

The Grange Family Health Centre

Quality Report

The Grange Family Health Centre,
Stubbing Road,
Chesterfield,
Derbyshire
S40 2HP
Tel: 01246 748000
Website: www.holywellmedicalgroup.co.uk

Date of inspection visit: 14 October 2014
Date of publication: 19/03/2015

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?	Requires improvement	
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

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	9
Areas for improvement	9

Detailed findings from this inspection

Our inspection team	10
Background to The Grange Family Health Centre	10
Why we carried out this inspection	10
How we carried out this inspection	10
Detailed findings	12
Action we have told the provider to take	23

Overall summary

Letter from the Chief Inspector of General Practice

We inspected Holywell Medical Group on 14 October 2014. There are five branch surgeries that comprise Holywell Medical Group, however on this occasion we only visited two; The Grange Family Health Centre (the main practice) and Rectory Road Medical Centre. This was a comprehensive inspection.

Our overall rating for Holywell was that the practice is good.

We have set a compliance action related to the management of medicines which has made the rating for 'safe' as requires improvement. All other areas of the practice which we inspected are rated as good.

Our key findings were as follows:

- Patients at The practice were clinically assessed and care and treatment was provided in line with best practice. We found the care and treatment offered to patients to be compassionate and delivered to meet patient's needs.

- The practice had taken steps to improve and address issues that had been highlighted in previous Care Quality Commission (CQC) inspection reports. However, we were not assured that all of the steps taken were robust and sustainable, as some systems relied on individuals rather than a practice based approach.
- Access to the service had improved, although some patients still reported difficulty making an appointment. There were plans to introduce a new telephone system to help address this problem.
- Our observations and comments received from patients suggested that staff treated patients with respect, kindness and compassion.

However, there were areas of practice where the provider needs to make improvements.

Importantly, the provider must:

Summary of findings

- Secure the small controlled drugs safe container at Rectory Road in line with the Royal Pharmaceutical Society guidelines and ensure that the number of controlled drugs on the premises tally with the record of receipt and disposal.
- Ensure clinical waste bags are stored in line with recognised guidance.

Additionally the provider should:

- Review the needs of working patients in respect of the practice's opening times to ensure patients who work can access to the service at convenient times for them to avoid the risk of them not being seen when they need to be.

Identify what steps the practice would take in response to patient feedback from the patient participation group survey.

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 requires improvement for providing safe services as there are areas where it should make improvements.

Staff understood their responsibilities to raise concerns, and to report incidents and near misses. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example at Rectory Road we found that some of the records relating to medicines were not clear, and storage of medicines was not secure.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from NICE and used it routinely. People's needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff attended regular clinical meetings with recorded discussion and learning points. Staff worked with multidisciplinary teams.

Good



Are services caring?

The practice is rated as good for providing caring services.

Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Staff working at local care homes described staff at the practice as caring and compassionate.

Information to help patients understand the services available was easy to understand. We saw that staff treated patients with kindness and respect, and maintained confidentiality. The practice had a lead GP for bereavement and palliative care, who took an active role in supporting patients if they faced these situations.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



Summary of findings

Stakeholders continued to raise concerns with us about whether the practice had robust plans in place to address the issues raised about access by patients. Records we reviewed demonstrated plans had been put into place to address the previous concerns about access, although these were not fully implemented at the time of our inspection. The practice staff had worked extensively with the NHS Area Team and Clinical Commissioning Group (CCG) to secure improvements to access to services. We received mixed comments from patients and on comment cards with some patients reporting improvements and others still reporting difficulties with access. Practice staff acknowledged further improvements were needed to ensure improvements.

The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised.

Are services well-led?

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

The practice had developed an organisational vision and strategy and employed a specific member of staff to bring about improvements. The member of staff was temporary and systems needed to be developed to ensure improvements would be sustainable in the longer term. We found the practice had made a number of improvements and others were planned. Some of these improvements were not yet in place and their effectiveness could not be assessed.

There were systems in place to monitor and improve quality. The practice had an active Patient Participation Group (PPG) which had been involved in the production of the last patient satisfaction survey, and the analysis of the results. They worked well with the practice and were supporting them to drive improvements in patient care and outcomes.

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 good for the population group of older people.

Every patient over the age of 75 had a named GP. All patients aged 75 and above had been sent a letter informing them who their lead GP was. The practice had considered what kind of information older patients may need and had this available in the waiting room and on the practice website. Older patients we spoke with told us their needs were being met.

The practice had signed up to an enhanced contract whereby each care home had a named GP and link nurse at the practice. The practice had identified 200 patients who were living in care homes, the majority being older people. By having a named GP and link nurse these patients received continuity of care.

