Baslow Health Centre

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Baslow Health Centre on 21 June 2016. Overall the practice is rated as outstanding.

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

- The practice team were committed to deliver high quality and responsive patient-centred care. We found many examples where staff had provided exceptional care to support the individual needs of patients.
- Feedback from patients was overwhelming positive with regards to the care they had received. Patients said they were treated with compassion, dignity and respect and they were actively involved in decisions about their treatment. Results from the latest national GP survey showed that the practice scored higher than the local and national averages in all 23 questions patients were asked. This included a 100% positive response rate in terms of patient confidence and trust in both the GP and nurse. Patients we spoke to on the day reinforced these results.
- The practice provided excellent access to care and we observed a well organised, flexible and effective appointment system, which accommodated the needs of patients. Patients said they were able to access care and treatment when they needed to, and had a positive experience when making an appointment. This was complemented by a responsive approach to home visit requests, recognising the needs of their predominantly older patient profile.
- Risks to patients were regularly assessed and reviewed in conjunction with the wider multi-disciplinary team, which met on a weekly basis. We spoke to community based staff who worked with this surgery, and all provided extremely positive accounts of their interactions with the practice. They told us that GPs were approachable and accessible; that their views were respected; and that any requests were acted upon without delay.
- There were processes in place to safeguard children and adults, and staff had received appropriate training and knew how to report concerns.
- The practice team had the skills, knowledge and experience to deliver high quality care and effective treatment, and were supported to develop their roles

Summary of findings

via an established appraisal process. Staff had been supported to undertake training to enhance their skills and some had developed areas of special interest to support them in taking lead roles within the practice.

- There was an open approach to safety with a system in place for the reporting and recording of significant events, although the number of reported incidents was low. We observed examples where learning had been applied from events to enhance the delivery of safe care to patients.
- The practice dispensary provided medicines to 86% of registered patients. This service enabled a responsive and personal service for the supply of medicines, including the delivery of medicines to frail and housebound patients. However, some areas for improvement were identified within the operation of the dispensary, which the practice immediately rectified.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Clinical audit was used to drive quality improvement within the practice.
- Information about services and how to complain was available and easy to understand, although some details required an update to reflect current guidance. Improvements were made to the quality of care as a result of complaints and concerns.
- The premises were clean and tidy with good facilities. The practice was well-equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff told us that they felt extremely well-supported by management. There was strong leadership and governance arrangements were generally robust.
- The practice analysed and responded to feedback received from patients to review and improve service provision.
- The patient participation group (PPG) influenced practice developments. For example, some amendments had been made to the appointment system further to a survey undertaken by the PPG.

We saw several examples of outstanding practice:

- The delivery of first class patient-centred care on the individual needs of patients was evident in all aspects of the practice's work. The high level of compassion and respect provided was highlighted in the national GP patient survey, comment cards, and from patients we spoke with on the day of the inspection. For example, the GP survey showed 100% of patients who responded had confidence and trust in the last GP they saw. GPs provided personal contact details for community nursing staff and sometimes directly to families to support excellent end of life care. They would visit patients at weekends and bank holidays to ensure patients received continuity of care and rapid intervention to reduce the need for hospital admission. Data for emergency hospital admissions demonstrated this was half the CCG rate, despite the practice having 31% of their patients aged 65 and over.
- The practice had initiated a service that supported patients with a terminal illness to remain in their own homes and to die at home if this was their preference. This service had evolved into an independent charity and became available to all practices across the CCG area. Practice data showed that 97% of patients had died within their preferred place as a consequence of the planning and support offered by the practice working in conjunction with the wider health and social care teams.
- The practice used innovative and proactive methods to improve patient outcomes, and worked with their Clinical Commissioning Group (CCG). The practice was dedicated to supporting new ways of working, and some projects had been rolled-out across other local practices. For example, they had initially developed a system to ensure that patients at the end of their life had rapid access to medicines they may require if their symptoms were to deteriorate. This had developed into the 'just in case' medicine boxes now widely used for palliative care patients across the CCG.

The areas where the provider should make improvement are:

- Ensure a procedure is in place to monitor and action any uncollected prescriptions, especially when higher risk medicines have been prescribed.
- Undertake a risk assessment for the delivery of medicines to patients' home addresses by the driver and volunteers from the PPG.
- Review and risk assess the use of a white board display of patients' names with complex needs to raise staff awareness of those requiring care prioritisation.
- The practice should ensure that cleaning schedules are signed and dated.

Summary of findings

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

- There was a system in place for reporting and recording significant events, and lessons were shared to make sure actions were taken to improve safety in the practice. However, reporting forms were not always fully documented to provide assurance that the agreed actions had been completed.
- The practice had systems, processes and practices in place to keep people safe and safeguarded from abuse. Staff had been appropriately trained in relation to safeguarding, and understood how to raise any concerns.
- The practice had robust recruitment procedures to ensure all staff had the skills and qualifications to perform their roles, and had received appropriate pre-employment checks.
- Potential risks to patients and the public were assessed and mostly well-managed including site-related health and safety matters. Infection control audits were undertaken regularly.
- Some concerns were identified in the operation and oversight of the practice dispensary. This included processes for the management of controlled drugs stock; and undertaking a risk assessment of the medicines' home delivery service. The practice acknowledged these issues and confirmed action had been taken to address these following our inspection.
- The practice had robust systems in place to respond to medical emergencies.
- The practice ensured staffing levels were sufficient at all times to effectively meet their patients' needs.

Are services effective?

Good

- The practice team delivered care in line with current evidence-based guidance, and we saw evidence that this was being used to influence and promote good outcomes for patients.
- Data showed patient outcomes were generally in line or above average for the locality. The practice had achieved an overall figure of 97.4% for the Quality and Outcomes Framework 2014-15. This was in line with the CCG average, and above the national average.
- Outcomes achieved for QOF indicators related to mental health were consistently higher than local and national averages with very low levels of exception reporting.

Summary of findings

- Clinical audits demonstrated quality improvement, and we saw examples of full cycle audits that had led to improvements in patient care and treatment.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Newly appointed staff received inductions, and all staff had received a performance review which included an analysis of their training needs.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs, and support the delivery of holistic care. This was supported by a weekly meeting on site attended by a wide range of health and care professional staff and members of the practice team.
- Effective care planning and a highly responsive approach reduced the need for unnecessary hospital admissions.
- Patients who were approaching their end of life received a highly effective, personalised and co-ordinated service that met their needs.
- Emphasis was placed on supporting people to live healthier lives by offering health promotion advice, and encouraging regular health reviews and screening checks.

