Riversdale Surgery

Quality Report

59 Bridge Street,
Belper,
Derbyshire
DE56 1AY
Tel: 01773822386
Website: www.riversdalesurgery.nhs.uk

Date of inspection visit: 27 April 2016
Date of publication: 07/07/2016

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Riversdale Surgery on 27 April 2016. Overall the practice is rated as good

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were utilised.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. For example; they had received funding to work with four other practices in the locality on a project to improve outcomes for the older population.
- Feedback from patients about their care was consistently positive.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example; they hosted monthly carers clinics at the practice provided by an external agency.
- The practice had identified areas where they could improve care for patients and had worked proactively and collaboratively to make amendments to their systems and processes and developed new ones.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example; the practice installed handrails to improve disabled access
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice actively reviewed complaints and how they are managed and responded to, and made improvements as a result.

Summary of findings

- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with practice staff and was regularly reviewed
- The practice had strong and visible clinical and managerial leadership and robust governance arrangements

We saw an area of outstanding practice:

The practice worked in collaboration with four local practices on a project to drive improvement in care for older people and reduce emergency admissions from care homes. This had resulted in an 8% reduction in emergency admissions in the preceding 12 months.

We saw an area where the provider should make improvements;

- The practice should consider more proactive ways to identify carers on their register.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

- There was an effective and robust system in place for reporting and recording significant events. All staff knew how to report incidents
- Lessons were shared to make sure action was taken to improve safety in the practice. Detailed records included analysis of the events and risk assessment to reduce potential reoccurrence. Learning outcomes were shared in practice meetings and clinical meetings.
- When there were unintended or unexpected safety incidents, patients received support, information, and an 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. This included infection control procedures, management of medicines, staff recruitment procedures and appropriate training of staff in safeguarding.
- Risks to patients were assessed and well managed. This included health and safety, ensuring sufficient staff in place to meet patient needs, robust management of test results and suitable emergency procedures if a patient presented with an urgent medical condition.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Our findings showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) and other locally agreed guidelines, and clinicians used these as part of their work.
- Audits were considered an important activity to drive improvement and were undertaken over two cycles. Improvements were made as a result to enhance patient care. Registrars were encouraged to conduct audits as part of their personal development
- 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 through the appraisal process and training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff and that development was driven by individual need.

- Staff worked closely with multidisciplinary teams to plan, monitor and deliver appropriate care for patients. The teams included midwives, health visitors, district nurses, social care team and the mental health team
- The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had achieved 93% of the total number of points available, with 9% exception reporting. Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. Practice supplied data that demonstrated that they were performing well with an exception reporting rate that was lower than CCG and national averages. (This data had not been verified or published at the time of our inspection).
- Staff worked with, and had a high level of engagement with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

Data from the national GP patient survey showed patients rated the practice higher than others for some aspects of care. Feedback from patients about their care and treatment was consistently positive.

For example; 92% of patients said their GP was good at listening to them and 97% of patients said they had trust and confidence in their GP. 94% of patients also said that nurses gave them enough time and 100% of patients said that they had confidence in them. This was comparable with CCG and national averages.

We observed a strong patient-centred culture. Patients told us they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Information for patients about some of the services available was easy to understand and accessible throughout the three reception areas. We saw staff treated patients with kindness and respect, ensuring that confidentiality was maintained. Staff told us that they went the extra mile for patients and we saw evidence of this when a receptionist assisted a wheelchair user

Summary of findings

The practice had registered as a safe haven for people who needed to be in touch with carers or others to assist them with aspects of the health, safety and welfare.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

They were aware of the practice population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. It acted on suggestions for improvements and changed the way it delivered services in response to feedback from the patient participation group (PPG) and were innovative in responding to the specific needs of its community by providing extra support to patients where required

There were innovative approaches to providing integrated patient-centred care;