The practice told us older patients were offered same day appointments or a home visit where applicable. If none were available, the patient's call would be triaged by a GP. Two older patients we spoke with told us they had been offered a same day appointment.

Good



People with long term conditions

The practice is rated good for the population group of people with long-term conditions.

Patients with long-term conditions were kept under review, and there were systems for making referrals to other care agencies when required.

Where patients with long-term conditions were taking medication, the practice offered a regular medication review.

The practice website offered advice and information about a number of long-term conditions and how to live with them.

Data we saw indicated the practice performed as well or better to other practices locally and nationally in respect of how they monitored the health and wellbeing of patients with long term conditions.

Good



Families, children and young people

The practice is rated good for the population group of families, children and young people.

The practice worked closely with midwives and offered pre and post natal services to new mothers. The practice ran childhood

Good



Summary of findings

vaccination and immunisation clinics and offered advice about contraception, including emergency contraception. Patients and staff we spoke with told us the needs of this patient group were catered for and met well.

The practice website offered advice and information to mothers and young children. This included sections on women's health aged 18 to 39 years, children's sleep and on teenage boys and girls aged 15 to 18 years.

Working age people (including those recently retired and students)

The practice is rated as requires improvement for working age people (including those recently retired and students).

The practice website indicated that the practice was open between 8am and 6pm. Several patients who worked during the day told us it was not easy to get an appointment without taking time off work to do so. Access to services remained an issue for patients wanting appointments outside the normal working day. The practice was aware of this and had a plan to improve telephone access. This had not been implemented at the time of our inspection.

Patients aged 40 and over were offered health checks. There was information available in the waiting area that would particularly relate to patients in this age group, for example about smoking cessation and weight loss. The practice website had information about getting fit and staying healthy particularly aimed at patients in this population group.

Requires improvement



People whose circumstances may make them vulnerable

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

The practice had several patients registered who were considered to be vulnerable. This included people with a learning disability and homeless people sleeping rough in the town. Homeless people sleeping rough in Chesterfield who were seen at the practice were given the practice address to enable them to register.

We saw examples of where staff tried to accommodate the preferences of patients with a learning disability when they made appointments. The staff demonstrated their understanding of the Mental Capacity Act (2005) in that they correctly assumed that each patient had capacity unless there was evidence to indicate otherwise which would be assessed.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

The practice is rated good for the population group of people experiencing poor mental health.

The practice had a lead member of staff for mental health who told us that referrals for more complex situations were made to other specialist services such as Community Mental Health Teams (CMHT). The practice met with members of the CMHT at monthly meetings to discuss how people's mental health and other needs could be understood and met. They were aware of the importance of identifying any possible safeguarding risks to individuals and within families.

The practice held a register of all patients at the practice who had a diagnosed mental health condition. Regular physical health checks were offered and there was recognition that people with mental health needs may have a higher risk of certain physical health conditions. There was a choice of three services for referral to Improving Access to Psychological Therapies (IAPT) services.

There were leaflets about memory issues and dementia available for patients in the waiting room.

Good



Summary of findings

What people who use the service say

Prior to our inspection we left comment cards for patients to complete. We received four completed comment cards. All four were positive, expressing satisfaction with the service and praising the staff for their caring and professional approach.

The practice had conducted a patient survey in 2013/14 with 193 patients responding. The comments were generally positive, with 86.5% of patients indicating they were satisfied with the care they received. An action plan had been produced as a result of the survey and the

results were available on the practice's website. One of the identified actions was to develop a more robust survey that would be more representative of the views of the whole patient population.

We spoke with eight patients at two branches. Their feedback was mixed but overall it was generally positive, with several acknowledging that there had been a number of improvements at the practice in the past year. Patients commented that they thought the practice was making efforts to improve and engage with its patients.

Areas for improvement

Action the service **MUST** take to improve

- Secure the small controlled drugs safe container at Rectory Road in line with the Royal Pharmaceutical Society guidelines and ensure that the number of controlled drugs on the premises tally with the record of receipt and disposal.
- Ensure clinical waste bags are stored in line with recognised guidance.

Action the service **SHOULD** take to improve

- The needs of working age patients should be reviewed. Particularly in respect of the practice's opening times, and giving patients who work access to the service at convenient times for them to avoid the risk of them not being seen when they need to be.
- Identify what steps the practice would take in response to patient feedback from the patient participation group survey.

The Grange Family Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included two GP's, and two specialists: one practice manager and one NHS Head of Clinical Standards and Compliance.

