

Parkside Surgery

Quality Report

Alfreton Primary Care Centre
Alfreton
Derbyshire
DE55 7AH
Tel: 01773546900
Website: www.parksidesurgery.co.uk

Date of inspection visit: 11 August 2016
Date of publication: 06/02/2017

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 safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11
Areas for improvement	11
Outstanding practice	12

Detailed findings from this inspection

Our inspection team	13
Background to Parkside Surgery	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15
Action we have told the provider to take	30

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Parkside Surgery on 11 August 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety. Effective systems were in place for reporting, recording and analysing significant events. Learning was shared within the practice to improve the service.
- Risks to patients were assessed and mostly well managed; with the exception of disposal of out of date medicines and security of blank prescription forms.

- A recruitment drive had been initiated to increase clinical staff capacity with some success. For example, an advanced nurse practitioner was due to commence their role in September 2016 and a GP partner was due to start in November 2016.
- Following our inspection, we were informed the practice was not registering any new patients until January 2017 to enable the staff to focus on securing and sustaining improvements. This decision had been agreed with NHSE England and Southern Derbyshire clinical commissioning group.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. They had been supported with induction, training and appraisals to ensure they had the skills, knowledge and experience to deliver effective care and treatment.

Summary of findings

- Nationally published data showed most patient outcomes were in line with or above local and national averages.
- Clinical audits demonstrated quality improvement.
- The practice team worked collaboratively with other health and social care professionals to understand and meet the range and complexity of people's needs.
- Patients expressed a high level of satisfaction about the care and services they received. Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Most patients said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities to treat patients and meet their needs.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- There was a clear vision in place and staff were engaged in developing the objectives and how the practice was run.
- Staff felt supported by the management and were aware of the requirements of the duty of candour.
- The practice had a patient participation group which was actively involved in patient education, fundraising activities and improving the services in liaison with practice staff and other stakeholders.

We saw one area of outstanding practice:

The PPG was proactive in promoting patient education, prevention and early identification of health needs; in collaboration with other stakeholders. For example, the PPG had facilitated the following community events:

- A prostate awareness evening was held at the local cricket club in January 2016, 21 people had attended. Guest speakers included a specialist urology nurse from the local hospital, a representative from the North Nottinghamshire prostate cancer support group and a support worker from Maggie's Trust (which provides free practical, emotional and social support to people with cancer and their family and friends positive feedback had been received from attendees).
- An oral cancer awareness day was held in September 2014 in conjunction with other PPG committee members from practices across the town, a dental team and members of Alfreton Cancer Research. Patients had access to free oral screening and pocket sized cards were given out with the early signs of oral cancer printed on them.

The areas where the provider must make improvement are:

- Ensure effective systems are in place to check the expiry dates and stock levels of all medicines.

The areas where the provider should make improvement are:

- Strengthen the measures in place to maintain the security of prescription forms.
- Continue to review staffing levels for GPs to ensure sufficient cover is in place to meet patients' needs.
- Continue to strengthen the systems in place for recalling and reviewing patients to improve patient outcomes. This includes performance indicators for some long term conditions such as diabetes.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services.

Requires improvement



- There was an effective system in place for managing significant events and lessons learned were communicated widely to support improvement in the practice.
- The practice had systems in place to keep vulnerable adults and children safeguarded from abuse.
- Most medicines including emergency drugs and vaccinations were well managed to keep people safe. However, the processes to check that medicines were within their expiry date and suitable for use were not always effective; as we found medicines in some consultation and treatment rooms were out of date on the inspection day. Staff disposed the out of date medicines during the inspection to minimise any further risks to patients. The security of blank prescriptions also needed to be strengthened.
- Recruitment of additional clinical staff was in progress to ensure sufficient numbers of GPs and nurses were employed to meet the needs of patients. Locum GPs were used in the interim to increase clinical cover.
- Risks associated with the health and safety to patients were assessed and well managed in collaboration with the health centre management team.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Staff assessed patient's needs and delivered care in line with current evidence based guidance.
- The 2015/16 published data from the Quality and Outcomes Framework (QOF) showed most patient outcomes were above or in line with local and national averages. The practice had achieved 97.3% of the total number of points available which was in line with the local average and above the national average of 95.4%.
- Clinical audits demonstrated quality improvement.
- Staff were supported with induction, training, supervision and appraisals to ensure they had the skills, knowledge and experience to deliver effective care and treatment.
- Consent to care and treatment was obtained in line with legislation and guidance and monitored appropriately.

