

Dr Gordon Jones

Quality Report

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Date of inspection visit: 4 August 2017

Date of publication: 25/09/2017

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 caring?

Outstanding



Are services responsive to people's needs?

Outstanding



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced focused inspection at Dr Gordon Jones (Ashover Medical Centre) on 4 August 2017. As this was a focused inspection, the overall rating for the practice remains unchanged as good. The practice was previously inspected in October 2014 and the full report can be found at <http://www.cqc.org.uk/location/1-560625044>. The inspection in October 2014 rated the practice as being good overall with a good rating for each of the five domains assessed (safe, effective, caring, responsive and well-led services).

We reviewed the caring, responsive and well-led domains as part of our focused inspection. This was because we were aware that the practice had achieved excellent results in the national GP survey since our last inspection. We rated the practice as outstanding for caring and responsive, and good for well-led at our inspection in August 2017.

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

- The practice team demonstrated a strong patient-centred ethos to the way they provided the service at all times. They were passionate about patient care and ensured they did their utmost to deliver responsive, effective and safe care at all times.
- Feedback from patients about their interactions with all practice staff was consistently and strongly positive. Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patients said they found it easy to make an appointment with a GP and could always contact the practice easily by telephone. Routine appointments could be booked within two days, with urgent appointments being available the same day. The appointment system was flexible to suit individual requirements. Advanced bookings could be made without restriction on timescales.
- Patient experience as measured via the national GP patient survey showed the practice performed more highly than local and national averages in terms of how patients were cared for and how they could access treatment and advice. There had been consistent high performance over the last few years.

Summary of findings

The latest data published in July 2017 ranked the practice as the top performing practice in their CCG (35 practices) and in the top 20 (of approximately 7,600 practices) in England for a number of indicators.

- 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.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example, the practice had made changes to the environment to accommodate the needs of patients with dementia.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

- The practice actively reviewed complaints and concerns and how they were managed and responded to. Lessons were learnt and improvements made as a result.
- The practice had a clear vision and involved staff and the PPG to actively participate in discussions about the future.
- The practice had strong and visible clinical and managerial leadership supported by effective governance arrangements.
- Staff felt supported by management and turnover was minimal. The practice team worked as a cohesive unit with flexibility to cover roles, which was essential as a small practice. The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

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 caring?

The practice is rated as outstanding for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for almost all aspects of care. Feedback from patients about their care and treatment was consistently positive.
- We observed a strong patient-centred culture: Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this.
- We found many positive examples to demonstrate how patient's choices and preferences were valued and acted on.
- The practice team knew their patients very well and could often identify when additional support might be required, even if this had not been directly requested. The low staff turnover ensured continuity of care.
- Views of external stakeholders were very positive and aligned with our findings.
- Patients consistently said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice provided outstanding personalised care to those patients approaching end-of-life. The lead GP undertook daily visits to patients who were in the end stages of life. The GP provided personalised bereavement support to families and carers after a patient had died.

Outstanding



Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

- Data from the national GP patient survey showed patients rated the practice higher than others with regards to access to care, and feedback about this was consistently positive.
- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, the practice had a rural location and was highly responsive to the particular needs of the farming community.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- Patients could access appointments and services in a way and at a time that suits them.
- The individual needs and preferences of people with a life-limiting condition, including patients living with dementia, were central to their care and treatment. Care delivered was flexible and provided choice.

Outstanding



Summary of findings

- 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
- 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 the practice responded quickly if an issue was raised. Learning from complaints was shared with staff to improve services and patient experience.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about their responsibilities in relation to this.
- High standards were promoted and owned by all practice staff and the team worked together across all roles.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction. Staff told us that they felt empowered to make suggestions and recommendations for the practice. The practice encouraged a culture of openness and honesty.
- The practice reviewed feedback from patients and it had a very engaged patient participation group which influenced practice development.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities. There was a focus on continuous learning and improvement at all levels.
- The provider was aware of the requirements of the duty of candour. We reviewed examples of complaints and significant events and saw evidence the practice complied with these requirements.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was highly responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- The practice provided care to a local residential unit and assisted living complex for older people. The GP visited this site every day to provide proactive care and avoid potential hospital admissions.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.