Background to The Grange Family Health Centre

Holywell Medical Group has a patient population of approximately 24,000. The practice serves a mixed area, with some areas having a high level of unemployment and social deprivation.

There are five branches comprising; The Grange Family Health Centre, Stubbing Road, Chesterfield, Derbyshire S40 2HP; Rectory Road Medical Centre, Rectory Road, Staveley, Chesterfield, Derbyshire S43 3UZ; Holywell House, Holywell Street, Chesterfield, Derbyshire, S41 7SD; The Medical Centre, Station Road, Barrow Hill, Chesterfield, Derbyshire S43 2PG; and Inkersall Family Health Centre, Attlee Road, Inkersall, Chesterfield, Derbyshire S43 3HB.

The service is provided by five partner GPs and six salaried GPs. In addition there are three nurse practitioners, eight practice nurses, one assistant practitioner and seven healthcare assistants, plus a full team of administrative and reception staff. Local community health teams support the

GPs in provision of maternity and health visiting services. The practice has a mixture of GPs of different genders; with seven female GPs and four male GPs. At the time of our inspection all of the nursing staff were female.

The practice has a General Medical Services (GMS) contract with NHS England. This is a contract for the practice to deliver primary care services to the local community or communities.

We previously inspected this GP practice on 17 September 2013 and 25 March 2014. At both inspections we identified concerns and areas of non-compliance with the regulations. Following the inspection on 17 September 2014 compliance actions were set in respect of respecting and involving people who use services; care and welfare of people using services; safety and suitability of premises, and assessing and monitoring the quality of service provision. Both reports can be viewed at www.cqc.org.uk/location/1-586376190/reports.

During this inspection we visited the branches at The Grange Family Health Centre and Rectory Road, Staveley.

The practice has opted out of the requirement to provide GP consultations when the practice is closed. The out-of-hours service is provided by Derbyshire Health United Out-of-Hours Service, which is accessible via the 111 telephone number.

Why we carried out this inspection

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

Detailed findings

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. This provider had not been inspected before under our new inspection process and we undertook this inspection to follow up areas of previous concern.

How we carried out this inspection

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

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

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

- Older people
- People with long-term conditions
- Mothers, babies, children and young people
- The working-age population and those recently retired
- People whose circumstances may make them vulnerable
- People experiencing poor mental health

Before visiting, we reviewed a range of information we hold about the service and asked other organisations to share what they knew about the service. We received four completed comment cards.

We carried out an announced visit on 14 October 2014. During our inspection we spoke with a range of clinical and non-clinical staff, spoke with patients who used the service and family members. We observed the way the service was delivered but did not observe any aspects of patient care or treatment.

We met with a member of the Patient Participation Group (PPG) and received information about the ways in which the PPG supports the practice.

Are services safe?

Our findings

Safe track record

The practice used a range of information to identify risks and improve patient safety. For example, reported incidents and national patient safety alerts as well as comments and complaints received from patients. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses. For example the practice had an accident book; we saw that there was one incident recorded during 2014. The incident had been documented and appropriate action had been taken.

We reviewed safety records, incident reports and minutes of meetings where these were discussed for the last two years. This showed the practice had managed these consistently over time and so could show evidence of a safe track record over the long term.

Learning and improvement from safety incidents

Discussions with a GP at the practice identified that significant events were recorded and discussed at the weekly clinical meeting. If appropriate they were discussed with staff at the monthly QUEST training sessions held with all staff. QUEST (Quality Education & Study Time) training was available one afternoon a month for all staff; it covered topics related to improvement within the practice, as well as providing basic training and updates. Three staff members said that significant events had been discussed at QUEST meetings and were able to give examples of these discussions and their learning. Action and learning points from significant events were recorded and were available to staff both in a hard copy and on the practice's intranet. During our inspection we saw copies of meeting minutes, and saw how significant events had been recorded, discussed and action identified.

Reliable safety systems and processes including safeguarding

The practice had an identified two lead GPs for safeguarding. A review of staff training records showed that staff had received training in safeguarding children and vulnerable adults. Staff we spoke with understood the different types of abuse and knew what they had to do if they had any safeguarding concerns. They were aware who the safeguarding leads for the practice and the local lead safeguarding agency were and had the contact numbers for them.

In addition safeguarding was discussed and updated at QUEST training sessions for all staff. The practice had an administrative member of staff who took a lead in safeguarding. As a result, any safeguarding concerns were logged and monitored by one member of staff which ensured issues of concern could be followed up.