- They had engaged with other practices in the locality to work on a project to improve care for the elderly population. This had resulted in significant reduction in avoidable admissions for older people in care homes aligned to the practice from 22% to 10% during the eight months since the project commenced.
- They utilised the services of a Well-being Worker who was able to assist with referrals to the Live Life Better Derbyshire scheme. The scheme provided support for people with specific needs, including people who were carers or required help with exercise or activity, weight management, smoking cessation and help with issues such as debt and housing.
- They were proactive in reducing the number of appointments that patients needed to attend for blood tests or medicines reviews by developing a computer programme that enabled new requests for blood tests and medicines reviews to be automatically added to the patient record recall system and amalgamated. This had resulted in a significant improvement in unnecessary recalls for blood tests over the preceding two months since the new system was implemented. The practice told us that there had been a 40% reduction in letters being sent to patients to request a blood test, and that patients had commented favourably about the new system.

Routine appointments could be booked on line, by telephone or by calling at the surgery. We saw that the next available routine appointment to see the on call GP was the next day and in one week for a named GP. However, patients comments about making a routine appointment were mixed. Some patients told us that they sometimes had to wait more than two weeks to see their preferred

Summary of findings

GP and that it was sometimes difficult to get an appointment with a female GP. Patients told us that urgent appointments were usually available the same day. Telephone consultations and home visits were available by appointment and where required.

The practice had good facilities and was well equipped to treat patients and meet their needs. The premises were suitable for patients who had a disability; however, there was no lift available in the main building. The practice told us that when disabled patients visited, they made provision for them by providing a consultation room on the ground floor and the GP would be notified on where to consult with them. We also noted that there was no information easily available to inform patients how to make a complaint or information about bereavement services

Are services well-led?

Good

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

There was a clear vision and strategy with quality and safety as its top priority. This 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 risk assessments conducted to identify risk.

- The practice had a robust approach to governance and all staff were aware of their role in contributing to good governance.
- Performance management arrangements took account of current models of best practice. This included a review of their methods to read-code clinical data and processes to recall patients for blood tests and medicines reviews.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- The practice gathered feedback from patients using a variety of methods and it had a very engaged patient participation group which influenced practice development

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- The practice were innovative in developing practice that improved care for older people; for example, they participated in a locally based project to enable collaborative working with other local surgeries to improve community care for patients, especially the frail elderly. This had resulted in a reduction in hospital admissions from care homes from 22% to 10%. This had been achieved during the preceding eight months since the project started.
- The practice offered proactive, personalised care to meet the needs of older people through multi-disciplinary meetings which were led by a care coordinator and included the social care team, community nursing team and mental health team.
- Relevant staff had received training on FEAT (frail and elderly assessment team) which focussed on developing ways to work proactively with the frail and elderly in order to avoid unplanned admissions and to access specialist input locally.
- The practice offered an enhanced service to three care homes and also cared for patients in a further six care homes in their locality as they took the approach that patients were able to choose what care home they wanted to go to and therefore should receive the same high quality care. They conducted monthly ward rounds and made urgent visits where required.
- The practice offered home visits and urgent appointments for those with enhanced needs.
- The practice made use of the intermediate care team based at a local hospital to gain early access to services such as occupational therapy, physiotherapy and the falls clinic.

People with long term conditions

Good

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

- Patients with a long term condition had a named GP who worked collaboratively with the nursing staff who had lead roles in chronic disease management. They used structured reviews to check their health and medicines needs were being met which were conducted each year or more often where required.
- The practice had received funding for a community pharmacist and an advanced nurse practitioner to manage patients with

