place which had been updated in October 2015. This covered major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.



Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice routinely used National Institute for Health and Care Excellence (NICE) best practice guidance and other national and locally agreed guidelines and protocols as part of their consultations with patients. They monitored these guidelines through risk assessments, audits and random sample checks of patient records. The practice had systems in place to ensure all clinical staff were kept up to date. All GPs had recently received an appraisal and had achieved revalidation of their practice. They also kept up to date with current practice by using topics such as patient safety alerts and medicines alerts which were discussed at practice meetings and attended local events where development was available.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF), a system intended to improve the quality of general practice and reward good practice. The latest published results for 2014-15 were 99% of the total number of points available, with an exception reporting rate of 8% compared to a CCG average of 11%. 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 2014-15 showed;

- Performance for diabetes related indicators at 90% was similar to the CCG average of 91% and the national average of 89%
- The percentage of patients with mental health related indicators was 92% compared against a CCG average of 94% and a national average of 93%. The practice had achieved provision of a care plan for 94% of patients experiencing poor mental health which was 15% better than the CCG average and 24% better than the national average for this indicator.
- Performance for asthma related indicators was comparable with CCG and national averaged. Eighty three (83%) of patients with asthma had been reviewed

in the preceding 12 months which was the 3% below the CCG average and 3 % below than the national average. The practice told us that those patients who were receiving secondary care for their condition often selected not to attend for an asthma review at the practice.

- Performance for monitoring patients with peripheral arterial disease was 67% which was 30% lower than CCG and national averages. However, the exception reporting rate was low at 3% across two indicators which was 5% better than both CCG and national averages (combined score across two indicators). The practice were exploring ways to improve attendance for blood pressure checks for relevant patients.

Clinical audits demonstrated a commitment to quality improvement. There had been 11 audits undertaken in the last two years, although none were conducted over two cycles. There were clinical reviews that identified that best practice was being followed. We looked at one audit designed to be conducted over two cycles which was ongoing. The audit was rigorously performed using an agreed template and was conducted to identify whether patients over 65 who were being treated with a non-steroidal anti inflammatory medicine (NSAID) were also prescribed a medicine to protect the stomach. The findings identified a small number of patients who were taking NSAIDs but not a stomach protecting medicine and treatment was being reviewed for these patients to ensure that the NSAID was still the most appropriate medicine for them. A second cycle audit was planned.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. We looked at the records for recently recruited staff and found that an induction checklist had been completed. An induction programme was being created to use for locum GP's if the need were to arise. The IPC lead nurse was planning to include additional infection control training for a health care assistant (HCA) that was being recruited. This was in addition to the mandatory online training.
- There was an appraisal system in operation at the practice, and most staff had received their appraisal in



Are services effective?

(for example, treatment is effective)

the preceding 12 months. The remaining staff had an appraisal scheduled. Staff were supported to undertake training to meet personal learning needs to develop their roles and enhance the scope of their work. For example, for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme. Development for non clinical staff included a 'receptionist survival course', training on treating people with dignity and respect, and other training specific to personal and individual development. Nurses were also given time and support to address their needs for nurse revalidation.

- All staff had received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

Staff worked together 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, when they were referred, or after they are discharged from hospital. Where people were admitted to hospital as an emergency, a GP would contact them by phone within 48 hours or make a home visit to check on their welfare.

We saw evidence that multi-disciplinary team meetings took place on a monthly basis incorporating reviews of patients at risk of hospital admission, end of life patients, and those who had complex needs. These meetings included community health team representatives, district nurse, health visitor, school nurse, social work team and the community mental health team where required. Care plans were routinely reviewed and updated and risks assessed. In addition to the practice's usual care plan,

patients with complex needs were provided with a Derbyshire Health and Social Care Plan which was comprehensive and shared with relevant services as required.

Consent to care and treatment

Staff understood and sought patients' consent to care and treatment in line with legislation and guidance, including the Mental Capacity Act 2005.

When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance, and where a patient's mental capacity was unclear the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment. Staff recorded consent to treatment and procedures in the patient's record.

Supporting patients to live healthier lives

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

The practice's uptake for the cervical screening programme was 86%, which was 2% higher than the CCG average and 4% higher national average. There was a policy to send written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring that a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening by making this information visible in the waiting area. The practice's uptake for breast cancer screening was 79% which was comparable with the CCG average of 79% and the national average which was 72%. The practice had achieved an uptake of 72% for screening for bowel cancer which was higher than the CCG average of 61% and the national average which was 58%.