People with long term conditions

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

Good



- Patients at risk of hospital admission were identified as a priority and were reviewed in conjunction with the wider multi-disciplinary team every two weeks to ensure they were receiving the care and support needed.
- The care co-ordinator followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the practice team worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

- The practice achieved good outcomes for patients with long-term conditions as reflected within their QOF performance. For 2015-16, this was 97.3% and with one of the lowest exception reporting rates within the CCG at 5.9%.
- The practice worked with specialist nurses and clinicians for expert advice as required

Families, children and young people

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

- Children were always seen the same day. The on call GP would triage individuals upon arrival at the practice.
- The practice ensured any child safeguarding concerns were responded to effectively, and regular liaison took place with the health visitor.
- Immunisation rates were high for all standard childhood immunisations.
- Comment cards included reference that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies. The practice accommodated young mothers who wished to breastfeed on site, and baby changing facilities were available. A play area and a selection of toys were available. Drawings done by children were placed on the wall of the waiting area creating a child-friendly environment.
- The practice worked with midwives and health visitors to support this population group. For example, in the provision of ante/post-natal and child health surveillance clinics. The health visitor provided a weekly clinic in the practice.
- Chlamydia testing kits were readily available to encourage uptake from younger people

Good



Working age people (including those recently retired and students)

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

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours on one evening each week.

Good



Summary of findings

- Feedback received from patients demonstrated how the practice accommodated individual needs. For example, a patient told us how the practice stayed open on a Friday night to enable the collection of medicines after their work-day in order to access the treatment needed without delay.
- The practice was proactive in offering online services, as well as a full range of health promotion and health checks that reflected the needs for this age group.
- The practice actively promoted health-screening programmes to keep patients safe. For example, the practice's uptake for the cervical screening programme was 82.7%, in line with the CCG average of 84.2% and national average of 81.4%.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- End of life care was delivered in a co-ordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- There was a named GP for all vulnerable patients. The practice had a separate number which could be used to access advice or support urgently for these patients.
- The practice offered longer appointments for patients who needed them, for example patients with a learning disability.
- The practice worked collaboratively with other health and social care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- The practice provided care at a local residential school and children's home for boys aged 9- 16 and over who exhibited a variety of behavioural, emotional and social difficulties. Staff at the home told us that the GP took a flexible approach to engage with their clients, and undertook extensive liaison work with other agencies to ensure that the best care was provided.

Good



People experiencing poor mental health (including people with dementia)

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

Good



Summary of findings

- 92% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months. This was 7.1% above the CCG average, and 8.2% above the national average. No patients were exception reported from this indicator (this was 5.9% below the local average, and 6.8% below the national), demonstrating the inclusive approach taken by the practice with their patients.
- The practice achieved 98% for mental health related indicators in QOF, which was 0.3% above the CCG and 5.2% above the national averages. Exception reporting levels were lower than local and national averages.
- 85.7% of patients with severe and enduring mental health problems had a comprehensive care plan documented in the preceding 12 months according to 2015-16 QOF data. This was below the CCG and national averages, although rates of exception reporting were lower.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice staff had all completed training in dementia.
- Further to a visit from the Dementia Friends organisation, the PPG had led on initiatives to respond to the specific needs of patients with this condition. For example, improved signage within the surgery. This had also led the PPG to establish a local weekly walking group to promote healthy living and social inclusion, and this was well-established.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 6 July 2017. The results showed the practice was performing significantly above local and national averages. 214 survey forms were distributed and 129 (60%) were returned. This represented 5.7% of the practice's patient list.

- 100% of patients described the overall experience of this GP practice as good compared with the CCG average of 87% and the national average of 85%.
- 100% of patients described their experience of making an appointment as good compared with the CCG average of 73% and the national average of 73%.
- 99% 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 81% and the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 35 comment cards which were all extremely positive about the standard of care received. The comments overwhelmingly reflected that the practice team were caring, efficient and friendly to their patients. Patients said they were given time and were listened to. They said that they received an explanation if, for example, they were being referred to a hospital or given a particular type of medicine. Many cards described the practice as being excellent and a service that patients highly valued and appreciated.

We spoke with six patients during the inspection. All six patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. These sentiments were reflected within comments viewed within returns for the Family and Friends test.

Dr Gordon Jones

Detailed findings

Our inspection team

Our inspection team was led by:

The inspection team consisted of a CQC Lead Inspector with support from a second CQC inspector.