Summary of findings

- Multi-disciplinary working was taking place with other health and social care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Feedback from patients reflected they were treated with compassion, dignity and respect. This was aligned with our observations on the inspection day.
- The national GP patient survey results showed patients rated the practice in line with or above the local and national averages for several aspects of care. For example, 93% of patients said they found the receptionists at the practice helpful compared to the local average of 88% and the national average of 87%.
- Patients confirmed they were given sufficient information and explanations to enable them to make an informed decision about their care and treatment.
- The practice had identified 1.7% of the practice population as carers. Systems were in place to ensure carers were supported in their role and their health needs were reviewed. A monthly carers clinic was also hosted at the practice with support from Derbyshire carers association.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice had reviewed the needs of its local population and offered a range of services including chronic disease reviews, minor surgery, treatment and care for people who misuse substances such as heroin.
- Patients were able to consult with other professionals within the health centre. This included a Citizens Advice Bureau counsellor for advice and help with social care issues and a local consultant psychiatrist facilitated a weekly clinic for pre-booked appointments.
- The patient participation group (PPG) was proactive in promoting patient education in collaboration with other stakeholders. For example, the PPG had facilitated a prostate cancer awareness evening in January 2016 which was attended by 21 people.
- Most patients said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.

Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and the PPG to improve the quality of service.

Are services well-led?

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

Good



- The practice had a clear vision and business plan in place to deliver high quality care and promote good patient outcomes. This had been shared with staff to ensure they were aware of their responsibilities in relation to it.
- Governance and performance management arrangements were reviewed to ensure a comprehensive understanding of the practice's strengths and areas of improvement.
- Appropriate policies and procedures were in place to govern activity and these were regularly reviewed and updated.
- The practice leadership had the experience and capability to manage the service. However, the loss of GP partners and salaried partners had reduced the clinical capacity. Alternative ways of working had been employed to address this, including not registering any new patients until January 2017. This was aimed at enabling the practice staff to focus on securing and sustaining improvements. This decision had been agreed with NHSE England and Southern Derbyshire clinical commissioning group.
- Staff felt supported by management and a culture of openness and honesty was promoted.
- The practice had a well engaged patient participation group which made suggestions for improvements, influenced practice development and promoted patient education.
- There was a strong focus on collaborative working with other stakeholders and continuous learning at all levels. For example, the practice was a training practice for GP registrars and nursing students.

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



- Patients aged 75 years and over had a named GP, although they were able to see a GP of their choice.
- Influenza, pneumococcal and shingles vaccinations were offered in accordance with national guidance.
- The identification of older people that were frail, vulnerable and at high risk of hospital admission was prioritised. Regular multi-disciplinary meetings took place to review their care needs and ensure the delivery of coordinated care.
- The published national data showed patient outcomes for conditions commonly found in older people were mostly in line with or above local and national averages. This included osteoporosis and heart failure.
- The practice was responsive to the needs of older people and offered home visits and urgent appointments for those with enhanced needs.
- An advanced community practitioner took the lead in managing the care of patients residing in care homes with support from the GPs.

People with long term conditions

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

Good



- Nationally reported data showed most of the patient outcomes were in line with or above local and national averages.
- Nursing staff had lead roles in chronic disease management and a range of clinics were offered for conditions such as asthma, diabetes, heart disease and hypertension.
- Data reviewed showed most patients with a long-term condition had received an annual review to check their health and medicines needs were being met.
- The practice team worked closely with other health and social care professionals to deliver a multidisciplinary package of care for patients with the most complex needs.
- Patients at risk of hospital admission were identified as a priority and a care coordinator contacted them post hospital discharge to ensure they had adequate support in place.
- Longer appointments and home visits were available when needed.

Summary of findings

Families, children and young people

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

Good



- Immunisation rates were high for all standard childhood immunisations and in line with local averages. For example, vaccination rates for children under two years old ranged from 96.5% to 100% compared to the local average ranging from 94% to 98%.
- The practice held regular safeguarding meetings with the health visitor. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Expectant mothers and new mothers had access to antenatal and postnatal care with support from the midwife and GPs. Baby checks were also undertaken in line with recommended guidance.
- Children and young people could access asthma clinics when needed.
- The premises were suitable for children and babies. Baby changing facilities were available and the practice accommodated mothers who wished to breastfeed.
- Appointments were available outside of school hours and children could be seen on the same day when this was indicated. However, the benchmarking data showed the practice had the highest number of emergency admissions for children under five and this was being reviewed by the practice.

Working age people (including those recently retired and students)

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

Good



- The practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, patients had access to telephone consultations and extended hours appointments on Tuesday morning and evening.
- The practice was proactive in offering online services for booking appointments and requesting repeat prescriptions.
- A full range of health promotion services were offered including travel vaccinations, contraceptive advice and family planning devices.
- Patients could pre-book appointments with a “well-being worker” for advice and support with smoking cessation, exercise and weight loss.