The practice proactively encouraged relevant patients to participate in two additional screening programmes;

- a screening programme was hosted at the practice to identify potential or actual abdominal aortic aneurism in patients over the age of 65. The screening programme was proactively promoted during influenza vaccination



Are services effective? (for example, treatment is effective)

sessions and on the practices website. The abdominal aortic aneurism (AAA) screening service was attended by 302 patients over a number of sessions resulting in a detection rate of 2.6% for the invited patients and a detection rate of 5.5% for those patients who were aged over 68 and had self referred for the screening programme. Data from the Derbyshire Abdominal Aortic Screening Programme showed that out of the eight practices in the locality that had taken part in the programme, 73% of attendees were from Park Lane surgery and the remaining 27% from the other seven practices combined.

- patients were invited to attend a screening event to identify skin cancer. The melanoma awareness day was attended by 23 patients, five of whom were referred for further investigation and two others closely monitored

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93% to 100% and five year olds from 95% to 100%.

Flu vaccination rates for the over 65s were 75%, and at risk groups 62%, and for patients with diabetes the rate was 95%. These were better than the national averages which were 52%

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 for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified



Are services caring?

Our findings

Kindness, dignity, respect and compassion

Throughout the inspection, we found that delivering good patient care and a genuine desire to do the best for patients was at the heart of all the staff. Patients we spoke with told us that nothing seemed too much trouble.

We saw that members of staff were polite and helpful to patients both attending at the reception desk and on the telephone, and people were treated with dignity and respect.

All of the 34 patient CQC comment cards we received were extremely positive about the service experienced. Patients said they felt the practice offered an excellent service and all staff were helpful, extremely caring and treated them with dignity and respect. They also gave examples of how staff had gone that extra mile for them. Many of the patients who completed the cards told us they had been with the practice for many years and enjoyed the personal service that it offered. We also spoke with four members of the patient participation group who told us they were well supported and listened to by the practice. They were involved in immunisation clinics and screening events and were actively involved in all patient surveys.

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.

The national GP patient survey results published in January 2016 showed that the practice was above average for its satisfaction scores on consultations with doctors and nurses. A total of 243 surveys were sent out and 180 were returned which is a response rate of 61%. For example:

- 99% said the GP was good at listening to them compared to the CCG average of 80% and national average of 89%.

- 96% said the GP gave them enough time compared to a CCG average of 88% and a national average of 87%.
- 99% said they had confidence and trust in the last GP they saw compared to a CCG average of 96% and national average of 95%
- 98% said the last GP they spoke to was good at treating them with care and concern compared to a CCG average of 86% and national average of 85%.
- 97% said the last nurse they spoke to was good at treating them with care and concern compared to a CCG average of 92% and national average of 91%.
- 97% said they found the receptionists at the practice helpful compared to a CCG average of 88% and national average of 87%.
- 97% described their overall experience of this surgery as good compared to a CCG average of 87% and national average of 85%.

Care planning and involvement in decisions about care and treatment

Patients told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. Where a care plan was required, patients were able to contribute to this and discuss it with a GP or nurse. They also told us they felt listened to and usually 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. The practice encouraged patients diagnosed with dementia and their carers to complete a questionnaire regarding their preferences, so that this could be used to treat them with dignity and respect once they were no longer able to communicate effectively.

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 better than local and national averages. For example:

- 94% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 95% said the last GP they saw was good at involving them in decisions about their care compared to a CCG average of 83% and national average of 82%.



Are services caring?

- 91% said the last nurse they saw was good at involving them in decisions about their care compared to a CCG average of 87% and national average of 85%.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. For example;

- Dementia care
- Age UK
- Bereavement care
- Carers group information

The practice's computer system alerted GPs if a patient was also a carer which served as a reminder to check how they were managing. The practice had identified 87 patients as carers on their register of carers at their practice. They were identified by the registration process or by GPs during

consultations with patients. There was also a poster in the reception area reminding patients to tell a GP if they were a carer. Annual influenza vaccinations were offered to all carers and a representative from the local carers association was available to speak to at these clinics. Written information was available to direct carers to the various avenues of support available to them. They held coffee mornings for carers where advice, information and support was provided