Background to Dr Gordon Jones

The practice is registered with the CQC as a single-handed GP. The registered name of Dr Gordon Jones is also known as Ashover Medical Centre, and it is a dispensing GP practice based in the Derbyshire village of Ashover. The practice has a population of 2253 registered patients, the majority of whom are over the age of 65.

The surgery provides primary care medical services commissioned by NHS England and North Derbyshire Clinical Commissioning Group (CCG). The practice covers a large rural area across Ashover parish, the second largest parish area in England.

The premises operate from a modern purpose built property which is maintained to a high standard. Public transport links to the practices can be problematic due to its rural location.

The practice staff consists of a male lead GP, a practice manager, one female practice nurse, a practice secretary, and eight reception staff who are also qualified to work in the dispensary. Due to the small size of the practice, some staff have been trained to undertake other roles including those of phlebotomist, health care assistant and care co-ordinator. All staff are part time with the exception of the lead GP. There are also three locum GPs (two male and one female) who work regular sessions at the practice

The registered practice population are predominantly of white British background. The practice age profile shows more people aged 65 and above are registered. This group comprises 29.3% of patients compared to a CCG average of 22.1%, and nationally 17.2%. By contrast, those aged 18 and under make up 14% of registered patients (CCG 18.2%, national 20.7%).

Whilst the practice serves a relatively affluent population, there are pockets of deprivation within the surrounding rural communities. It is ranked in the third lowest decile for deprivation. The overall Index of Multiple Deprivation (IMD) score of 13.2 compares against a CCG figure of 18, and national figure of 21.8. The IMD is a measure of relative deprivation for small areas. It is a combined measure of 37 separate indicators which reflects a different aspect of deprivation experienced by individuals living in an area.

The practice opens from 8am until 6.30pm Monday to Friday. Scheduled GP appointments times are available each morning and afternoon, apart from on one Wednesday afternoon on most months when the practice closes for staff training. Extended hours GP appointments are available every Thursday evening between 6.30-7.30pm. The practice dispensary is also open during the extended hours session.

The practice has opted out of providing out-of-hours services to its own patients. When the practice is closed patients are directed to Derbyshire Health United (DHU) out of hours service via NHS 111.

Why we carried out this inspection

We carried out an 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

Detailed findings

whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the 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, including Healthwatch and North Derbyshire Clinical Commissioning Group, to share what they knew. We carried out an announced visit on 4 August 2017. During our visit we:

- Spoke with a range of staff (including the GP, practice manager and a selection of reception and administrative staff) and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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 living with dementia).

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



Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a GP of the same sex if this was expressed as a preference.

All of the 35 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 six patients including five members of the patient participation group (PPG). They told us they were extremely satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the latest national GP patient survey strongly demonstrated that patients felt they were treated with compassion, dignity and respect. The practice was above local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 100% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 94% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 86%.
- 100% 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%.

- 100% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 86%.
- 100% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 94% and the national average of 91%.
- 100% of patients said the nurse gave them enough time compared with the CCG average of 94% and the national average of 92%.
- 100% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 99% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 94% and the national average of 91%.
- 100% of patients said they found the receptionists at the practice helpful compared with the CCG average of 88% and the national average of 87%.

The views of external stakeholders were all very positive and in line with our findings. For example, we spoke with the deputy manager of a local residential care home and assisted living unit. The practice provided care for all of the 49 residents, and the manager told us that they had a very positive relationship with the surgery. We were informed that the practice was highly responsive and visited each day. The GPs were always accessible for advice and the dispensary service ran efficiently to ensure patients received their medicines in a timely manner. The manager informed us that GPs treated their residents with dignity and respect, and adapted to individual need, for example when seeing patients with dementia.

We also spoke with a manager at a local residential school and children's home for boys aged 9- 16 and over who exhibit a variety of behavioural, emotional and social difficulties. The practice provided care to both residents and those who attended on a daily basis from other areas. The home described the care provided by the practice as 'fantastic' and explained how they provided numerous options to accommodate their clients. We were told that the GP adjusted their approach according to each client's individual needs at the time, and also liaised with services



Are services caring?

locally and out of area for complex referrals and medicine regimes. The home greatly appreciated this input which they described as being 'above and beyond' the routine service.