The practice told us that there were some children registered with the practice who had been identified as being vulnerable and at risk registered. A GP said that the practice worked with the Health Visitors to monitor those children. Multi-agency meetings about these children were held when needed, and minutes were kept of those meetings. This demonstrated to us that there were systems in place to ensure these children were safeguarded and receiving the health care support they needed.

The lead GP for mental health discussed their training and awareness of the Mental Capacity Act (2005) and issues around the deprivation of liberty safeguards.

Posters explaining the chaperone arrangements were prominently displayed in the reception areas of both branches that we visited. One staff member at the Grange Family Health Centre told us they would chaperone patients if required and they knew why this was important, as well as understanding the responsibility of the role. In the case of children, it was expected that the chaperone would be a parent or carer or alternatively someone already known and trusted by the child.

A review of the staff training records identified that staff had been trained in the role of being a chaperone. Discussions with a GP about chaperones showed that if a chaperone had been present this would be recorded in the patient's notes. Any issues of concern identified would be recorded in the consultation notes.

Medicines management

The practice we visited at Rectory Road in Staveley dispensed medicines; the branch at the Grange Family Health Centre did not.

The dispensary at Rectory Road was clean and well organised. Standard Operating Procedures (SOPs) were in place for staff to follow to help ensure the safety and quality of the dispensing process.

The practice had arrangements in place to ensure that medicines could not be used inappropriately by dispensing a reduced amount of the prescribed medicine where this

Are services safe?

was identified as a potential risk. The practice asked patients to confirm their identity when they collected their prescription and a record was kept of the person collecting filled prescriptions and their relationship to the patient.

Stock control and rotation systems were in place to maintain appropriate stock levels and to prevent supplying medicines beyond their expiry date which may not be fit for use. The temperature of storage rooms in the dispensary were regularly monitored to ensure that medicines were stored in line with manufacturer's guidance.

Very few controlled drugs (CDs) were stored on the premises, but these were not always stored in line with relevant legislation and recommended SOPs. For example the small CD safe container at Staveley Road was not fixed to a wall or floor to ensure the safety and security of the medicines. Only a limited number of staff had access to the CD safe to reduce the risk of medicines being misappropriated.

Regular medicines audits were undertaken in addition to a more comprehensive annual themed audit. However the records relating to the quantity of CDs held on the premises were not always accurate. For example we found the record of the quantity of one CD did not tally with the number of tablets dispensed and the amount of tablets still on the premises. As the record was not accurate there was no clear audit trail to demonstrate that the supply of this medicine could be fully accounted for in line with guidance from the Royal Pharmaceutical Society guidelines.

Cleanliness and infection control

Patients we spoke with during our inspection told us the practice was clean. We saw that clinical and communal areas including the toilets appeared visibly clean. Staff told us there was a cleaning contract in place with an external company and records we saw confirmed this.

We saw records which showed the water had been tested for Legionella (a germ in the environment which can contaminate water systems in buildings) at all five branches.

One of the GP's at the practice was the designated lead for infection control. We saw records of infection control audits for all five branches. These demonstrated that infection control risks had been highlighted and steps were being taken to ensure there were appropriate measures in place to address these areas of concern.

Training had been provided for all staff about infection control and hand washing audits were carried out annually, to ensure that staff were implementing good hand hygiene techniques.

At Rectory Road we noted that sharps receptacles were appropriately stored and labelled. However, the clinical waste bags were not securely tied or labelled. This posed a risk to both staff and patients at the practice.

Staff were offered Hepatitis B and an annual influenza vaccination to ensure their health was protected as well as the health of patients.

Equipment

There was a range of equipment in use at the practice and the five branches including a medical refrigerator, a defibrillator and a spirometer. A defibrillator is a machine for providing electric shocks to re-start the heart in an emergency. A spirometer is an apparatus for measuring the volume of air inspired and expired by the lungs. Records we saw demonstrated there were maintenance agreements in place covering these items. Records showed that the equipment was being maintained and checked on a regular basis.

All electrical equipment had been tested which was confirmed by the records we saw. The practice had annual gas and electrical safety certificates where required.

Staffing and recruitment

We looked at eight staff files to check that safe recruitment protocols had been followed. All of the information and documentation required by law was present in those staff files and this demonstrated there was safe recruitment system in place at the practice.

We saw the staffing rota for all five branches. A member of staff was responsible for the allocation of staff to each branch that ensured sufficient staff available to provide the service. There was a system in place to cover unexpected absence using a computer spread sheet. We were informed that staff worked at set locations wherever possible to ensure continuity of care, although the system allowed for flexibility and movement of staff where needed.