Summary of findings

- Patients had access to appropriate health assessments including the NHS health checks for patients aged 40–74 and national screening programmes for bowel and breast cancer.
- The practice's uptake for the cervical screening programme was 84% which was in line with the local average of 83.5% and national average of 82%.

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including carers, people with a learning disability, receiving end of life care and receiving support with substance misuse.
- The practice carried out annual health checks for people with a learning disability and 63% of patients had received an annual review in the last 12 months. Longer appointments were offered to ensure these patients were fully involved in their care.
- One of the GPs had a special interest in substance misuse and they prescribed methadone to patients under a shared care agreement. Methadone reduces withdrawal symptoms in people addicted to heroin. The GP brought this experience into consultations with a wider group of patients not involved with addiction services.
- The care coordinator and practice staff worked effectively with multi-disciplinary teams in the case management of vulnerable people and informed patients how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice had identified 1.7% of the practice patient list as carers. The practice hosted a monthly carer's clinic facilitated by Derbyshire carers association.

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).

Published data for 2015/16 showed improved outcomes for patients. For example:

Good



Summary of findings

- 93% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the preceding year compared to a local average of 85% and national average of 84%.
- 93% of patients experiencing poor mental health needs had their care reviewed in a face to face meeting in the preceding year compared to local average of 93% and national average of 89%.
- Staff had a good understanding of how to support people with mental health needs and dementia. They regularly worked with multi-disciplinary teams in the case management of these patients to ensure coordinated care was delivered. This included collaborative working with a consultant psychiatrist who facilitated a weekly clinic in the same building.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- The patient participation group had facilitated a patient education event in March 2016, where representatives from the Derbyshire health foundation trust discussed the mental health community service provision in the local area.

Summary of findings

What people who use the service say

We reviewed the results of the national GP patient survey which were published in July 2016. The results showed the practice was performing in line with or above local and national averages. A total of 238 survey forms were distributed and 120 were returned. This represented a 50% completion rate. Some of the survey results are detailed below:

What this practice does best:

- 93% of respondents found it easy to get through to this surgery by phone compared to the clinical commissioning group (CCG) average of 72% and national average of 73%.
- 90% of respondents described their experience of making an appointment as good compared to the CCG average of 72% and national average of 73%
- 90% of respondents would recommend this surgery to someone new to the area compared to the CCG average of 80% and national average of 78%.

What this practice could improve:

- 80% of respondents said the last nurse they saw or spoke to was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 85%
- 62% of respondents usually waited 15 minutes or less after their appointment time to be seen compared to the CCG average of 69% and national average of 65%

- 86% of respondents said the last nurse they saw or spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%.

As part of our inspection we also asked for Care Quality Commission comment cards to be completed by patients. We received 44 completed comment cards; 30 of which were wholly positive about the standard of care and treatment provided by the practice. Patients told us they had received a high standard of care and described staff as very caring, considerate, committed, professional and helpful. This was aligned with the feedback received from the chair of the patient participation group we spoke to during the inspection. Fourteen comment cards contained mixed feedback with less positive comments relating to accessing and availability of routine GP appointments and waiting times.

The 2016 practice patient survey showed:

- 98% of respondents found it very or fairly easy to make an appointment and
- 90% of respondents were able to get an appointment that suited their needs.
- 97% of respondents were happy with the opening times and
- 74% of respondents rated the practice as excellent or good and 25% rated it satisfactory.

Areas for improvement

Action the service **MUST** take to improve

- Ensure effective systems are in place to check the expiry dates and stock levels of all medicines.

Action the service **SHOULD** take to improve

- Strengthen the measures in place to maintain the security of prescription forms.

- Continue to review staffing levels for GPs to ensure sufficient cover is in place to meet patients' needs.
- Continue to strengthen the systems in place for recalling and reviewing patients to improve patient outcomes. This includes performance indicators for some long term conditions such as diabetes.

Summary of findings

Outstanding practice

The PPG was proactive in promoting patient education, prevention and early identification of health needs; in collaboration with other stakeholders. For example, the PPG had facilitated the following community events:

- A prostate awareness evening was held at the local cricket club in January 2016, 21 people had attended. Guest speakers included a specialist urology nurse from the local hospital, a representative from the North Nottinghamshire prostate cancer support group and a support worker

from Maggie's Trust (which provides free practical, emotional and social support to people with cancer and their family and friends positive feedback had been received from attendees).

- An oral cancer awareness day was held in September 2014 in conjunction with other PPG committee members from practices across the town, a dental team and members of Alfreton Cancer Research. Patients had access to free oral screening and pocket sized cards were given out with the early signs of oral cancer printed on them.

Parkside Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist adviser.

Background to Parkside Surgery

Parkside surgery provides primary medical services to approximately 9900 patients through a primary medical services contract (PMS).