We received written statements from the social worker, district nurse and community matron that worked with the practice. All expressed positive and productive working relationships with the practice.

The CCG also told us that they considered the practice to be extremely caring towards their patients.

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. 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. For example, a patient informed us about being referred to hospital and how they were provided with information throughout this to help them understand the process.

Children and young people were treated in an age-appropriate way and recognised as individuals. The practice had a designated play area for children and toys were available in the waiting area and appropriate treatment areas.

Results from the national GP patient survey showed patients responded very positively to questions about their involvement in planning and making decisions about their care and treatment. The results were higher than both local and national averages. For example:

- 99% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 89% and the national average of 86%.
- 100% of patients said the last GP they saw was good at involving them in decisions about their care compared to the local average of 85% and the national average of 82%.
- 100% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 93% and the national average of 90%.

- 99% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the local average of 89% and the national average of 85%

We observed that the national GP patient survey results had been continually high in recurrent surveys over a number of years. The practice had achieved the best survey results within their CCG (35 practices) and were ranked amongst the best in the country. Internal surveys had been undertaken by the practice but these had consistently been positive with no particular areas for the surgery to action. We were told stories which demonstrated the caring nature of the practice, for example, offering patients a lift home in bad weather.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language, although this had never arisen.
- A range of information leaflets were available in easy read format.
- The practice had achieved good uptake of the Choose and Book service with patients. Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital. These were done at the time that the referral was agreed. If a referral letter was required, this was also completed on the day that this had been agreed with the patient.

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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 24 patients as carers (1% of the practice list). A range of leaflets and information was available to direct carers to the support services available to them.

The practice manager acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective.

Patients with palliative care needs were monitored closely in collaboration with members of the wider community



Are services caring?

health and social care teams. As patients approached their end of life, the lead GP ensured daily visits took place to ensure that the individual received the best care and that family members were supported. 'Just-in-case' boxes were always available within the dispensary to be able to respond promptly when patients entered the end stages of life. The 'just in case' boxes provide ready access to medicines by anticipating symptom control needs and enabling the availability of key medicines within the patient's home.

Members of the practice team met with palliative care nurses and the community nursing team approximately on a quarterly basis to review all patient deaths. This provided an opportunity to consider how each case was handled to see what worked well and to identify where improvements could be made for the future.

When families had experienced bereavement, the GP contacted them and usually visited to offer support and signpost them to support services should this be indicated.

The practice also ensured that they cared for their staff. Flowers and cards were sent to staff if they had been ill or had a family bereavement.

The practice regularly participated in charity events, for example, in support of the local hospice. This included the lead GP and practice administrator taking part in a charity drag race, and other team members taking part in the 'Sparkle night –walk'. The PPG attended the annual flu clinic and helped with fund raising.

A food bank collection point was available for donations within the waiting area. 'Pink' feminine hygiene bins were used in the surgery, and although these were a more expensive option than other providers, they were used as a proportion of the money was given to cancer charities.