long term conditions. This was as a result of their participation in a local project. The funding had also enabled district nurses who were based at the practice to receive training in chronic disease management
- The practice provided in-house diagnostic tests, for example spirometry and electro cardiogram (ECG) (Spirometry is a test to check breathing and ECG check the heart rate)
- The practice had achieved 100% of QOF points for heart failure related indicators which was same as the CCG average and 2% above the national average. They had an exception rate of 4% which was better than CCG or national averages.
- They had achieved 97% of QOF points for indicators relating to chronic obstructive pulmonary disease (COPD), which was slightly above CCG and national averages, however, their exception reporting rate for the indicator relating to providing a face to face review for patients diagnosed COPD in the preceding year was 31% which was 15% higher than the CCG average and 20% above the national average. The practice told us that they had included all those patients who were housebound in their exception report for this indicator because they had been unable to conduct a review in the patient's own home. However, they had acted on this and had recruited an advanced nurse practitioner to conduct these reviews and assist with chronic disease management.
- Longer appointments and home visits were available when needed.
- Appointments for blood tests and medicines reviews were amalgamated into a single appointment where possible using a newly developed computerised system that added new requests to patient's plans to avoid multiple visits to the practice.

Families, children and young people

Good

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

- There was a dedicated lead GP for child protection working closely with the health visiting and school nursing teams to identify and discuss children at risk.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Same day access was available for children.

Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Health visitors were located at the practice and liaised regularly with GPs and other relevant staff.
- We were told about positive examples of joint working with midwives, health visitors
- The practice provided clinics for contraception and sexual health advice and offered long acting contraception services and emergency contraception
- Minor injuries were treated at the surgery and physiotherapy was available which could be accessed by self-referral.
- Patients with problems relating to alcohol intake could be referred to support services

Working age people (including those recently retired and students)

Good

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.

- The practice was proactive in offering online services to book routine appointments and to order repeat prescriptions.
- They offered a full range of health promotion and screening that reflects the needs for this age group.
- Health checks for people over 40 were proactively conducted to assess risk of cardio vascular disease. The practice provided information that demonstrated they were best performing surgery in the locality for this activity.
- A computerised system was implemented to reduce the number of attendances required for blood tests and medicines reviews.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.

Summary of findings

- The practice offered longer appointments and annual health checks for patients with a learning disability. They were registered as a safe haven for people with a learning disability where they could go if they needed help.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients and told 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.
- They hosted monthly carers clinics at the practice and had recently introduced an annual health check for carers.

People experiencing poor mental health (including people with dementia)

Good

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

- 79% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the CCG and national averages.
- The practice carried out advance care planning for patients with dementia and care plans were shared with carers and regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. These were led by a care coordinator who co-ordinated services to ensure patients were able to benefit from the health and care support services available.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published on2 July 2016. The results showed the practice was performing in line with local and national averages. 248 survey forms were distributed and 129 were returned. This represented a 52% response rate and approx. 1% of the total practice population.

- 81% of patients found it easy to get through to this practice by phone compared to the CCG average of 71% and the national average of 73%.
- 93% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 86% and the national average of 85%.
- 93% of patients described the overall experience of this GP practice as good compared to the CCG average of 87% and the national average of 85%.
- 89% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 80% and the national average of 79%.

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 overwhelmingly positive about the standard of care received. Patients described the service they received as excellent, professional and very thorough. However, a few patients also said that there was sometimes difficulty in getting an appointment with a female GP when they wanted one. When there were issues, for example a prescription not being ready on time, patients told us that staff were helpful in resolving this straight away.

We spoke with nine patients during the inspection, including three members of the PPG. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring, and that they provided a very efficient service.

Areas for improvement

Action the service SHOULD take to improve
We saw an area where the provider should make improvements;

- The practice should consider more proactive ways to identify carers on their register.

Outstanding practice

We saw an area of outstanding practice:

The practice worked in collaboration with four localpractices on a project to drive improvement in care forolder people and reduce emergency admissions fromcare homes. This had resulted in an 8% reduction in emergency admissions in the preceding 12 months

Riversdale Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Riversdale Surgery

Riversdale surgery provides primary medical services to approximately 14,000 patients through a General Medical Services (GMS) contract. Services are provided to patients from a single site which occupies purpose built premises in Belper.