The practice is located within Alfreton Primary Care Centre (a purpose built premise) and has been providing services from its current location since 2007. A range of multi-disciplinary professionals are based within the health centre and this includes health visitors, district nurses, audiology, retinal screening, podiatry and dental service.

The level of deprivation within the practice population is in line with the national average with the practice population falling into the fifth most deprived decile. Income deprivation affecting children and older people is also in line with local and national averages.

The clinical team comprises two GP partners (male), three salaried GPs (two female and one male), a GP registrar, an advanced nurse practitioner, a prescribing nurse, two practice nurses and a healthcare assistant. Parkside surgery is a training practice for GP registrars and nursing students.

The clinical team is supported by a practice manager, practice manager assistant, IT manager, a team of secretarial, reception and administrative staff. A care coordinator is attached to the practice and they are employed by Derbyshire community health services.

The practice opens from 8am to 6.30pm daily with the exception of Tuesday when the practice is open from 7.30am to 8pm. Consulting times are generally from 8am to 12.30am each morning and from 3.30pm to 6pm. Extended hours appointments are offered on Tuesday evenings from 7.30am to 8am and 6.30pm to 7.30pm.

The practice has opted out of providing out-of-hours services to its own patients. This service is provided by Derbyshire Health United (DHU) and is accessed via 111.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. This included Healthwatch, NHS England and Southern Derbyshire clinical commissioning group. We carried out an announced visit on 11 August 2016.

Detailed findings

During our visit we:

- Spoke with a range of staff (GPs, GP registrar, practice nurse, healthcare assistant, practice manager, management assistant, IT manager, reception and administration staff)
- Spoke with attached staff including the care coordinator.
- Observed how patients were being cared for and spoke with the chair of the patient participation group.
- Reviewed 44 comment cards where patients shared their views and experiences of the service.
- Reviewed a sample of patient and management records to corroborate our findings.

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

- Is it safe?
- Is it effective?
- Is it caring?

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

The practice had effective systems in place to report, record and investigate significant events.

- Staff told us they would inform the practice manager or one of the GPs of a significant event in the first instance. Following this, they would complete the reporting form which was available on the practice's computer system.
- An analysis of each event was then completed and discussed at monthly staff meetings (or sooner) to promote learning. The practice had strengthened the process by ensuring improvement actions had been completed or reviewed at the following staff meeting.
- An annual review of 34 significant events reported in 2015 were discussed at a practice meeting held in March 2016, to identify any themes or trends and check that learning had been embedded.
- When things went wrong with care or treatment, patients were offered support and explanations. Apologies were offered to patients where appropriate and they were told of any actions to improve processes to prevent the same thing happening again.

Staff were informed about safety and medicine alerts via email and notifications within the practice patient system. This included patients trying to obtain supplies of medicines by registering at several practices and alerts from the Medicines and healthcare products regulatory agency. We reviewed safety records and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice now uses repeat dispensing rather than future dated prescriptions, to try and prevent safety incidents when prescribing to people who misuse substances.

Overview of safety systems and processes

The practice had systems and processes in place to keep patients safe and safeguarded from abuse. For example:

- Arrangements to safeguard children and vulnerable adults from abuse reflected local pathways and national legislation. Policies in place supported staff to fulfil their roles and outlined who to contact for further guidance if they had concerns about patient welfare. Staff we spoke to were aware of the lead safeguarding GP and external

agencies they could raise concerns with if needed. Staff had received training in respect of safeguarding children and vulnerable adults that was relevant to their role. GPs were trained to child safeguarding level 3. Meetings to discuss children at risk were held regularly within the practice and were attended by community based staff including the health visitor. Some staff had also completed training related to domestic abuse and "prevent" and training had been planned for others. Prevent relates to safeguarding people and communities from the threat of radicalisation.

- Patients had access to chaperones if required. Staff who acted as chaperones were trained for the role and had either received a Disclosure and Barring Service (DBS) check or a risk assessment was in place. The risk assessment was reviewed annually as part of the staff member's appraisal. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- The practice maintained appropriate standards of cleanliness and hygiene. Patients described the premises as being clean and visibly tidy and this was aligned with our observations on the inspection day. Cleaning audits were carried out regularly and records were available from the health centre manager. One of the practice nurses was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training including hand hygiene. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The audit completed in November 2015 showed the practice had achieved a 94% compliance.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice required strengthening to ensure patients were kept safe. For example:

- Processes to check that medicines were within their expiry date and suitable for use were not always effective; as we found out of date medicines in some of the consultation and treatment rooms. However, these medicines were disposed during the inspection when it

Are services safe?

was brought to the attention of staff. Following our inspection, we were informed the existing monthly checks of medicines had been strengthened and the responsible staff member had reflected on our findings to ensure this did not reoccur.