The GP partners had experienced significant difficulties in recruiting sufficient staff to cover GP sessions and they acknowledged this would address many of the challenges with access to the service. There remained concerns about

Are services safe?

how easily working age patients could access appointments at a time which was convenient to them. Working age patients raised this with us as a concern during our inspection.

The practice had an action plan in place to try and recruit more GPs to improve access but this had not been wholly successful and practice staff acknowledged this was an on-going issue.

Monitoring Safety and Responding to Risk

There were systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. Health and safety risk assessments were completed annually by an external company. There was fire safety risk assessment for all five branches and records demonstrated that fire testing and servicing was undertaken at the required intervals to ensure equipment was safe in the event of a fire.

Identified risks were included on a risk log. Each risk was assessed and rated and mitigating actions recorded to reduce and manage the risk. We saw that any risks were discussed at GP partners' meetings and within team meetings. For example, the practice manager had shared the recent findings from an infection control audit with the team.

There were risk assessments in place including the use of oxygen at all five branches. However at Rectory Road we noted that signs were not displayed to warn people that

oxygen cylinders were stored on the premises. We brought this to the manager's attention who arranged for temporary signs to be displayed before the inspection finished. We were told they would obtain approved oxygen warning signs as soon as possible.

We discussed the arrangements for managing and monitoring health and safety issues. We saw audits on fire safety, Legionella and electrical safety had been undertaken the previous year.

Arrangements to deal with emergencies and major incidents

Staff we spoke with could explain how they would ensure business continuity in the event of adverse weather and there was a business continuity plan identifying what steps staff should take in the event of a major emergency. This related to any event that affected how the practice ran, such as a flood, power cut or adverse weather. The plan had been reviewed, and was up to date. The record assured us that the patients could continue to have their needs met in an emergency situation.

At the Grange Family Health Centre we inspected the emergency medicines. These were stored securely and were within their use by date. The emergency medicines were checked frequently and this was recorded. We saw how new supplies of medicines were ordered when necessary before the old stock passed its use by date.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

We spoke with both GPs and nurses at the practice and found they were familiar with current best practice guidance from the National Institute for Health and Care Excellence (NICE) and from the local Clinical Commissioning Group (CCG). We saw minutes of practice meetings where updated guidance from both NICE and the CCG were shared with staff. The impact of the guidelines for the practice and its patients had been discussed and required actions agreed. The staff we spoke with and the documentary evidence we reviewed showed that the practice was seeking to achieve the best health outcome for the patients. GPs and nurses completed thorough assessments of patients' needs in line with NICE guidelines, and these were reviewed when appropriate.

The GPs told us they had clinical leads in specialist clinical areas such as one for diabetes, heart disease and asthma and the practice nurses supported this work. This allowed the practice staff to focus on specific long term conditions. Clinical staff provided and asked colleagues for advice and support.

Data from the local CCG of the practice's performance for antibiotic prescribing was comparable to similar practices.

The practice held a register of all patients at the practice that had a diagnosed mental health condition. Regular physical health checks were offered and there was recognition that people with mental health needs may have a higher risk of certain physical health conditions. The medical group offered smoking cessation groups. There was a choice of three services for referral to Improving Access to Psychological Therapies (IAPT) services.

The results of blood tests were not shared with a patient until they had been reviewed by a GP. In most cases blood test results were given to patients by telephone. However, staff told us that they would arrange appointments where necessary to enable the GP to discuss the test results with the patient in person.

We saw no evidence of discrimination when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were referred on need and that age, sex and race was not taken into account in this decision-making.

Management, monitoring and improving outcomes for people

The practice had a formal system in place for completing clinical audits. For example the practice had completed an audit of patients receiving long term steroid therapy. This audit identified that the practice achieved 100% in ensuring that patients on long term oral steroids were also prescribed calcium/vitamin D supplements in order to minimise the risk of developing osteoporosis. However, the audit also identified that patients taking part in the audit were not routinely having their blood pressure checked or having blood taken to check blood glucose levels. The purpose of clinical audits is to assess the delivery of care and treatment against best practice guidance as part of a continuous cycle of clinical improvement. The system of clinical audit contributed to the GPs revalidation, and information was gathered and recorded by the quality control lead who maintained a spread sheet of those which were completed.

The most recent quality and outcomes framework (QOF) data for the practice was considered in planning our inspection. QOF is a national performance measurement tool. The QOF data for the practice compared favourably against national and local statistics. For example during 2013/14 85.3% of all women eligible for cervical screening had been tested and this was higher than the rates for both the local area and the England average.