Are services caring?

Outstanding

- Staff were motivated and inspired to offer personalised care that promoted patient-centred care. We observed that the practice team treated patients with kindness and respect throughout our inspection.
- Patients we spoke with during the inspection, and feedback received on our comments cards, indicated they were treated with compassion, dignity and respect and felt involved in decisions about their care and treatment. This was reflected within the most recent national GP survey which showed that patients rated the practice above local and national averages in respect of all aspects of care. For example, 99% of patients said the last GP they spoke to was good at treating them with care and concern which was above the CCG average of 91%, and above the national average of 85%.
- The practice team knew their patients well and could often identify when additional support may be required, even if this had not been directly requested. GPs came into the waiting area to collect their patients as part of the caring ethos of the practice.

Summary of findings

- The practice had received the Derbyshire Dignity Campaign Award in 2014, an initiative developed by the local County Council. This award recognised that dignity was embedded into service delivery, raising the quality of individual patient experience.
- The practice had identified 2.4% of their patients as carers and the practice manager had been assigned as the practice carer's champion.
- Feedback from community based health care staff and care home staff was consistently positive with regards to the high levels of care provided by the practice team.
- GPs provided outstanding personalised care to those patients approaching end-of-life. GPs had undertaken visits to patients in the evenings and at weekends to provide continuity of care for the patient and their relatives/carers; this helped to avoid a hospital admission. Members of the district nursing team informed us how the GPs responded immediately to any requests for assistance with end of life care, such as acquiring particular medicines to keep patients comfortable and to manage their symptoms. GPs also provided comprehensive and personalised bereavement support to families and carers, after a patient had died.
- Significant efforts were employed to accommodate patient preferences, including excellent outcomes for the number of patients that had died in their own homes and had expressed a wish to do so.

Are services responsive to people's needs?

Outstanding ☆

- We found many examples where staff had gone the extra mile to ensure that any matters requiring action were acted upon promptly to benefit the care and well-being of the patient.
- Routine GP appointments were usually available within two days, and urgent appointments were available on the day. Extended hours GP appointments were available once a week from 7.30am until 7pm. Patients could book a routine appointment up to two weeks in advance on line, and a week in advance with reception.
- Comment cards and patients we spoke to during the inspection were mostly positive about their experience in obtaining a routine appointment. This was reinforced by the national GP survey in January 2016 which found that 97% of patients were able to get an appointment to see or speak to someone the last time they tried (this was significantly above the CCG average of 88% and the national average of 85%).

Summary of findings

- Continuity of care was provided. The national GP survey demonstrated that 75% of patients with a preferred GP usually got to see or speak to that GP which was significantly higher than the CCG average of 61% and national average of 59%.
- The practice hosted some services on site which made it easier for their patients to access them. This included a weekly Citizens Advice Bureau session to assist with benefits advice; counselling sessions; ante-natal clinics; and child developmental clinics.
- The practice proactively sought patient feedback and implemented improvements and made changes to the way it delivered services as a consequence.
- The premises were well-maintained and clean, and were well-equipped to treat patients and meet their needs. The practice accommodated the needs of patients with disabilities, including access via automatic doors and the availability of a hearing loop.
- The practice had been designated to provide care for a local care home for older people and also provided input into some other local care homes where the patients had opted to remain registered with their own practice. We spoke to staff in the home who informed us that the practice was highly responsive to their patients' needs. Urgent visits were done on the day when required, and planned weekly 'ward round' visits ensured patients were kept under regular review.
- Information about how to complain was available and the practice responded quickly when issues were raised. Complaints were investigated and acted upon to improve services whenever this was applicable

Are services well-led?

Good

- The partners aimed to deliver high quality care and promote good outcomes for patients. A focus on personalised care was reflected in all aspects of the practice's work. The practice team and the PPG had produced a holistic set of core values which underpinned what the practice did.
- The partners worked collaboratively with the CCG and with other GP practices in their locality.
- The partners reviewed comparative data and ensured actions were implemented to address any areas of outlying performance.
- There was a clear leadership structure and staff felt supported by management.

Summary of findings

- The practice had developed a range of policies and procedures to govern activity.
- Patients were actively canvassed for their views on the service. All feedback was reviewed and where possible was used to improve patient experience in the future.
- The PPG made a valuable contribution to practice developments and we saw evidence of their impact.
- The practice used innovative methods to improve patient outcomes and had initiated several developments and strived to continually improve. Some of these had been acknowledged by the CCG and rolled out across other practices to ensure consistency.
- High standards were promoted and owned by all practice staff and teams worked together across all roles. There were robust systems in place to aid communication between all groups of staff with regular formal and informal meetings. There was a high level of constructive engagement with staff and a high level of staff satisfaction. Staff told us they highly valued the level of support they received from the partners and practice management and highlighted the strong team working.

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

Outstanding ☆

- The practice had higher numbers of older people registered with them compared against local and national averages (for example 31% of patients were over 65, compared against a local average of 21.7% and a national average of 17.1%). There was a high incidence of frail elderly patients living alone with complex medical conditions, and due to the rural location there were additional issues regarding social isolation. The practice ensured that their services were tailored to meet the needs of older people.
- The practice held weekly multi-disciplinary meetings to discuss the most vulnerable patients and those at risk of hospital admission. This facilitated planning and the co-ordination of care to best meet their patients' needs and helped to reduce the number of unnecessary hospital admissions. Data showed the practice's emergency admissions at 8 per 1,000 population was significantly lower than local and national averages (at 16.8 and 14.6 per 1,000 respectively).
- The GPs provided contact details for community nursing staff at weekends and bank holidays to ensure patients received continuity of care and rapid intervention to reduce the need for hospital admission.
- The practice used bespoke care plans to provide clear information on individual needs, including patient preferences. This information was shared with out of hours' services and other agencies to provide co-ordinated care for patients.
- Longer appointment times were available, and the practice was very responsive in offering home visits where appropriate for those unable to attend surgery. In addition, urgent appointments were available for patients who could attend the surgery, and patients had access to a local voluntary transport scheme.
- The practice employed a driver and the dispensary provided home deliveries for frail and housebound patients. In addition, same day delivery of urgently required medicines could be organised via volunteer drivers co-ordinated by the PPG.
- The practice provided care to patients at a local care home for older people. A named GP visited this home each week. We spoke to a manager at the home who told us that they received an excellent service and described the relationship with the practice as extremely positive.