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

Staff told us that if families had experienced bereavement, their usual GP contacted them by phone or called to see them at their home. They also sent them a sympathy card and gave them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered routine appointments until 6pm Monday to Friday for working patients who could not attend during the daytime and telephone consultations during the day. Later evening appointments were available on an individual basis if required.
- There were sufficient appointment slots available each day to meet the needs of their population and patients told us that they could always get an appointment when they wanted one. We saw that the next available routine appointment was the next day and the next available urgent appointment was for later that day.
- There were longer appointments available for patients with a learning disability and those with complex needs were encouraged to book a double appointment.
- Home visits were available for older patients and patients who would benefit from these, including patients with chronic illness.
- Same day appointments were always available for children and those who had an urgent need.
- Patients could make appointments by telephone, at reception and online.
- Appointment cards were provided and patients were reminded about their appointment via text message.
- There were disabled facilities, a hearing loop and translation services were available if required, including British sign language facility for people who were deaf.
- Health checks were provided for all newly registered patients and annual health checks were offered to vulnerable patients and those with complex needs. For example, those with a mental health condition, people with a learning disability and people with a chronic illness.
- Regular meetings took place to discuss and plan care for vulnerable patients including those with a learning disability and those at the end of their life. A GP and community matron visited these patients, their relatives and carers at home where required.
- Patients who were at risk of unplanned admission to hospital were closely monitored, including patients on

the palliative care register. There was an alert on their record and a care plan was shared with relevant services, including the community support team. The practice had a 'rapid access' scheme which provided extra appointment slots each day for patients who were at risk of unplanned admission to hospital and they were always seen or contacted on the day they called.

- The practice had responded to local demand following the death of a local celebrity due to skin cancer and had arranged for a melanoma awareness event to identify potential skin cancers. The event was available to all patients where screening was performed on the day and referrals made to secondary services where required.
- The practice hosted and promoted a screening programme, to identify abdominal aortic aneurysm (AAA) for people aged 65 and over. A number of screening sessions had been hosted and referrals made to secondary services where potential or actual aneurysms had been identified that might not otherwise have been found.
- The practice had a GP who was a specialist in dermatology and utilised their skills to perform minor skin procedures at the surgery and a GP who was trained to perform vasectomies and was able to offer this procedure at the surgery.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 12pm and 3pm to 6pm on Monday to Wednesday, and on Thursday and Friday appointments were available from 8.30am to 12pm and 2pm to 6pm. 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.

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

- 82% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 75%.
- 96% patients said they could get through easily to the surgery by phone compared to a CCG average of 74% and national average of 73%.

Are services responsive to people's needs?

(for example, to feedback?)

- 68% patients said they always or almost always see or speak to the GP they prefer compared to a CCG average of 58% and national averages of 60%.

People told us on the day of the inspection that they were able to get appointments when they needed them and that they could see the GP of their choice within one day.

Listening and learning from concerns and complaints

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

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

We looked at six complaints received in the last 12 months and found these had been fully investigated and responded to within an appropriate timescale. Apologies were provided and learning points were recorded and shared with staff. Lessons were learnt from concerns and complaints and action was taken to improve the quality of care. For example, when a housebound patient complained about the waiting time for an assessment, it was identified that this had been prioritised incorrectly and as a result the practice revised its protocols to ensure better management of urgent referrals for assessment.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision and purpose to deliver high quality care in a friendly, caring and professional manner. We saw that all staff took an active role in ensuring provision of a high level of service on a daily basis and we observed staff behaving in a kind, considerate and professional manner. The practice had a robust strategy and supporting business plans which reflected the vision and values of the practice. For example; there were plans to work collaboratively with other practices in the locality to develop community services.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas, for example, medicines management, infection prevention and control, chronic disease management, governance, safeguarding and Caldicott guardian.
- Practice specific policies were implemented and were available to all staff via the practices computer system. These were updated and reviewed regularly.
- Practice meetings were held monthly and this provided an opportunity for staff to learn about the performance of the practice. The practice was closed for one afternoon every three months to enable staff to attend development opportunities.
- A programme of clinical and internal audit and reviews which was used to monitor quality and to make improvements
- There were arrangements in place for identifying, recording and managing risks.
- There was a robust meeting structure in place that allowed for lessons to be learned and shared following significant events and complaints.
- The provider was aware of and complied with the requirements of the Duty of Candour

Leadership and culture

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

We saw from meeting minutes that regular team meetings were held. Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and were confident in doing so and felt supported if they did. Meetings had agenda items that included significant events and minutes were comprehensively written and available for practice staff to view. Staff said they felt respected, valued and supported,

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

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

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

The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met quarterly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice hosted and promoted an AAA screening programme following a suggestion from the PPG.

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

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.

Continuous improvement

- The practice team were forward thinking and part of local pilot schemes to improve outcomes for patients in

Are services well-led?

Good 

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

the area. For example organising a melanoma awareness event to identify skin cancers and hosting and promoting an AAA screening programme to identify potential abdominal aortic aneurysms.