Effective staffing

Records we saw confirmed clinical staff were registered with the appropriate professional body. All GPs were up to date with their yearly continuing professional development requirements and all either have been revalidated or had a date for revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England.

There was a training plan in place to ensure that all staff received training which was appropriate to their role and responsibilities. This included training in fire safety and resuscitation which included use of the defibrillator. Staff members confirmed they had received this training they were able to explain how they put their learning into practice.

Are services effective?

(for example, treatment is effective)

The practice had a training room and a library with books and training resources for staff covering different aspects of primary medical care. QUEST (Quality Education & Study Time) training sessions were used to share information within the practice, particularly for anything new that had been introduced or was being introduced.

Working with colleagues and other services

Staff told us there were well established systems for making referrals to other agencies and they were able to talk us through the process they would use to refer patients to these services.

There were systems in place to ensure test results were sent to the GP or nurse who had requested them to enable them to follow up any issues effectively. Those requested by locum GPs were sent to a permanent GP at the practice to follow through.

It was recognised that the practice may be the first point of contact for people who needed a mental health assessment. The practice lead for mental health told us referrals were made to other specialist services such as Community Mental Health Teams (CMHT) in more complex situations needing a co-ordinated approach. The practice met with members of the CMHTs at monthly safeguarding meetings to discuss, in part, how people's mental health and other needs were understood and met. They were aware of the importance of identifying any safeguarding risks to individuals and within families.

Information sharing

The practice had an intranet computer system. This allowed all staff to access the policies and procedures for the practice, as well as minutes of meetings, training resources and other information that would support each staff member to fulfil their role.

The practice used the Docman workflow system for their correspondence to and from the practice. This was a computerised system that generated letters and which could track the progress of correspondence providing an audit trail for clinical staff. Electronic systems were also in place for making referrals through the Choose and Book system. (The Choose and Book system enables patients to choose which hospital they will be seen in and to book their own outpatient appointments in discussion with their chosen hospital). Staff reported that this system was easy to use.

Information from the out-of-hours service was checked by practice staff and recorded within 24 hours of its receipt; usually this was done during the morning it was received.

Consent to care and treatment

Clinical staff had received training in the Mental Capacity Act (2005) (MCA). Staff demonstrated an understanding of the MCA and its implications when providing care to vulnerable patients who may lack capacity to make decisions. We observed a patient with a learning disability expressed a preference about the way their appointments were to be managed. The staff correctly assumed that this person had capacity to make this decision and respected this complying with the request.

The practice had a consent policy in place which provided guidance to staff. The consent policy made reference to the Gillick competency for assessing whether children under 16 were mature enough to make decisions without parental consent. This allowed professionals to demonstrate that they had checked a patient's understanding of proposed treatment, and used a recognised tool to record the decision making process.

The practice is registered to provide minor surgery. Patients completed a consent form for minor surgery. These were scanned into the computer system, and added to the patient's electronic notes. The GPs told us that any physical intervention or examination would always be done with verbal consent from the patient.

We saw evidence to demonstrate that valid consent was sought from people who were in custody before information was shared about their health history and prescribed medicines, to prison and youth custody staff.

Health promotion and prevention

Staff we spoke with told us new patients were seen by a GP as part of the registration process. New patients were offered a health check by a nurse in line with the standard GP contract. New patients were given a health and lifestyle questionnaire as part of the registration process. The questionnaire covered areas such as alcohol consumption, smoking, diet and exercise.

In both branches we saw information leaflets and posters promoting good health and encouraging patients to follow

Are services effective?

(for example, treatment is effective)

a healthy lifestyle. Access to a health trainer and weight management exercises were available on prescription to help those patients who required assistance with these issues.

On the practice website there was a section titled 'Live well' which gave advice about many topics related to living a

healthy lifestyle. This included advice on diet, sexual health, and medicines. There was detailed information and advice available on the website for patients who fell into each of the population groups, with links to further information and support.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that reception staff were polite, courteous and welcoming. Comments received on our comment cards indicated the staff were professional, polite and helpful. One staff member told us the reception staff had attended training sessions about speaking to people and treating patients with respect and dignity.

Patient records were stored securely and there were systems and practices in place to protect the confidentiality of patient information. Reception staff were aware of the need for confidentiality and said that a private room was available if required to discuss anything privately with any patient. Notices were on display regarding the availability of private meeting rooms.

The patients we spoke with at both branches said that the staff were caring. We saw that the Grange Family Health Centre had a hearing induction loop to assist patients who used a hearing aid. Information that a hearing loop was installed was on display in the waiting room and reception at the practice.