The practice is run by a partnership between eight GPs (five male and three female) and there is one salaried GP who is female and a registrar who is male. The practice is a training practice for undergraduate medical students and GP registrars.

The practice has a nurse practitioner, three part-time practice nurses and one part-time health care assistant. The clinical team is supported by a full-time practice manager and a team of administrative, secretarial and reception staff.

The community nursing team who treat patients registered with the practice are based on site.

The registered practice population are predominantly of white British background, and are ranked in the eighth least deprived decile and income deprivation affecting children is about half the national average. The practice has an age profile which is much lower than national averages for babies and children and significantly higher for people over 65 years.

The practice is open from 8am to 6.30pm on Monday to Friday. The consultation times for morning GP appointments start at 8.30am to 11am and afternoon appointments are offered from 2pm until 6pm. The practice sees additional patients at the end of the clinic session if necessary and home visits and telephone consultations are provided throughout the day.

The practice has opted out of providing out-of-hours services to its own patients. This service is provided by Derbyshire health United through the 111 system.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 27 April 2016. During our visit we:

Detailed findings

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

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

· Is it safe?

· Is it effective?

· Is it caring?

· Is it responsive to people's needs?

· Is it well-led?

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

· Older people

· People with long-term conditions

· Families, children and young people

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

· People whose circumstances may make them vulnerable

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

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

Good

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager or reception team leader of any incidents. There was a recording template available on the practice's computer system and staff knew where to find this and said they felt confident to report events.
- The practice carried out a thorough analysis of significant events and these were discussed as a regular agenda item at monthly meetings with GPs, clinical staff and other staff, and at other meetings with all other staff groups.
- Thirteen significant events had been recorded in the preceding 12 months and these had been appropriately recorded, reviewed and learning shared with practice and any other relevant staff. Records showed that where there were unintended or unexpected safety incidents, patients were offered support, information about what had happened and apologies where appropriate.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We found that there was a robust process to act on safety alerts and that staff understood what to do and recorded their actions. We looked at a recent safety alerts from February 2016 relating to medicines and found that it had been reviewed, acted upon and documented in the clinical system.

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 the appropriate level to manage child safeguarding (Level 3). Staff we spoke with were able to give examples of action they had taken, or would take in response to concerns they had regarding patient welfare.
- A poster was displayed in the waiting area which advised patients that chaperones were available if required. The nurses and some reception staff acted as chaperones and were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Receptionists who acted as chaperones wore a white coat when acting in this role.
- The practice had arrangements in place to ensure appropriate standards of cleanliness and hygiene were maintained. There was a nurse practitioner who was the infection prevention and control (IPC) lead. We saw that current staff had completed mandatory infection control training. Regular infection control audits were undertaken, the most recent audit being in November 2015. Actions required were recorded and marked as completed appropriately. Changes had been implemented, and we saw evidence that action had been completed. There was an ongoing programme to replace carpets in all clinical areas, with interim arrangements in place to keep them clean. The infection control lead was enthusiastic about making improvements and had included infection prevention and control as a regular agenda item at clinical meetings.
- Arrangements for managing medicines, including vaccinations and emergency drugs ensured that patients were kept safe. For example, there was a temperature monitoring system in the medicines fridges and staff knew what to do in the event of a vaccine fridge failure. There was a stock rotation system for medicines and emergency medicines were checked regularly and records kept of this. The practice had implemented an electronic system to monitor stock control which alerted staff to any medicines that were about to expire using a traffic light system. They had appointed a lead person to manage this process.
- Regular prescribing audits were undertaken with the support of the CCG Medicines Management Team (MMT)

to ensure prescribing was in line with best practice guidelines for safe prescribing. For example; an audit was conducted to identify whether revised guidance on the prescribing of a medicine to treat nausea and vomiting was implemented effectively. All 48 patients receiving the medicine were reviewed and were being prescribed the medicine for appropriate reasons, however four patients required dose adjustment to meet the revised guidance. This improved prescribing compliance to fit the guidance from 92% to 100%.