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice provided a range of services that ensured these were easily accessible for their patients. This included phlebotomy (taking blood); clinics to review the treatment of patients prescribed medicines to thin their blood; ECGs to test the heart's rhythm; spirometry (a test to assess lung capacity); 24 hour blood pressure monitoring; travel vaccinations; wound management; and performed minor surgery including joint injections.
- The practice offered extended hours on a Thursday evening until 7.30pm, predominantly aimed at working patients who could not attend during normal opening hours.
- There were longer appointments available for all patients who needed this.
- The practice nurse worked for three days each week. As the caseload did not require another nurse, the lead GP reviewed these patients during periods of leave or sickness. For example, the GP would see patients for leg dressings or injections.
- The practice had a dispensary and dispensed medicines to 81% of their registered patients. NHS regulations state that practices are only able to dispense to patients that live over 1.6km away from an independent pharmacy.
- Requests for medicines were handled efficiently. Priority would be given to any patients who were due to run out of their medicine or were due to go away on holiday. Medicines were delivered to patients' homes if these were needed urgently and no relative was available, and also in periods of bad weather which was a common event in the winter months due to the location.
- The issues of rural isolation and the impact upon mental health was well understood within the practice. This had been impacted upon further by financial difficulties over recent years, and the practice team were experienced in dealing with such issues. The lead GP had undertaken additional mental health training to assist with this work, and great efforts had been taken to engage with the farming community. The GP was also highly responsive to this group's needs, for example, the GP may go out and visit a farmer to provide first aid or minor surgical techniques to ensure they did not have to attend a hospital. This was in recognition of the fact that they needed to continue working, and would probably not attend for treatment if this service was not available.
- The GP was able to refer or encourage self-referral to a specialist rural community counselling service.
- The practice accommodated temporary residents, of which there were 71 in the year 2016-17. They also welcomed homeless people to register with the practice and at the time of our inspection were providing this care to one person.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice enabled services to book rooms to see their patients to avoid travel to a larger town to access the care they needed. Due to small numbers, there were no set clinics but services including the Derbyshire Alcohol Advice Service, mental health talking therapies, and the local well-being service (Live Life Better Derbyshire) could arrange to see patients at the practice.
- There were accessible facilities for older patients or those with a physical disability. This included a hearing loop, disabled toilet and some chairs were raised at a higher level to accommodate those patients who found it difficult to rise from a low seat. The practice had purchased a wheelchair which it loaned out to patients free of charge when needed.
- The waiting area contained a range of patient information leaflets and health information posters and displays. A TV screen in the same area also displayed health information. We observed that the information was up to date and was relevant. This included information about carer support; local mental health services; domestic abuse; dementia support; and a cancer services user group. A display on ovarian cancer provided important information for female patients.
- Following a talk from Dementia Friends, the PPG had initiated a local walking group which had become well-established within the community.
- The practice had implemented the NHS England Accessible Information Standard to make sure that people who had a disability, impairment or sensory loss could get any information in a format they could understand, along with any communication support



Are services responsive to people's needs?

(for example, to feedback?)

that they needed. As well as ensuring this was covered as part of any new patient registrations, the practice were also proactively reviewing this with their other patients.

- The practice premises were built and owned through a charitable trust. This was instigated as a community partnership in response to the state of the previous site. The building was a focal point for the village being located alongside the parish council. The practice reception area could be secured and hired out for local events fostering a community spirit, and had included yoga classes and the Women's Institute.

Access to the service

The practice (including the dispensary) was open between 8am and 6.30pm Monday to Friday. GP consulting times were available daily:

Monday: 8.30-11.30am; 15.15-18.15pm

Tuesday: 9.00-11.00am; 15.40-17.30pm

Wednesday: 9.00-11.00am; 14.30-17.15pm

Thursday: 8.30-11.30am; 15.40-17.30pm and extended hours 18.30-19.30pm

Friday: 9.00-11.00am; 15.40-17.30pm

Extended hours GP appointments were offered on Thursday evenings between 6.30 and 7.30pm. The dispensary also remained open to support the extended hours clinic. In addition to pre-bookable appointments that could be booked in advance with no restriction, urgent appointments were also available for patients that needed them on the day. On the day of our inspection, the next routine GP appointment was available in two working days' time. Staff informed us that it would be unusual for this timescale to be extended. Patients could book a GP appointment or order their repeats medicines on-line.

The practice offered flexibility to fit appointments in around an infrequent local bus service, as well as accommodating those patients with particular needs, for example mental health, on both a flexible and opportunistic basis.

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

- 97% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 79% and the national average of 76%.
- 100% of patients said they could get through easily to the practice by phone compared to the CCG average of 72% and the national average of 71%.
- 98% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 86% and the national average of 84%.
- 100% of patients said their last appointment was convenient compared with the CCG average of 84% and the national average of 81%.
- 100% of patients described their experience of making an appointment as good compared with the CCG average of 73% and the national average of 73%.
- 90% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 64% and the national average of 58%.

The GP and practice nurse undertook home visits as clinically necessary, and also did visits to see patients that had difficulty getting into their surgery due to their age or presenting condition. The practice were also mindful that there was some isolation due to the rurality and lack of adequate public transport links and ensured that patients were not disadvantaged by this. The practice nurse undertook home visits on one morning each week to perform ear syringing, INR testing, ECGs and the management of long-term conditions. The GP visited the residential care complex each day to reduce the number of unnecessary hospital admissions. We observed that the overall contacts with the out of hours service were much lower for this practice than the local average.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- The practice complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.



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

- We saw that information was available to help patients understand the complaints system. This included a poster in the waiting area, information on the practice website, and leaflets were also available for patients at reception.