- Staff we spoke with told us blank prescription forms were kept in the printer overnight in locked rooms. However, these rooms were accessed by cleaning staff in the evenings. In addition, blank prescriptions at the reception were potentially accessible to non-clinical staff out of hours, as they were not locked up. The practice advised us they would conduct a risk assessment in consultation with the health centre.

Effective systems were in place for handling prescription requests with a turnaround time of 48 hours. Patients could order their prescriptions online, at the reception desk, via a pharmacy, post or telephone. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The recall system for inviting patients prescribed high risk medicines for blood test monitoring had been improved and systems were in place to inform a clinician of any non-attendance. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.

One of the nurses was qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the GPs for this extended role. Patient group directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The health care assistant was trained to administer vaccines against a patient specific direction from a prescriber.

- We reviewed three employment files and found appropriate recruitment checks had been undertaken prior to employing new staff. Checks undertaken included, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. However, records maintained for DBS checks did not always evidence the type of check undertaken (enhanced or standard) and if any disclosures were found. The practice manager assured us record keeping would be improved and enhanced checks had been undertaken for clinicians, and no concerns had been received for DBS checks completed to date.

Monitoring risks to patients

There were procedures in place for monitoring and managing risks to patient and staff safety.

- The practice is located in Alfreton health centre which is shared with other health care professionals and owned by the clinical commissioning group. The maintenance of the building is the responsibility of the landlord including monitoring of water systems and risks associated with legionella. There were systems in place for acting upon maintenance requests raised by the practice.
- The fire alarm system and extinguishers were maintained by the landlord and a yearly fire drill was also undertaken. Most staff had completed fire safety training and staff we spoke to were aware of evacuation routes in the event of a fire.
- Electrical equipment was checked to ensure it was safe to use and clinical equipment was calibrated to ensure it was working properly.
- A health and safety policy was in place and the practice had a variety of other risk assessments to monitor the safety of the premises. This covered areas such as control of substances hazardous to health and infection control.

The practice had put satisfactory arrangements in place to ensure clinical staffing levels were improved.

- We found three GP partners and two salaried GPs had resigned during the course of the year and this had meant an increased workload for the remaining GP team. Feedback from patients and staff showed the loss of GPs had partly impacted on the responsiveness of the service (specifically waiting times to obtain a routine GP appointment).
- However, the leadership had been proactive in addressing this and managing patient expectations. For example, patient leaflets had been produced to explain the changes and the leadership had considered flexible ways of working. This included use of specialist nursing staff to increase the clinical team and complement the GPs.

Are services safe?

- A recruitment drive to increase clinical staff capacity had been facilitated with some success. For example, an advanced nurse practitioner was due to commence their role in September 2016 and a GP partner was due to start in November 2016.
- Locum GPs were used to ensure adequate cover in the interim of newly recruited staff commencing their employment and during GP absences.
- Following our inspection, we were informed the practice was not registering any new patients until January 2017; with the exception of new babies and new residents living in care homes supported by the practice. This was a response to future staffing reduction to protect the services provided to current patients.

Arrangements were in place for planning and monitoring the number and skill mix of non-clinical staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

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 which alerted staff to any emergency.
- Staff received training in basic life support and / or cardio pulmonary resuscitation.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. Most of the medicines we checked were in date.

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The health and social care needs of patients were assessed and appropriate care and treatment was delivered. Clinical staff used current evidence based guidance and standards, to deliver care and treatment that met patients' needs. For example, the practice had systems in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.

- The practice monitored that these guidelines were followed through audits, risk assessments and review of patient records.
- Informal weekly meetings were held on a Tuesday to discuss the care needs of patients with complex health needs. This included discussing the patient's diagnosis, assessment of presenting concerns, management of the condition and appropriateness of a referral to other services. The practice team told us this also allowed clinicians to benefit from each other's experience or prior knowledge of a patient.
- Updates and changes to guidelines were discussed at formal clinical meetings.

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 published results showed the practice had achieved 97.3% of the total number of QOF points available which was in line with the clinical commissioning group (CCG) of 97.3% and above the national average of 95.4%.