- Blank Prescription forms and pads were securely stored and there were systems in place to monitor their use. Signed and up-to-date Patient Group Directions were in place to allow nurses to administer medicines in line with legislation, and healthcare assistants administered medicines against a patient specific prescription or direction from a prescriber.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

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

There was a robust system in place for managing incoming correspondence, including test results. The GPs contacted patients directly to inform them of abnormal test results. All hospital discharge information was acted upon quickly, and any amendments to patients medication following discharge were completed by a GP. Urgent referrals to secondary care were processed on the same day.

There was an efficient system in place for acting on information passed from the out of hours service. This was received electronically and the on call GP would review the information the next day.

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

Arrangements to deal with emergencies and major incidents

The practice had robust arrangements in place to respond to emergencies and major incidents and staff knew how to respond to an emergency.

· There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.

· All staff received annual basic life support training and there were 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, including those in GPs bags were in date and there was a process for checking this that had recently been changed to an electronic system that alerted staff when medicines were soon to become out of date. There was a system and process for checking emergency equipment and we saw records to show that this was followed.

· The practice had a defibrillator available on the premises and oxygen with adult and children's masks which were checked and found to be in date and fit for use.

· The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

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. The practice had systems in place to ensure all clinical staff were kept up to date. This included a daily coffee meeting where all staff could attend and share current topics or issues and receive help or guidance if required

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 93% of the total number of points available, with 9% exception reporting which was broadly in line with CCG and national averages. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Data from 2014 -15 showed;

- Performance for diabetes related indicators at 83% was slightly below CCG and national averages. (CCG 93% and national 89%) with an exception reporting rate of 10% which was 3% better than the CCG average and the same as the national average.
- Performance for mental health related indicators at 96% was the same as CCG average and 4% above the national average. However, they had an exception reporting rate of 32% which was 16% higher than the CCG average and 21% higher than the national average. The practice told us that this was due to historical data being incorrect which had meant that a number of patients had been counted on the register who were no longer experiencing a mental health disorder. The practice provided data to show that their current exception reporting for this indicator was 14%. (this data had not been published or verified at the time of our inspection)

The practice had recently identified that data reporting in QOF for 2014/15 had been significantly compromised due to incorrect historical data being held on the practices registers for some conditions. This had potentially affected their QOF achievement for that year. They had since undertaken a data/coding verification and cleansing exercise and the practice provided data that showed they were achieving most of their QOF points for 2015/16 and had low exception reporting figures in all indicators. (This data had not been verified or published at the time of our inspection).

However, they were aware that they needed to make improvements to reviewing patients with chronic obstructive airways disease (COPD). They had not provided health checks in the preceding year for those patients with COPD who were housebound but had plans in place to improve their performance. The practice had recently recruited an advanced nurse practitioner to make home visits for housebound patients as part of their chronic disease management plan. They had also planned to implement a telephone assessment to conduct part of the assessment for relevant patients. For example; to check progress and smoking status for patients diagnosed with asthma and to encourage them to attend for their face to face check.

Clinical audits demonstrated quality improvement. We were shown 10 clinical audits undertaken in the last two years, and we reviewed two of these where the improvements made were implemented and monitored. For example;

- An audit was conducted over two cycles to identify whether best practice was being followed when prescribing non-steroidal anti-inflammatory medicines (NSAIDs) to patients with chronic kidney disease (CKD). The audit showed that all patients over two cycles were being monitored appropriately with regard to having their kidney function tested.
- An audit was conducted to identify whether best practice was being followed in monitoring patients with ulcerative colitis. (Ulcerative colitis is an inflammatory disease of the bowel) the audit showed that most eligible patients had received colonoscopy surveillance in the last five years, but there were a small number of patients who had not received the test. The practice implemented a process whereby eligible patients were reviewed and offered the test if they had not received it.