Care planning and involvement in decisions about care and treatment

The patient survey information we reviewed showed patients responded positively to questions about their

involvement in planning and making decisions about their care and treatment and generally rated the practice well in these areas. For example, data from the national patient survey showed 86% of practice respondents said they were satisfied with care they received. Patients we spoke with said the GPs involved them in care decisions and felt the GP was good at explaining treatment and results.

Patient/carer support to cope emotionally with care and treatment

The practice had a lead GP for bereavement and palliative care. The GP told us bereaved families were offered support through telephone calls to the families by a GP. Discussions with reception staff identified that they were aware of when patients were upset, and offered the opportunity for patients to sit in a quiet room away from the waiting room.

Clinical staff told us there were regular palliative care meetings with the other health care professionals as appropriate and records we saw confirmed this.

We spoke with staff at three local care homes with residents registered at the practice. They told us the GPs were happy to visit if a patient was unable to attend the practice. At all three care homes the staff found the GPs were caring and two described the GPs as having a good bedside manner. All three care homes said they felt that the practice offered a good service to their residents, and they told us GPs were sympathetic to their needs.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

124 patients responded to the last patient survey in 2013/14. 72% of respondents said the last nurse they saw or spoke to was good at explaining tests and treatments. 79% of respondents said the last GP they saw or spoke to was good at giving them enough time. In addition 80% of respondents say the last GP they saw or spoke to was good at listening to them. All of these figures were below the average for the CCG area. The practice knew and understood this and had made a number of changes to their service, employing a temporary member of staff to drive the improvements.

The practice had produced its own survey dated March 2014. 193 patients responded. 86.5% of those who responded said they were satisfied with the care they received. 88.6% of patients who responded were aware they could see a nurse practitioner for many aspects of their care, and 84.5% said they had no problems with regard to their prescriptions.

The practice understood and was responsive to the different needs of most of the population groups it served and had taken steps to try and improve their service. The practice maintained links with local area commissioners and we were told meetings took place on a regular basis to review and plan how the practice would continue to meet the needs of the patients and potential service demands in the future. The practice worked collaboratively with other agencies such as district nurses, community mental health teams, social care services and regularly shared information to ensure efficient and timely communication of changes in patients care and treatment.

The practice had an active Patient Participation Group/reference group to help it engage with a cross-section of the practice population and obtain patient views.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups and had tried to address and improve outcomes for them in the planning of its services.

Reception staff told us they had received customer care training, and equality and diversity training, and records we saw confirmed this. The practice served patients with a range of diverse cultural and ethnic backgrounds. The

practice told us they used interpreters provided by language line to make sure that patients could communicate effectively with practice staff. We saw posters and leaflets about language line in the waiting rooms. All of the staff we spoke with were aware of language line and how to use it. One member of staff told us that it was quite rare to use the language line, as usually the patients either spoke enough English to understand and be understood or they brought a family member or friend to interpret for them.

There were facilities for mothers and young children, with baby change facilities available in both of the branches we inspected. The toilets for use by the patients were accessible to wheelchair users, and those patients with restricted mobility.

The practice offered home visits to their patients based on need. Usually this was for older patients and ensured they had equality of access to the service even if they could not attend the practice in person.

Access to the service

Data from the last 2013/14 GP patient survey indicated the practice did not perform well in terms of how easy patients found it to get through on the phone and whether their experience of making an appointment was positive. The practice data in these areas was significantly below the CCG average.

The practice had made some improvements to systems and was intending to implement a new telephone system to improve access further. They had completed their own survey in 2014. The results had been analysed and published on the practice website but this failed to address how the practice would respond to the issues raised about access to appointments. Feedback we received from stakeholders including Healthwatch and local commissioners and directly to the Care Quality Commission continued to show many patients were dissatisfied with their access to the service in spite of the actions taken to try and improve this.

Patients we spoke with on the day of our inspection gave us mixed views about how easy it was to access the service. Some told us that it could be difficult, but they usually got an appointment when they needed one. Others reported they still struggled to get appointments in a timely way. Patients told us that once they had arrived at the practice generally waiting times were not too bad. Patients told us

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

the GPs and nurses tended to be good at keeping to time. Reception staff we spoke with told us that many of the complaints they received were about the appointment system.

Overall our evidence indicated that although there were improvements and plans in place to address the issues of concern, the issues of patient access were not yet fully resolved.