Summary of findings

- The flu vaccination rates for people aged 65 and over at 81.6% was higher than both the CCG average of 75.9%, and the national average of 72.8%.

People with long term conditions

Good

- QOF achievements for clinical indicators were generally in line with the local CCG average and slightly higher than national averages. For example, the practice achieved 97.5% for diabetes related indicators, which was above the local and national averages of 96.7% and 89.2% respectively.
- The practice undertook annual reviews as a minimum for patients with long-term conditions. Non-attenders were usually followed up via a telephone call and encouraged to attend for their review, and others were seen opportunistically if they attended the practice with another issue.
- Patients with complex conditions were kept under review in weekly multi-disciplinary meetings to ensure they received optimal care. This helped to reduce the need for unnecessary hospital admissions.
- The practice nurse worked closely with the diabetes specialist nurse, and the practice contacted other specialist nurses for advice when this was required.
- A summary sheet had been devised for patients attending their annual review for diabetes. This recorded key health information to compare this against the previous year's results. The form allowed for the patient to agree goals with the nurse, and also provided prompts to arrange foot and eye screening review appointments.

Families, children and young people

Good

- Regular meetings were held to discuss any vulnerable children. We spoke with the health visitor who informed us that the practice responded promptly to any issues raised, and were always responsive to younger people's needs.
- Urgent appointments were available each day for children who were ill, and telephone advice was offered to parents. Appointments were provided outside of standard school hours.
- The health visitor provided child developmental checks and support. A midwife provided fortnightly ante-natal clinics.
- Children of working people would be seen with a nanny or grandparent with written parental consent.

Summary of findings

- Immunisation rates for all standard childhood immunisations were comparable to local averages. For example, vaccination rates for children aged five and under ranged from 91% to 100%, compared against a CCG average ranging from 95% to 99%.
- The practice had lower numbers of young children but responded to their needs effectively. For example, flu vaccination rates for two to four year old children was high with 80% of two year olds having received the vaccination compared to a local average of 52.7%.
- The practice provided baby changing facilities, and there was a separate play and waiting area for younger children. The practice welcomed mothers who wished to breastfeed on site, and provided a private room for them if requested.
- The practice provided a full range of contraceptive services. Information on sexual health was available for younger people, and chlamydia testing kits were available. Individuals expressing concern about unprotected sexual activity would be offered a same day appointment.
- The PPG had established social media accounts to engage younger people with the practice. Whilst this had not any significant level of impact, it demonstrated the awareness of an inclusive approach towards all patients, and was an issue that practice and PPG kept under ongoing review.

Working age people (including those recently retired and students)

Good

- The practice offered on-line booking for appointments and requests for repeat prescriptions.
- Extended hours' GP consultations were available each Monday from 7.30am and until 7pm. GPs offered flexibility in staying behind after surgery to accommodate patients who were unable to get to the surgery on time.
- The practice offered health checks for new patients and NHS health checks for patients aged 40-74.
- The practice promoted health screening programmes to keep patients safe. For example, the rates of screening for bowel cancer were high. Data showed that 66.8% of patients aged 60-69 had been screened for bowel cancer within six months of invitation against a local average of 60.4% national average of 55.4%.
- The practice referred or signposted patients to weight management programmes, smoking cessation support, and a service to help reduce alcohol intake.

Summary of findings

- The practice provided telephone appointments each day. Telephone advice was offered to patients to manage their conditions, for example, insulin titration, to avoid a visit to the surgery.

People whose circumstances may make them vulnerable

Outstanding ☆

- The practice provided personalised care to those patients at end-of-life, and worked in line with recognised standards of high quality end of life care. Palliative care patients were reviewed as part of weekly multi-disciplinary meetings.
- GPs provided contact details for community nursing staff at weekends and bank holidays to ensure patients received continuity of care and rapid intervention to reduce the need for hospital admission.
- The practice had initiated a service that supported patients with a terminal illness to remain in their own homes and to die at home if this was their preferred option. This service evolved into an independent charity that could be accessed by all practices across the CCG area. The practice continued to actively support the charity through fund raising.
- An analysis of patient deaths was undertaken for patients to ensure any learning points were considered, and ensure that best practice was shared with the whole team. Practice data showed that 97% of patients had died within their preferred place as a consequence of the planning and support offered by the practice working in conjunction with the wider health and social care teams.
- The practice adopted a co-ordinated approach to care by the use of care plans, which ensured key information was shared with other providers such as the out of hours service.
- The practice had five patients with a learning disability, and all had received an annual review and had a care plan in place. We were provided with an example of how the practice had recently supported responsive and dignified end of life care for a patient with a learning disability.
- Staff had received adult and child safeguarding training. Due to the location and small size of the practice, staff were able to identify any concerns promptly, and ensure any issues were confidentially raised and acted upon promptly.
- The practice had identified that support was often needed for members of the farming community or those patients residing in more deprived rural settings, as they did not traditionally

tend to access routine healthcare. This had led to involvement in the early development of a project to provide drop-in care for members of the farming community which had since been adopted by the local agricultural college.
- The practice had a nominated carers champion.
- The premises were easily accessible for patients with poor mobility or a disability. A member of staff had learnt sign language to aid communication with any patients with a hearing impairment.
- Information was available on support for domestic violence, including a support and advice service for men.

People experiencing poor mental health (including people with dementia)

Outstanding ☆

- Patients experiencing acute mental health problems were offered same day appointments.
- The practice achieved 100% for mental health related indicators in QOF, which was 1.9% above the CCG and 7.2% above the national averages. This was achieved with low rates of exception reporting at 4.7% (local 14.5%; national 11.1%)
- 94.4% of patients with a diagnosed mental health problem had a care plan documented in the preceding 12 month period which was marginally above the CCG average of 93.3%, and above the national average of 88.3%. The exception reporting at 5.3% was significantly lower than the CCG (17.4%) and the national average (12.6%).
- 93% of patients on the practice's mental health register had received an annual health check during 2014-15.
- 91.7% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months. This was approximately 8% higher than local and national averages, and was achieved with lower rates of exception reporting.
- Care home staff informed us that the GP would participate in best interest assessments for patients with dementia, and listened to the views of staff and relatives.
- The practice was a designated dementia friendly practice and staff had received training to improve awareness of dementia and the support available to patients and their carers.
- The practice had established good working relationships with child, adult and older people's mental health teams. Professionals from these services attended the practice multi-disciplinary meetings where appropriate to offer advice and support regarding patients experiencing poor mental health.