Effective staffing

Good

Are services effective?

(for example, treatment is effective)

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. We looked at the records for recently recruited staff and found that there was a comprehensive induction checklist that had been completed.
- There was an active appraisal system in operation at the practice, and all staff had received their appraisal in the preceding 12 months. Staff were supported to undertake training to meet personal learning needs to develop their roles and enhance the scope of their work. For example, for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- All staff had received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.
- The practice had recruited an advanced nurse practitioner (ANP) to lead on chronic disease management and provide health checks for housebound patients in their own homes where required.
- They had recruited a pharmacy technician who was due to start within the next month.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

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

Consent to care and treatment

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

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

Good

Are services effective?

(for example, treatment is effective)

Staff recorded consent to treatment, vaccinations and procedures in the patient's record. We saw that written consent had been obtained for surgical and intrusive procedures.

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 by the GP, nurse, care coordinator or the wellbeing worker.

The practice's uptake for the cervical screening programme was 84%, which was comparable to the CCG average of 83% and the national average of 82%. There was a policy to offer three reminders for patients who did not attend for their cervical screening test.

The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and nurses who provided the service were also female. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening and had achieved 66% attendance for bowel cancer which was comparable with the CCG and national averages, and 76% attendance for breast screening, which was also comparable with CCG and national averages.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97% to 100% and five year olds from 94% to 99%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. We saw evidence to show that between October and December 2015, the practice had been commended by the CCG for achieving the highest number of health checks in the locality. The practice followed up any health risks or issues identified with strong emphasis on health promotion and disease prevention.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During the inspection we saw staff treated patients with dignity and respect and behaved in a kind and caring manner. Staff were helpful to patients on the telephone and to those attending the practice. Staff told us that the GPs cared about their patients and patients told us that practice staff often went the extra mile, and measures were in place to ensure that patients felt at ease within the practice:

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 34 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with three members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was slightly above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 92% of patients said the GP was good at listening to them compared to the CCG average of 90% and the national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%
- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received and we saw evidence of involving patients in health promotion and lifestyle advice. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. We noted that the practice utilised the Choose and Book referral system which enabled patients some choice about where they would like to go for secondary care and treatment. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised and that patients had the opportunity to contribute to writing their care plan.

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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 slightly better than local and national averages. For example:

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.

Good

Are services caring?

- 89% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 82%.
- 90% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- Patients and carers were encouraged to contribute to their care plan.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 96 patients as carers which represents 0.6% of the practice list. They were aware that they had not identified their full list of carers due to a coding issue, but were planning to complete the list shortly. The practice were proactive in caring for those patients on their register who were carers. For example;

- an annual health check was offered
- a comprehensive carers pack was provided to direct carers to the various avenues of support available to them.
- A 60 minute appointment was available to carers at the practice on a monthly basis where they could receive practical help and advice about all sorts of non-medical issues.

Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to make improvements to services where these were identified. For example;

- Patients could make appointments by telephone and on line. Urgent appointments were available on the same day and routine appointments could be booked up to two weeks in advance, however, it was sometimes difficult to book an appointment with named GP and a female GP at times to accommodate patient choice.
- The practice used a triage system to prioritise urgent requests and patients who presented with an urgent need were always seen on the same day.
- There were longer appointments available for patients with a learning disability.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- They utilised the services of a Well-being Worker who was able to assist with referrals to the Live Life Better Derbyshire scheme. The scheme provided support with exercise, weight management, smoking cessation and help with issues such as debt and housing
- The practice offered in house electrocardiogram (ECG), spirometry, audiometry, optometry, dementia screening, carers clinics, counselling and drug and alcohol advice services.
- The practice hosted some specialist consultations at the practice, for example orthopaedics, gynaecology and minor surgery which meant that patients didn't need to travel to hospital to see these consultants.
- The practice responded to all complaints quickly and shared learning with practice staff.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice responded quickly to issues identified and worked collaboratively to solve problems and improve services for patients.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 11am and 2pm to 6pm daily. Extended hours appointments were not formally offered, however, GPs often saw additional patients at the end of their clinics to accommodate patients' needs. In addition to pre-bookable appointments that could be booked up to two 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 better than local and national averages.