There had been no official complaints to the practice within the last 12 months. However, the practice had treated one source of feedback, which included some concerns, as a complaint for a learning tool. We observed this had been handled satisfactorily with openness and

transparency, and dealt with in a timely way. Lessons were learned from this feedback to improve patient experience in the future. The practice told us that any complaints would be reviewed by the practice team and action was taken to as a result to improve the quality of care. The low volume of complaints meant that any review of trends as part of an annual review was impractical, but we were assured that the process for managing complaints was robust. The practice had made efforts to publicise the complaints process to their patients.

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 to deliver high quality care and promote good outcomes for patients. Staff knew and understood the practice's objectives and values.

The practice were able to articulate a clear strategy for the future with plans to ensure longer-term sustainability. Staff and the PPG had participated in discussions regarding future developments as part of an open and inclusive approach.

The practice was mindful that new home building in the area would impact upon the practice, particularly with further proposed expansion of this housing development. The practice had already taken steps to prepare for this with clear evidence of forward planning.

The GP and practice manager met on a daily basis to ensure that they were fully briefed and aware of any managerial and operational issues which impacted upon the service.

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 and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. The lead GP attended clinical governance and prescribing lead meetings and gave feedback to the practice team on any key issues.
- Staff were trained appropriately for their own job, and were supported to develop individually to extend their skills and experience. The non-clinical team were able to cover each other's roles which was vital for continuity in a small practice setting.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held regularly which provided an opportunity for staff to learn about the performance of the practice.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing

mitigating actions. For example, we reviewed the management of Medicines Health and Regulatory Authority (MHRA) alerts and found that these were reviewed, actioned and logged.

- We saw evidence from minutes of a meeting that allowed for lessons to be learned and shared following significant events and complaints.
- The practice worked collaboratively with other practices and their CCG and attended locality and practice manager meetings.

Leadership and culture

The GP prioritised safe, high quality and compassionate care. Staff told us that the GP and practice manager were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The lead GP and practice management encouraged a culture of openness and honesty.

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

- The practice held and minuted multi-disciplinary meetings with representatives including district nurses, a social worker, a community psychiatric nurse and occupational therapist to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings. Reception staff met approximately at six-weekly intervals, and full practice meetings were normally held every 6-8 weeks. Minutes were comprehensive and were available for practice staff to view.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Are services well-led?

Good 

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

- The team held regular social events outside of work including game nights, going out for a meal, cinema trips and attendance at a chocolate making event.
- Staff received recognition for long service and we were provided with examples of how this had been achieved.
- Members of the practice team were actively encouraged to develop their skills in undertaking new roles and seeking opportunities for personal development. For example, a member of the team was on sabbatical leave, and another had been given some managerial experience although their longer term aim was to work outside of general practice.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. For example, two of the three locum GPs highlighted suggestions to enhance some specific operational processes within statements provided as part of our inspection. We were told that one of these issues had already been actioned.
- the patient participation group (PPG), which consisted of a core group of 12 members. The PPG met quarterly and the lead GP and practice manager always attended their meetings. We spoke with five members of the PPG who talked of a very positive and mutually respectful

relationship with the practice. The PPG submitted proposals for improvements to the practice management team. The PPG produced an annual newsletter for patients.

- the NHS Friends and Family Test (FFT). We reviewed the returns received over the last 3 months and found that 18 of the 19 cards would be 'extremely likely' to recommend the practice, the remaining card stated they would be 'likely' to recommend. All of the comments on the cards were very positive regarding individual experience and the care received.
- surveys, complaints and compliments received. The practice had undertaken a patient satisfaction survey for the dispensary earlier in the year. This generated excellent feedback with just one adverse response with regards to privacy and confidentiality at the reception. The practice were aware of this and had this under review.
- a suggestion box was positioned in the reception area to promote patient feedback.
- after announcing the inspection, the practice posted a message on their website to inform patients about our visit and welcoming them to come and meet with us if they so wished.

In addition, Healthwatch provided us with feedback following an engagement event at the practice in December 2016. This had resulted in 13 comments, all of which were extremely positive about the practice and the dispensary. A further comment received directly by Healthwatch in January 2017 reinforced this. Feedback included good access, a knowledgeable and caring GP, appointments running on time, and high satisfaction with the dispensary service.