The practice had an overall exception reporting rate within QOF of 12.8% which was above the CCG average of 11.7% and the national average of 9.8%. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

The published data for 2015/16 showed:

- Performance for indicators related to hypertension was 100% compared to the CCG average of 98.7% and national average of 97.3%. Eighty two percent (82%) of patients with hypertension had a blood pressure reading measured in the preceding 12 months compared to CCG average of 84% and national average of 83%. The exception reporting rate for this indicator was 5.3% which was above the CCG average of 4.4% and national average of 3.9%.
- Performance for diabetes related indicators was 85% compared to the CCG average of 92.9% and national average of 89.8%. The exception reporting rate for 10 out of 11 clinical indicators for diabetes were above the CCG and the national averages.
- Performance for mental health related indicators was 100% compared to the CCG average of 96.6% and national average of 92.8%. Ninety three percent (93%) of patients experiencing poor mental health had a care plan reviewed in the preceding 12 months compared to a CCG average of 93% and national average of 89%. The exception reporting rate for this indicator was 13.7% which was below the CCG average of 20.4% and above the national average of 12.7%.
- Performance for dementia related indicators was 100% compared to the CCG average of 99.6% and national average of 96.6%. Ninety three percent (93%) of patients diagnosed with dementia had a care plan reviewed in the preceding 12 months compared to a CCG average of 85% and national average of 84%. The exception reporting rate for this clinical indicator was 10.8% which was above the CCG average of 7.9% and the national average of 6.8%.

The practice was aware of the QOF improvement areas and had initiated strategies to support this. For example, the practice had strengthened its recall system to encourage more patients to attend their reviews, additional clinical staff were being recruited and an IT manager had been employed to maintain oversight of the coding / recording of patient information.

Clinical audits demonstrated improvement in the quality of care for patients.

- Records reviewed showed the practice had completed 12 clinical audits in the last two years; three of these were completed audits where the improvements made were implemented and monitored.

Are services effective?

(for example, treatment is effective)

- For example, the practice had undertaken an audit relating to women of child-bearing age prescribed statins to consider adherence to NICE guidelines. Statins are a group of medicines that can help lower the level of cholesterol in the blood. Recommendations were made as a result of the initial audit. This included all clinicians advising these patients of the potential teratogenic risk of statins and to offer a suitable contraception or document if they decline or it is not appropriate. Teratogens halt the pregnancy or produce a congenital malformation (a birth defect). A re-audit was undertaken and this demonstrated an improvement in the adherence to guidelines and a patient plan was present on all women of a child bearing age on a statin.
- The practice participated in local audits, peer review and benchmarking. Benchmarking data showed the practice was in line with the locality average and below the CCG average for accident and emergency (A&E) attendances from April 2013 to March 2016.
- Regular medicines audits were undertaken with the support of the CCG pharmacy team.

Effective staffing

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

- The practice had a role specific induction programme for all newly appointed staff. This covered areas such conditions of their employment, health and safety, information governance and confidentiality.
- New staff received a period of shadowing to learn the practice specific systems and patient pathways.
- Staff had access to and made use of e-learning training modules and in-house training. Training completed to date included: customer care, equality and diversity, dementia and learning disabilities awareness.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff employed for over a year had received an appraisal within the last 12 months or had one planned for a future date.
- Staff were supported to meet their learning needs and to cover the scope of their work. This included mentoring, on-going support, one-to-one meetings and revalidation of GPs and nurses.

- Clinical staff accessed regular training to support their knowledge and learning was shared with their colleagues. This included nurses and GPs attending refresher training on the management of specific long-term conditions such as asthma.
- Staff who administered vaccines stayed up to date with changes to the immunisation programmes by accessing on line resources and discussions at practice meetings.
- Clinical supervision was also in place for GP registrars and nursing students.

Coordinating patient care and information sharing

Staff accessed the information they needed to plan and deliver care for patients through the practice's patient record system and intranet. This included medical records, care plans, and investigation and test results. The practice shared relevant information with other services such as hospital departments and the out of hours provider.

The practice had signed up to the gold standards framework, which is a model aimed at ensuring people nearing the end of their lives receive high quality palliative care. Regular palliative care meetings were held within the practice and attended by district nurses and a Macmillan nurse.

A care coordinator employed by Derbyshire Community Health Services was attached to the practice. They described their role to us as the link between the practice team, local community, voluntary agencies, health and social care services among many others. Their role included:

- Organising the monthly multi-disciplinary meetings which allowed the GPs and practice nurses to discuss complex patients with the wider community team. Staff in attendance included professionals from social services, the community therapy team, district nurses, the community matron and a community psychiatrist nurse. We spoke with the community matron and they spoke positively about the collaborative working with the practice team and positive outcomes achieved for patients. During these meetings, patient's needs were assessed and their on-going care and treatment was planned. Care plans were routinely reviewed and updated for patients with complex needs.

Are services effective?

(for example, treatment is effective)

- Monitoring and contacting patients identified as being at risk of hospital admission following discharge to ensure they had the support they needed.
- Referring patients to other services such as physiotherapy, occupational therapist and social services and joint working with the advanced nurse practitioner.