We reviewed information provided by both the North Derbyshire Clinical Commissioning Group (CCG) and the practice with regard to the numbers of patients presenting at the local accident and emergency department for non-emergency treatment. These rates had previously been higher than the CCG average, but in the past six months the numbers had reduced and were now in line with the CCG average. However some patients we spoke with told us they would still use this alternative if they were unable to get an appointment with their GP. The practice staff we spoke with told us they were trying to re-educate patients with regard to the use of the accident and emergency through face to face discussions during consultations with patients who had attended the accident and emergency department for non-emergency conditions.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Their complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice. There were leaflets and a poster available in the reception waiting area to inform patients about how to complain. Reception staff we spoke with told us that many of the complaints they received were about the appointment system.

We looked at two complaints files. One file contained open complaints and one contained complaints received within the past 12 months which had been investigated and were now closed. The records demonstrated that complaints had been recorded and dealt with within a timely manner. However there was one complainant still waiting for a response for which there was an explanation.

The practice manager explained that any complaints received would be discussed at the practice meetings. We saw the minutes of a practice meeting which made reference to complaints that had been received. We discussed the complaints that had been received, and found that these had been analysed to see if there were any trends or themes. The analysis showed that apart from complaints about access, there were no recurring themes around the complaints.

Are services well-led?

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

Our findings

Vision and strategy

The practice delivered a presentation to us which demonstrated they had developed an organisational vision and strategy to bring about improvements taking into account the findings of previous inspections. They were extending opportunities for patients to be involved in the practice.

The practice had development plans in place to recruit more GPs and to introduce a new telephone system to improve access further. These were ongoing and had not been implemented at the time of our inspection.

Governance arrangements

The practices' presentation showed their plans to improve governance arrangements; there was positive feedback from staff on the provider's leadership and culture during our inspection.

The practice staff had identified risks at the practice. Those risks highlighted included the use of oxygen, infection control, and controlled medicines management.

The practice had completed a number of clinical audits, for example. We saw that where actions had been identified the practice had shared learning points with staff and completed recommended actions.

Leadership, openness and transparency

The practice had employed specific staff to oversee the improvements and drive the practice forward. There had been a number of improvements, for example a new management structure had been introduced which staff said was clearer. A lead nurse had been appointed and staff job descriptions and objectives had been updated. Other improvements were planned. However, as not all improvement initiatives were in place it was not possible to independently verify this.

The staff were working in a more cohesive way and were taking more of a team approach towards service delivery. However the person leading the improvements was on a temporary contract and there was a lack of clear succession planning when the person left. The member of staff was instrumental in driving improvements and we were not assured as to how those improvements would be

sustained or continued after the staff member had left. The partners had introduced some succession planning but there remained a heavy reliance on this member of temporary staff.

Staff told us they felt well supported although they confirmed there were no regular or formal supervision sessions. We saw records which demonstrated that all staff had an appraisal.

Practice seeks and acts on feedback from its patients, the public and staff

The practice had an active Patient Participation Group/reference group. They were considering the diversity of the group and how to engage as many patients as possible. The PPG met in person three to four times a year and had a virtual group of patients who were consulted by e mail as and when needed.

The PPG aimed to be as representative as possible of the patient population for the practice. The virtual group was one of the ways in which the PPG was trying to attract younger members.

The PPG had been involved in producing the last patient survey. The results of the survey were produced in March 2014 and identified that 193 patients had responded. This equated to 0.7% of the practice's patients. 55% of patients were not aware they could make appointments on line, and 60% were not aware that they could pre-book appointments. We did not see any evidence showing how the practice had responded to this patient feedback and taken action to address it.

The PPG had met with GPs from the practice to discuss the results, and the results had been analysed. The patient survey identified areas of focus for the coming year which was the reception areas, appointments system and opening times.

A member of the senior management team at The practice had given a clear statement of commitment to working proactively with the PPG on the practice website and the PPG members confirmed GPs attended their meetings.

Management lead through learning and improvement

Are services well-led?

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

Management systems had been revised and there was a clearer focus on taking action to secure improvements in the service. It was too soon though to say if these improvements would lead to sustainable learning and improvement in the longer term.

The partner GPs were responsible for developments at the practice and they told us there was a commitment to continue to improve and deliver a quality GP service.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines

The registered person had not protected service users against the risks associated with the unsafe use and management of medicines, by means of appropriate arrangements for the obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines used for the purposes of the regulated activity.

Regulation 13

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control

The registered person had not, so far as reasonably practicable, ensured that; service users; staff and others who may be at risk of exposure to a health care associated infection were protected against identifiable risks of acquiring such an infection by the maintenance of appropriate standards of cleanliness and hygiene in relation to; materials to be used in the treatment of service users where such materials are at risk of being contaminated with a health care associated infection.

Regulation 12(1)(2)(c)(iii)