Summary of findings

- GPs worked closely with the health visitor where there were any concerns relating to post-natal depression.

Summary of findings

What people who use the service say

The latest national GP patient survey results were published in January 2016. The results showed the practice was performing above local and national averages. A total of 235 survey forms were distributed and 134 were returned, which was a 57% completion rate of those invited to participate.

- 96% of patients found it easy to get through to this surgery by phone compared to a CCG average of 77% and a national average of 73%.
- 97% of patients were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 88% and a national average of 85%.
- 97% of patients described their overall experience of this surgery as good compared to a CCG average of 89% and a national average of 85%.
- 95% of patients found the receptionists at this surgery helpful compared to a CCG average of 89% and a national average of 87%.
- 93% of patients described their experience of making an appointment as good compared to a CCG average of 77% and a national average of 73%.
- 94% of patients would recommend this surgery to someone new to the area compared to a CCG average of 84% and a national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 26 patient comment cards (and a further five cards completed by staff members) and these were all extremely positive regarding patient experience at the practice. Patients commented that they were treated with care and respect, and were given sufficient time to discuss their health problems during consultations.

We spoke with eight patients during the inspection. All of the patients we spoke with said that they were cared for with dignity and respect by the practice staff; that they were provided with sufficient consultation time and clinicians took time to listen to them; that the practice was clean and tidy; and that patients had observed clinical staff adhere to good hygiene standards. Patients also told us that they received explanations on treatment and medicines during consultations. Individual patients provided personal accounts of positive experiences following a family bereavement, and for mental health support. Patients were satisfied with the appointment system and said they had good access to see the GPs and nurses.

Baslow 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 a GP specialist advisor, a pharmacist specialist advisor, and an Expert by Experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service

Background to Baslow Health Centre

Baslow Health Centre provides care to 4,517 patients within the Peak District National Park of North Derbyshire. The surgery provides primary care medical services via a General Medical Services (GMS) contract commissioned by NHS England, and services commissioned by North Derbyshire Clinical Commissioning Group (CCG). The practice operates from a purpose-built building which was constructed approximately 40 years ago.

The practice is run by a partnership of two female GPs. The partners employ two part-time salaried GPs (one male and one female).

The practice employs two practice nurses and two health care assistants. The clinical team is supported by a practice manager, an assistant practice manager, a care co-ordinator, and a team of six administrative and reception staff, including an apprentice. Two of the reception staff have dual roles. The practice also employs a driver and a cleaner.

Baslow Health Centre dispenses medicines to 86% of its registered patients. This service is only available for patients who reside a mile or more from a local pharmacy. The practice employs three dispensing staff and the practice manager is the designated dispensary manager. Both the practice manager and assistant practice manager are qualified to dispense medicines creating additional staff capacity in the dispensary.

The partnership is an established teaching practice and accommodates visiting medical students.

The registered practice population are predominantly of white British background (only 0.7% of registered patients are of non-white ethnicity). The practice is ranked in the lowest decile for deprivation status, and is generally considered an area of high affluence, with a deprivation index in 2015 of 6.4 (England average is 21.8). However, there are areas of rural deprivation within the practice catchment area. Local employment is largely within farming and tourism. The practice age profile has significantly higher numbers of patients aged over 50. For example 31% of the practice populations are aged 65 and above, compared to the CCG average of 21.7%, and the national average of 17.1%.

The practice opens from 7.30am to 7pm on a Monday, and from 8am until 6.30pm Tuesday to Friday. Scheduled GP morning appointments times are available from 8.30am to 11.30am, and afternoon surgeries run from 4pm to 5.30pm. Extended hours GP appointments are available each Monday with morning appointments from 7.30am, with the last appointment at 6.50pm. The practice usually closes monthly on one Wednesday afternoon for staff training.

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) via the 111 service.

Detailed findings

Why we carried out this inspection

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

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

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

How we carried out this inspection

Before our inspection, we reviewed a range of information that we hold about the practice and asked other organisations including NHS England, NHS North Derbyshire CCG and Healthwatch to share what they knew.

We carried out an announced inspection at Baslow Health Centre on 21 June 2016 and during our inspection:

- We spoke with staff including GPs, the practice manager, the assistant practice manager, a practice nurse and members of the reception and administrative team. In addition, we spoke with a representative from a local care home, the district nursing team, and the health visitor regarding their experience of working with the practice team. We also spoke with eight patients who used the service, and two members of the practice patient participation group.
- We observed how people were being cared for from their arrival at the practice until their departure, and reviewed the information available to patients and the environment.
- We reviewed 31 comment cards where patients, staff and members of the public shared their views and experiences of the service.
- We reviewed practice protocols and procedures and other supporting documentation including staff files and audit reports.

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

Good

Are services safe?

Our findings

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events, supported by a concise practice policy and procedure.

- An incident report template was available on the computer to report any incidents, and staff understood the process to follow. Staff would inform the practice manager of any incidents that occurred, and they received feedback on any learning points.
- The practice carried out an analysis of the significant events and reviewed these at practice meetings where any learning points were identified.
- People received support, information, an apology when there had been an unexpected safety incident, and were told about any actions taken to prevent the same thing happening again. The practice had a 'Being Open' policy and complied with the duty of candour in their transparent approach with patients when things went wrong.

We reviewed incident forms for the five significant events recorded by the practice team over the preceding 12 month period. Learning points were identified to improve safety in the practice. For example, a patient was diagnosed with a new condition and was found to have adverse test results upon analysis. Significant efforts were made to locate the patient and admit them into hospital for treatment. These rapid actions helped to keep the patient safe. The practice identified learning that a second contact number was required for all patients in case of any similar events.

Outcomes from significant events including the completion of agreed actions, and discussions at meetings were not always documented robustly. However, we were assured that the practice acted promptly and effectively to all incidents, and staff were able to provide examples of learning that had been applied to enhance care and safety.