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. Records reviewed showed some of the staff had completed related training.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and where appropriate, recorded the outcome of the assessment.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. The practice had audited the documentation of parental presence during consultations for children aged under 16 between January 2014 and December 2014. The audit showed improved documentation by clinicians from 46% to 73% (27% increment).
- Before a minor surgery procedure was carried out patients were required to complete a consent form; of which we saw examples of completed forms.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Patients could pre-book an appointment with a "well-being worker" on Tuesday between 9am and 3pm. Their role included supporting people with lifestyle changes like smoking cessation, exercise, dietary advice and weight loss to help improve their health.

- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Practice supplied data showed 862 health checks out of 1064 invites (81%) had been completed as at 31 March 2016. Systems were in place to follow-up abnormalities or risk factors identified as a result health assessments and checks made.

The practice's uptake for the cervical screening programme was 84% which was in line with the CCG average of 83.5% and the national average of 82%. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also carried out an audit of inadequate cervical smears in relation to individual smear takers (nurses) at least every two years in line with recommended guidance. Reminders were offered for patients who did not attend for their cervical screening test.

The practice encouraged patients to attend screening for breast and bowel cancer as part of the national screening programmes. The 2014/15 Public Health England data showed the practice's cancer screening was above the CCG and national averages. For example:

- 84.5% of females aged between 50 and 70 years had been screened for breast cancer in the last three years compared to a CCG average of 78.5% and national average of 72%.
- 62% of patients between 60 and 69 years had been screened for bowel cancer in the last 30 months (2.5 year) compared to a CCG average of 61% and national average of 58%.

NHS England data for 2014/15 showed childhood immunisation rates for the vaccinations given to children was comparable to CCG and national averages. For example:

- Vaccinations given to under two year olds ranged from 96.5% to 100% was marginally above the CCG average of 94% to 98%
- Vaccinations given to five year olds from 93% to 98% which was comparable to the CCG average of 91% to 98%.

Are services effective?

(for example, treatment is effective)

The practice team monitored the uptake of childhood vaccinations to enable those who did not attend to be followed up.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

A total of 44 patients completed Care Quality Care (CQC) comment cards as part of our inspection. Forty two (42) out of 44 patients (93%) confirmed they were treated with kindness, dignity, respect and compassion. They described the practice as providing excellent care and were very positive about the service experienced including maintaining their confidentiality in the reception area.

We spoke with the chair of the patient participation group (PPG). They spoke positively about the caring nature of staff and felt well supported. They described staff as interacting with them in a respectful and considerate manner and providing exceptional care.

The patient feedback we received during the inspection was aligned with the July 2016 national GP patient survey results. The satisfaction scores in respect of consultations with GPs and nurses was mostly in line with the local and national averages. For example:

- 97% of patients said they had confidence and trust in the last GP they saw compared to the clinical commissioning group (CCG) average of 96% and the national average of 95%
- 90% of patients said the GP was good at listening to them compared to the CCG average of 90% and the national average of 89%.
- 90% of patients said the GP gave them enough time compared to the CCG and national averages of 87%.
- 94% of patients said they had confidence and trust in the last nurse they saw compared to the CCG and the national average of 97%
- 91% of patients said the nurse was good at listening to them compared to the CCG average of 93% and the national average of 91%.
- 91% of patients said the nurse gave them enough time compared to the CCG average of 93% and national average of 92%.

Satisfaction scores for interactions with reception staff were above the CCG and national averages. For example: 93% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the

national average of 87%. This was reinforced by the practice's 2016 survey results which showed 99.7% of patients felt the receptionist whom they saw when they made their appointment was helpful or very helpful.

Care planning and involvement in decisions about care and treatment

Patients told us they were involved as partners in their care and staff communicated in a way they could understand their health condition. Specifically, patients felt listened to and had sufficient time during consultations to make an informed decision about the treatment options available to them.

Patient feedback from the comment cards we received was also positive and aligned with these views. For example, four of the comment cards gave specific examples of named GPs and a practice nurse whom they felt had fully involved them in the planning and monitoring of their health care needs resulting in improved health.

The national GP patient survey results showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were mostly in line with local and national averages. For example:

- 87% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG and national averages of 86%.
- 85% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national averages of 82%.
- 87% of patients said the last nurses they saw was good at explaining tests and treatments compared to the CCG average of 91% and the national average of 86%.
- 80% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%

The practice provided facilities to help patients be involved in decisions about their care. Translation and interpreting services were available for patients who did not have English as a first language; and this included some of their patients from Eastern European countries.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

Patient feedback confirmed staff were sensitive and supportive when they needed help to cope emotionally with their care and treatment or social care issues. This included being signposted to other support services and counselling. This was also reflected in the national GP patient survey results and practice survey results. Forexample:

- 85% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%.
- 86% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.