- 81% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 75%.
- 81% of patients said they could get through easily to the practice by phone compared to the CCG average of 74% and the national average of 73%.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. This aligned with patients views who told us that they knew how to make a complaint if they needed to.

We looked at 12 complaints received in the last 12 months which were a combination of verbal and written complaints. We found these complaints were satisfactorily handled, dealt with in a timely way, and there was openness and transparency in dealing with the complaint. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, following a complaint about influenza vaccinations not being well advertised, the practice reviewed and amended the information provided.

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. They had a clear development plan and succession plan. Staff knew about the values of the practice and were enthusiastic about the patients being their highest priority. 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; recruitment of a further advanced community practitioner and a full time pharmacy technician. They had worked collaboratively with local practices to share resources for some administrative tasks. For example, summarising patient notes.

They were committed to improving through learning from audit and significant events analysis which was evident across all staff roles. They proactively sought new ways of working where issues were identified. For example; one of the partners developed a software system to address the issue of patients being recalled for blood tests that they no longer needed, or being recalled for different tests on different dates when one visit would be preferable. The new system collated all required blood tests so that patients could be recalled for all their needs in fewer visits. The system was also used to recall patients for monitoring of their condition or checking whilst on certain high risk medicines.

The practice worked closely with four other practices in the locality on local project commissioned by Southern Derbyshire CCG. The Belper 5 Integrated Community Care Project required collaborative working with Derbyshire Community Health Service NHS Trust to expand community based services for the elderly population. The purpose of the project was to create whole systems solutions to issues such as; creating a stable workforce; providing care closer to home; reducing unnecessary admissions and reducing premature admissions to long term care. The practice had proactively submitted a bid for funding to manage the project and were able to make decisions in collaboration with the four other practices involved in the project about how the funding is used in order to secure improvements to care for older people.

They had engaged with external stakeholders so that a carers clinic could be held at the practice for one day each month where carers could access 60 minute appointments with Derbyshire Carers association for support and advice to assist them in their carers role, including physical, mental and emotional wellbeing.

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, information governance, safeguarding, end of life care and Caldicott guardian. A Caldicott Guardian is a senior person responsible for protecting the confidentiality of patient and service-user information and enabling appropriate information-sharing.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction. This included community nursing team who were hosted at the practice.
- 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 and share learning from significant events and complaints. The practice was closed for one afternoon every month to enable staff to attend meetings and development opportunities.
- The partners were proactive in ensuring a programme of continuous 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 for example they had identified errors in coding patients and their health needs on their systems and had taken action both to correct this and to improve their performance.
- They used innovative approaches to managing and monitoring system. For example; development of a

Are services well-led?

Good

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

customised warning template for medicines alerts, and development of a computer system to avoid unnecessary recalls for blood tests and medicines reviews.

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, honesty and participation.

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 available for practice staff to view. Staff said they felt respected, valued and supported,

Staff told us that they were very happy working at the practice and felt involved in discussions and decisions about the practice, and that 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 bi–monthly carried out patient surveys and submitted proposals for improvements to the practice management team. For example, purchase of chair raisers for some chairs, and a heater above the door in the waiting area.

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. They encouraged and valued feedback from patients, the public and staff and proactively 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 the area. For example, participating in a local initiative with four other GP practices in the locality to work collaboratively with Derbyshire Community Health Service NHS Trust to find solutions to issues identified by Southern Derbyshire CCG.
- The practice were creative in identifying solutions to issues, for example; creating a computerised system to prevent unnecessary recalls for blood tests.