The practice had a process to review and cascade patient safety alerts, and medicines alerts received via the Medicines Health and Regulatory Authority (MHRA). When this raised concerns about specific medicines, searches were undertaken to check individual patients and ensure effective action was taken. For example, prescribing an alternative medicine if a concern had been raised about the safety of a particular medicine.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep people safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to staff. The policies outlined who to contact for guidance if staff had concerns about an individual. There was a lead GP for safeguarding both children and adults, and all GPs had received training at the appropriate level (level 3). Child safeguarding meetings were incorporated into the practice multi-disciplinary team meetings and the health visitor attended each month. Notes from the meeting were recorded, and updates were added to the patient's clinical record after the meeting. The health visitor maintained regular contact with GPs on any concerns in-between meetings and informed us that the GPs were always approachable and responsive.
- Practice staff demonstrated they understood their responsibilities in identifying and reporting any safeguarding concerns, and had received training relevant to their role. The practice provided an example of how they had supported an adult where safeguarding concerns had been identified. The practice was not routinely using alerts or codes to identify 'at risk' children on their electronic system. However, they had very few patients in this category and GPs and practice staff knew who they were, and the use of locum staff was rare. On the day of our inspection, the practice agreed to introduce an alert process as an additional assurance.
- A notice in the reception and the consulting rooms advised patients a chaperone was available for examinations, if required. Nursing staff could act as a chaperone, but members of the reception and administration team were also trained for this role, and could provide this service. These staff had received a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on

an official list of people barred from working in roles where they may have contact with vulnerable children or adults). The practice had a clear policy to support chaperoning arrangements.

- We observed that the practice was tidy and maintained to high standards of cleanliness and hygiene. The practice manager and practice nurse were the leads for infection control. The practice manager had undertaken specific training to support this aspect of their role. Infection control policies were in place and staff had received up to date training. Regular infection control audits were undertaken, and an action plan was to be developed further to one which had recently been completed. The practice employed their own cleaner and had developed specific cleaning schedules that were monitored, although these had not been signed with evidence of checks from the manager. However, the practice manager liaised with the cleaner on a regular basis and systems were in place to quickly rectify any issues that arose.
- Appropriate staff had received hepatitis B vaccinations.
- There was a robust process to manage incoming correspondence to ensure that any changes to the management of a patient's condition were acted upon promptly.
- We reviewed five staff files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body, and the DBS checks.

Medicines management

- The practice dispensed medicines to 86% of their registered patients. The practice had appropriate written procedures in place for the production of prescriptions and dispensing of medicines that were reviewed regularly and accurately reflected current practice. The practice signed up to the Dispensing Services Quality Scheme to help ensure processes were suitable and the quality of the service maintained. Dispensing staff had all completed appropriate training and had their competency reviewed.
- We were shown how dispensary staff checked that all repeat prescriptions had been reviewed by a GP before they were given to the patient. Any changes made to patients' repeat medicines were undertaken by the GP ensuring prescriptions were always clinically checked. We observed this process was working in practice, although some repeat prescriptions were not signed for some time after the item had been dispensed in accordance with standard operating procedures. Processes were in place to check medicines were within their expiry date and suitable for use. Expired and unwanted medicines were disposed of in line with waste regulations.
- As a dispensing practice, the surgery held stocks of controlled medicines (these require extra checks and special storage arrangements because of their potential for misuse) and had standard procedures in place that set out how they were managed. However, the keys to the controlled medicines cabinet were kept with others in the same place, and no risk assessment or procedure was in place to show who was authorised to access the keys. Stock balances for controlled medicines were undertaken quarterly, and this required review to ensure the frequency of checks was adequate for the quantities of controlled medicines held. Once brought to their attention, practice staff agreed to take immediate action to address the areas of concern that had been identified within the dispensary.
- There were appropriate arrangements in place for the destruction of controlled drugs.
- There was a system in place for the management of high-risk medicines which included the regular monitoring of patients in accordance with national guidance.
- Uncollected prescriptions were monitored in terms of replacing stock and destroying the prescription. However, patients were not contacted if they failed to collect their prescription to check if they had been forgotten to collect medicines, or if there was another concern.
- Prescription form stock was checked on delivery and then securely stored. Access to forms was restricted to authorised individuals. A record was kept of the distribution of pre-printed prescription form stock within the practice including the serial numbers, where, when and to whom the prescriptions have been distributed.
- We checked medicines stored in the medicine and vaccine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a policy for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a potential failure. Records showed refrigerator checks were carried out which

ensured medication was stored at the appropriate temperature. The stock was date rotated and appeared well managed. The vaccines were delivered straight to the dispensary and placed in an appropriate refrigerator.

- The nurses used Patient Group Directions (PGDs) to administer vaccines and other medicines that had been produced in line with legal requirements and national guidance. We saw evidence that nurses had received appropriate training and been assessed as competent to administer the medicines referred to within the PGD.
- A home delivery service was provided by a practice employed driver and volunteers from the PPG. However, there were no signatures for any drivers on the home delivery standard operating procedure. Additionally, there was no assessment of the potential risks associated with this service.

Following our inspection, the practice provided written assurance that all the areas of concern had been addressed within the dispensary unit.

Monitoring risks to patients

Risks to patients were assessed and generally well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and there were risk assessments in place to monitor safety of the premises such as the control of substances hazardous to health. Staff had received fire training and this was up to date. The practice had conducted a fire risk assessment in February 2016 and had addressed all the actions that had been identified. Trial evacuations had been carried out and documented. All fire and electrical equipment was checked to ensure it worked and was safe to use, and we saw evidence that all clinical equipment had been tested regularly to ensure it was working properly. A formal risk assessment for legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings) had been completed and was kept under review. The practice maintained their own log of regular checks on water outlets.
- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs. The practice team worked flexibly to ensure adequate cover was available at all times. The practice rarely used locum GPs.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms and patient areas which alerted staff to any emergency.
- Staff had received annual basic life support training, and we saw evidence that training was kept up to date.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date.
- The practice had a business continuity plan for major incidents such as power failure or building damage. A copy of the plan was kept off site in case access to the premises was not possible. The plan was reviewed regularly with the most recent update in July 2015. The surgery had formalised buddying arrangements with another local GP practice.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines, and local guidance, for example, in relation to prescribing. We saw evidence that clinical audit was used to monitor compliance with guidance.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results for 2014-15 were 97.4% of the total number of points available. The practice had an overall exception reporting rate of 7.1%, compared to a local average of 11% and national average of 9.2%. Exception reporting is the removal of patients from QOF calculations where, for example, the patients had repeatedly failed to attend a review meeting or certain medicines could not be prescribed because of side effects.

QOF data from 2014-15 showed:

- Performance for diabetes related indicators at 97.5% was marginally above the local average of 96.7% and above the national average of 89.2%. The overall exception reporting rates for diabetes was 6% for the practice (CCG average 13.4%; national 10.8%).
- Asthma related performance indicators achieved 100% which was above the local average of 97.6% and national averages of 97.4%, with exception reporting rates at 3.7% below local and national averages (9.6% and 6.8% respectively)
- Performance for osteoporosis (a condition that weakens bones making them fragile and more likely to fracture) indicators at 100% was higher than the local average of 91.4% and nationally 81.4%. Exception reporting rates were however approximately 10% higher.
- Performance for mental health related indicators was higher than local and national averages at 100% (98.1% and 92.8% respectively) with lower levels of exception reporting.
- Practice supplied data (as yet unpublished and subject to external verification) showed that QOF performance for 2015-16 had increased and the overall achievement was 99.5%.

There was evidence of quality improvement including clinical audit.

- There had been six audits undertaken in the last year. Four were completed two cycle clinical audits where findings were used by the practice to improve patient care. For example, a second cycle audit was undertaken into the prescribing of antibiotics for tonsillitis in line with recognised criteria. This demonstrated an increase in compliance from 71% to 78% after actions had been agreed and implemented from the initial cycle.
- The practice had recently undertaken an audit on patients on the frailty index and links to polypharmacy (ten or more prescribed medicines for this audit). Initial results showed a significant drop in the items being prescribed.
- The practice carried out medicines audits, with the support of the local CCG medicines management team and pharmacist, to ensure prescribing was cost effective and adhered to local guidance. We observed data that showed the prescribing of antibiotics and other medicines was generally below local and national averages. The practice reviewed quarterly medicines data provided by their CCG, and there was a designated GP lead who attended regular medicines meetings and updated staff on new issues.

Effective staffing

- The practice had induction programmes for all newly appointed staff, and we saw examples of these which had been signed off by both the employee and practice manager.
- Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. Staff had received an appraisal within the last 18 months. Learning opportunities were discussed and agreed during the appraisal and subsequently supported. The health care assistant had recently undertaken training for tasks such as spirometry (a test to assess the function of the lungs); ear syringing; and flu immunisations.
- Staff development was encouraged and we saw how individuals had taken on new roles with the support of

Good

Are services effective?

(for example, treatment is effective)

the partners and managers. For example, the practice had recruited an assistant practice manager and care co-ordinator from their own administration team. A phlebotomist developed into a combined role of health care assistant and secretary.

- Staff received training that included safeguarding, fire safety awareness, and basic life support. Staff had access to and made use of e-learning training modules and in-house training. A training matrix had been developed to collate details on the training status of the whole practice team. The practice had monthly protected learning time in which GPs usually attended an event organised by their CCG, whilst in-house training was arranged for the practice team.
- The practice ensured role-specific training with updates was undertaken for relevant staff. For example, for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The practice nurse told us nursing staff had been supported to prepare for their revalidation (revalidation is the method by which some health professionals renew their registration, and is built on continual learning and practice).

Coordinating patient care and information sharing.

- The information needed to plan and deliver care and treatment was available to clinicians in a timely and accessible way through the practice's electronic patient record system. This included care plans, medical records, and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services, or raising safeguarding concerns.
- The practice team worked collaboratively with other health and social care professionals to assess the range and complexity of patients' needs and plan ongoing care and treatment. Weekly meetings took place with representation from a wide range of professionals including the community psychiatric nurse for older patients, the health visitor, the social worker, the community matron, and the community nursing team. These meetings were documented with any agreed actions being recorded. Clinical notes were also updated after the meeting. Data showed the practice's emergency admissions at 8 per 1,000 population was significantly lower than local and national averages (16.8 and 14.6 respectively), reflecting the effective management of their vulnerable patients.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Where a patient's mental capacity to consent to care or treatment was unclear, the clinician assessed the patient's capacity and, recorded the outcome of the assessment. Care home staff informed us how GPs contributed to this process, and also how they applied this to end of life care planning.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. Clinicians were able to articulate how this applied in individual cases, and the actions they would take to adhere to the guidance correctly.
- Consent was obtained for specific procedures including vaccinations, coil fittings and minor surgical procedures. A recent audit demonstrated 100% compliance in obtaining informed patient consent.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support including those requiring advice on their diet, smoking and alcohol cessation.

The practice's uptake for the cervical screening programme was 87.7%, which was higher than the local average of 84.1% and national average of 81.8%. This was achieved with exception reporting rates below local and national averages. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice encouraged patients to attend national cancer screening programmes, and uptake was generally in line with local and national averages for breast cancer screening, but bowel cancer screening was higher. For example, 66.8% of patients aged 60-69 had been screened for bowel cancer within six months of invitation, against a national average of 55.4%.

Good

Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 90.9% to 100% (local average 95.2% to 98.9%) and five year olds from 93.9% to 97% (local average 96.5% to 99.1%).

The practice provided health checks for new patients and NHS health checks for patients aged 40–74. A total of 47% of patients offered this assessment (excluding patients who declined their invitation) in the last 12 months had attended the practice to receive this check. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Outstanding ☆

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and helpful to patients and treated people with dignity and respect throughout our inspection.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations and treatments.
- Consultation and treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard.
- If patients wanted to discuss sensitive issues, or appeared distressed, they were offered a private room to discuss their needs.

Patients we spoke with told us they were listened to and were treated with compassion, dignity and respect by clinicians. Results from the national GP patient survey in January 2016 showed the practice was consistently higher than local and national averages for its satisfaction scores on consultations with doctors and nurses. For example:

- 99% of patients said the GP was good at listening to them compared to the CCG average of 92% and national average of 89%.
- 96% of patients said the GP gave them enough time compared to the CCG average of 90% and national average of 87%.
- 100% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%.
- 96% of patients said the last GP they spoke to was good at treating them with care and concern which was the same as the CCG average of 91%, and above the national average of 85%.
- 97% of patients said the last nurse they spoke to was good at treating them with care and concern in line with the CCG average of 93% and national average of 91%.
- 95% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and national average of 87%.

Comments cards further reinforced a very positive caring experience by patients. Some patients also included comments on the excellent care received by members of their family, and the confidence they had in the whole team.

Care home staff and community health care staff provided us with examples of effective care provided by the practice team. For example, community nursing staff explained how GPs were highly responsive to the needs of patients. They told us that GPs would visit patients outside of the practice opening hours to ensure they received the care they needed by someone who knew them, and understood their individual requirements.

A display of patients' names with the most complex needs on a white board ensured staff were aware of which patients needed prioritising. The practice team knew their patients well, and reception staff reported any concerns they observed to the GPs to ensure urgent access to treatment. This knowledge also helped to plan who might require transport and which patients were likely to require a longer appointment, meaning that services were very much tailored to each person's needs.

We saw examples of how staff cared for patients during our inspection. For example, GPs came into the waiting area to personally collect patients by name; and we saw a patient with mobility problems being escorted through to the treatment room by the nurse. We saw the practice had received many letters and cards to thank them for the care and support provided.

The partners and managers cared for their welfare of their employees and we received a number of examples of how staff had received care and support during difficult times.

Staff had supported charitable events in their own time including a ten kilometre fancy dress fun run. This raised funds for a local charity to support the terminally ill to remain at home rather than being admitted into a hospital, hospice or care home. This charity had been established across North Derbyshire although it had been instigated by the practice in response to one of their own patients' needs approximately 15 years ago.

Care planning and involvement in decisions about care and treatment

Patients told us that they were involved in decision making about the care and treatment they received, and feedback on the patient comment cards we received aligned with these views. A caring and patient centred attitude was demonstrated by all staff we spoke with during the inspection.

Outstanding ☆

Are services caring?

Results from the national GP patient survey showed results were consistently above local and national averages in relation to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 96% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 91% and national average of 86%.
- 93% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 82%.

Patient and carer support to cope emotionally with care and treatment

The practice identified patients who may be in need of extra support, including patients in the last 12 months of their lives, and carers.

Notices in the patient waiting room told patients how to access a number of support groups and organisations, and a range of leaflets were available for patients.

The practice had identified 2.4% of the practice list as carers, and identified new carers upon registration. Written information was available to direct carers to the support services available to them. The practice had a leaflet to inform carers that they should make the practice aware of their caring responsibilities. The practice had signed up to the Carer's Pledge with the Derbyshire Carers Association, and had an identified team member to act as the 'Carers' Champion' to aid the identification and support of carers.

The practice worked to recognised high quality standards for end of life care and had written care plans in place to ensure that patient wishes were clear, and that they were involved in the planning of their own care. An audit of palliative care patients who had died in the last 12 months demonstrated that 97% had died in their preferred place.

Many examples were provided to demonstrate the exemplary end of life care provided by the GPs and the practice team. Extensive planning was undertaken to provide optimal care and a personalised service to patients and their families. Enormous efforts were employed to care for patients in their own home and we were informed of two recent examples where this had been achieved for patients with dementia and a learning disability. The practice had led on initiatives for end of life care including the charity to support patients to die at home; and also to provide ready access to emergency medicines. This innovation initially termed as 'Harry's Box' had evolved into the 'just in case' boxes now widely used for the provision of anticipatory medicines.

The practice offered a personalised service following bereavement and visited relatives or carers. Information was provided by the GP and any ongoing support would be agreed. A relative of a former patient told us the GP provided extensive care and support to the patient and family prior to the patient's death, and excellent bereavement support following the patient' death.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

- The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, A GP partner identified a protracted and expensive process including several hospital visits in the management of post-menopausal bleeds. The practice made a proposal to the CCG to arrange a rapid scan and ultrasound combined appointment linked to investigations if required. This dramatically reduced gynaecology out-patient referrals and the service was made available to other practices in the CCG.
- The practice provided a range of services on site to help avoid long journeys for patients to access care. This included phlebotomy, ECGs, insulin initiation, spirometry, ear syringing, leg dressings, ambulatory blood pressure monitoring, travel advice and vaccinations.
- The practice hosted externally managed services on site to facilitate better access for their patients. This included the Citizens Advice Bureau; alcohol intake consultations and support; and counselling services. Community nurses provided a Doppler clinic (to assess blood flow in the legs), and the health visitor provided a child developmental check and advisory clinic for mothers.
- The practice provided a dispensary service for 86% of their registered patients, ensuring easy and rapid access to medicines for patients residing across the local rural area. A prescription delivery service was provided by a driver employed by the practice, and this provided an opportunity for any concerns about patient wellbeing to be fed back to the practice. In addition, the PPG had established a volunteers' delivery service to assist with urgent requests for medicines.
- A highly responsive approach for end of life care had led to initiatives that had been rolled out across the area to benefit other patients. This included support to stay at home with a terminal illness.
- The practice had been involved in a scheme to promote physical and mental health in the farming community who had been affected by the economic decline associated with the foot and mouth outbreak. This initiative had been taken over by the local agricultural centre that provided drop-in health checks at regularly held livestock sales.
- The practice offered a full range of contraceptive services.
- Minor surgery was provided on site. This included the removal of specific suspected skin lesions as part of a service developed in liaison with the local acute hospital with supporting robust governance arrangements.
- The waiting area contained a wide range of information on local services and support groups. A folder provided advice on alternative therapies.
- A TV screen displayed information on health, local services, and practice information such as staff photographs and how to make a complaint.
- The reception area was partitioned by a glass screen so telephone conversations could not be overheard in the waiting area. Patients were offered to move to a quiet area away from reception if they became distressed or wished to talk in private.
- There were longer appointments available for patients who required them. Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. Same day appointments were available for children and those patients with urgent medical problems that required attention.
- The practice provided care for 19 residents at a local care home for older people. We spoke to staff in this home who informed us that the practice was highly responsive to their patients' needs. Urgent visits were done on the day as required and planned 'ward round' weekly visits (usually by the same GP) ensured patients were kept under regular review. The practice also cared for individual patients in some other nearby care homes who had opted to remain registered with the practice.
- The GPs provided medical cover twice each week to a local community hospital providing rehabilitation for older patients.
- The premises provided good access for patients in wheelchairs, or those with limited mobility. Services were accessed on the ground floor. A hearing loop and available, and a member of the staff was trained in sign language. Reading glasses were available if patients forget to bring their own.
- Translation services were available for patients whose first language was not English.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

- A suggestion box was available for patients.
- An automated text reminder service was offered for appointments.

Access to the service

The practice opened from 7.30am to 7pm on a Monday, and from 8am until 6.30pm Tuesday to Friday. Scheduled GP morning appointments times were available from 8.30am to 11.30am, and afternoon surgeries ran from 4pm to 5.30pm. Extended hours GP appointments were available each Monday with morning appointments from 7.30am, and the last appointment being available at 6.50pm. The practice closed one Wednesday afternoon most months for staff training.

Pre-bookable appointments could be booked up to two weeks in advance on line and one week in advance with reception. Urgent appointments were available for people that needed them, and flexibilities in the system enabled extra appointments to be added as required.

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

- 96% of patients said they could get through easily to the practice by phone compared to the CCG average of 77% and national average of 73%.
- 97% of patients said they were able to get an appointment or speak to someone the last time they tried compared to the CCG average of 88% and national average of 85%.
- 93% of patients described their experience of making an appointment as good compared to the CCG average of 77% and national average of 73%.
- 75% of patients with a preferred GP usually got to see or speak to that GP compared to a CCG average of 61% and a national average of 59%.

On the day of our inspection, we saw that the next available routine GP appointment was available the same day although normally this averaged two days' time. The availability of appointments was closely monitored by the practice management and additional GP capacity was organised to address this as required. Patients we spoke with on the day said they were usually able to get appointments when they needed them.

Listening and learning from concerns and complaints

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

- Information was available to help patients understand the complaints system.
- The practice's complaints policy and procedures were generally in line with recognised guidance and contractual obligations for GPs in England. The complaints procedure and information on the website required some updates to reflect current processes.
- The practice manager was the designated responsible person who handled all complaints.
- Patients received an apology and an explanation detailing the outcomes of any investigations into their complaint. They were informed of any corrective actions taken to address the complaint.
- The practice had received a total of four complaints received in the last 12 months and we found these were satisfactorily handled and dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints, and action was taken as a result to improve the quality of care. For example, learning had been applied further to a difficult conversation with a patient. Staff had been informed to acknowledge potential confrontation early and seek help to manage the situation to prevent escalation.

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 vision to deliver high quality care and promote good outcomes for patients.

- The practice had developed clear aims and objectives. These reflected the principle that patients came first, underpinned by a philosophy of providing safe and personalised high quality general practice care.
- Staff had worked together to produce a holistic set of core values which were adopted by the practice team as part of their everyday work. These values focused on patient care and being a skilled and professional team. The PPG also participated in developing the values.
- The practice held a weekly meeting between the partners and practice manager. This reviewed key business-related issues including finance, service developments, and contractual issues. No minutes were recorded from these meetings to provide documented evidence of discussions, although those who attended were able to describe the outcomes from the meetings. The practice confirmed that minutes would be recorded in the future.
- The partners did not have a written business plan. However, there was a clear strategy for the future and the partners were considering options that would ensure sustainability and ongoing development. The partners were seeking a localised approach to ensure they could retain the identity of the practice and its unique qualities.
- The practice engaged with the CCG and identified any commissioning concerns to them, as well as looking towards ways to continually enhance service delivery. For example, practice representatives attended the CCG's Primary Care Development Group to discuss new approaches and initiatives, and to share best practice.
- The practice worked with other GPs in their locality, and via the practice managers' forum, to share best practice and work collaboratively. The practice manager chaired the local practice managers' meeting.

Governance arrangements

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. GPs had lead areas of responsibility and acted as a resource for the rest of the practice team.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was under ongoing review
- A programme of clinical audit and benchmarking against other local practices was used to monitor quality and to make improvements.
- Some arrangements were in place for identifying, recording and managing risks, issues and implementing mitigating actions. However, we noted that some processes, in particular those related to the dispensary required strengthening.

Leadership and culture

There was a clear leadership structure in place. The partners and practice management demonstrated they had the experience, capacity and capability to run the practice effectively and ensure high quality care.

- Staff told us the practice held monthly practice team meetings. All staff had access to copies of minutes from these meetings to ensure they were informed of any outcomes.
- Staff told us the partners were approachable and always took the time to listen to all members of staff. Social events took place throughout the year, and we observed strong and cohesive team working within the practice.
- There was a low turnover of staff and individuals we spoke with told us that they enjoyed their work and being part of a friendly and supportive practice team.

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

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

- The practice had gathered feedback from patients through patient participation group (PPG) involvement and patient surveys; via complaints received; from feedback received on the NHS Choices website; comments made via the practice's suggestion box in the waiting area; and responses received as part of the Families and Friends Test (FFT). A recent patient satisfaction survey had been completed for the dispensary. The results had been largely positive and the practice looked to continually improve the service provided.

Are services well-led?

Good

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

- The PPG met bi-monthly with one of the GP partners in attendance. The PPG had a core membership of six patients that attended meetings regularly, with a virtual network of approximately 57 more patients. The PPG told us that the practice listened to them; that they felt valued and supported; and were actively involved with many aspects of the practice's work. The PPG had influenced several developments at the practice including making changes to the GP appointment system; revising the letter sent to patients who did not attend for their allocated appointment; setting up social media accounts to engage more with the practice's younger patients; and improved parking arrangements. The PPG had produced a directory of services for patients which was an excellent resource for information on local organisations, charities and self-help groups.
- The practice integrated well with the community and supported local events. For example, the 'Artability' project to help promote activity for physical disability and dementia, and a village tea dance. The practice manager was developing a running fitness club to promote healthy lifestyles.
- Staff said they felt respected, valued and supported, by the partners and managers in the practice, and felt involved and engaged to improve how the practice was run. 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.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward-thinking and part of local pilot schemes to improve outcomes for patients in the area.

This provider had a history of innovative practice including:

- The practice had led on initiatives for end of life care including the charity to support patients to die at home; and also to provide ready access to emergency medicines. This innovation initially termed as 'Harry's Box' had evolved into the 'just in case' boxes now widely used for the provision of anticipatory medicines.
- This raised funds for a local charity to support the terminally ill to remain at home rather than being admitted into a hospital, hospice or care home. This charity had been established across North Derbyshire although it had been instigated by the practice in response to one of their own patients' needs approximately 15 years ago.
- Further to the identification of a protracted, expensive and stressful process including several hospital visits in the management of post-menopausal bleeds, the practice made a proposal to the CCG to arrange a rapid scan and ultrasound combined appointment linked to investigations if required. This dramatically reduced gynaecology out-patient referrals and the service was made available to other practices in the CCG.
- The practice had allowed TV cameras to film the workings of the practice over a 12 month period. The resulting two part series 'The Real Peak Practice' had been well received and showed how a small rural GP practice worked in the current environment. A second series was in development and demonstrated the openness of the practice to give access into their everyday work.