The practice had a dedicated noticeboard for carers located in the waiting area. Written information was available to direct carers to the various avenues of support available to them. A monthly carers clinic was hosted at the

practice (usually the third Thursday of the month) with support from Derbyshire carers association. Services available to carers included one to one support with welfare advice, a carers assessment, support in organising personal budgets and accessing respite services. The practice team also made referrals to the care coordinator to enable additional support to be provided for them.

The practice's computer system alerted GPs if a patient was also a carer and a designated member of staff was the carer's champion. A total of 167 carers were registered with the practice and this equated to approximately 1.7% of the patient list. The carers register was used to review the health needs of carers. For example, 89 out of 167 carers had received a flu vaccination at the time of our inspection.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Southern Derbyshire clinical commissioning group (CCG) to secure improvements to services where these were identified. In addition, the practice employed and worked with a variety of clinical staff to ensure its services were accessible and closer to home for the different population groups we inspected. For example:

- One of the GPs had a special interest in substance misuse and they prescribed methadone to patients under a shared care agreement. Methadone reduces withdrawal symptoms in people addicted to heroin. They brought this experience into consultations with a wider group of patients not involved with addiction services. A substance misuse worker also attended the practice every week and provided treatment and care for these patients.
- The practice nurses had lead roles in chronic disease management and a range of clinics were available for people with long term conditions such as heart disease and chronic obstructive pulmonary disease (the name for a group of lung conditions that cause breathing difficulties). One of the practice nurse's was qualified to initiate insulin treatment for patients with diabetes and some of the nurses could undertake near patient testing for the international normalised ratio (INR). INR is the test used to monitor the effects of warfarin.
- The advanced nurse practitioner (ANP) managed the care and treatment of older people living in care homes; with support from the GPs. This included weekly planned care home visits for chronic disease reviews which ensured continuity of care; and support during acute illnesses and when patients received end of life care. They also played an active role in seeing patients presenting with minor illnesses within the practice.
- Patients were able to consult with other professionals including a Citizens Advice Bureau counsellor for advice and help with social issues such as debt, housing and benefits.
- A local consultant psychiatrist facilitated a weekly clinic within the health centre and patients could be seen subject to a referral and pre-booked appointment.
- The care co-ordinator attached to the practice proactively reviewed patients discharged from hospital and signposted patients to relevant services. Records reviewed showed they had recently made referrals to the following services for example: 38 to the occupational therapist, 14 to the physiotherapist and 10 to social services.
- Additional services offered to patients included minor surgery, phlebotomy, spirometry, inhaler training, ear syringing, dressings and electrocardiogram (an ECG test is used to check your heart's rhythm and electrical activity).
- Family planning services were offered including contraceptive advice and fitting of intrauterine devices (coil fittings and contraceptive implant insertions).
- The community midwife facilitated ante-natal clinics twice weekly at the practice.
- New mothers had access to post-natal care from the community health visitor and baby checks were completed by the GPs in line with national guidance.
- Childhood immunisations and a range of vaccinations for adults (for example travel and flu) were also available to patients.
- The purpose built premises were suitable for patients with a disability or impairment. This included consulting rooms located on the ground floor, accessible toilets and a hearing loop.
- Staff had an awareness of the accessible information standard and systems were in place to ensure compliance. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand with support so they can communicate effectively with health and social care services.
- A range of online services were available including online appointment booking and prescription ordering.
- Text messaging was used to issue appointment reminders.
- Patients had access to male and female GPs when needed.

Are services responsive to people's needs?

(for example, to feedback?)

A range of appointments were offered for patients including:

- Extended hours appointments on a Tuesday and telephone consultations to facilitate access for working patients who could not attend during normal opening hours.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. The GPs assessed home visit requests to ensure these were appropriate.
- Longer appointments for patients for people with learning disabilities and those experiencing poor mental health as well as for certain procedures such as minor surgery.
- Same day appointments for children and those patients with medical problems that require urgent consultation.

The PPG was proactive in promoting patient education, prevention and early identification of health needs; in collaboration with other stakeholders. For example, the PPG had facilitated the following community events:

- A prostate awareness evening was held at the local cricket club in January 2016, of which 21 people had attended. Guest speakers included a specialist urology nurse from the local hospital, a representative from the north Nottinghamshire prostate cancer support group and a support worker from Maggie's Trust (which provides free practical, emotional and social support to people with cancer and their family and friends). The PPG chair told us there was a great supportive atmosphere and positive feedback had been received from attendees.
- An oral cancer awareness day was held in September 2014 in conjunction with other PPG committee members from practices across the town, Glendair dental team and members of Alferton Cancer Research. Patients had access to free oral screening and pocket sized size cards were given out with the early signs of oral cancer printed on them.

Access to the service

The practice was open between 8am and 6.30pm daily with the exception of Tuesday when the practice opened from 7.30am to 8pm. GP appointments were generally available from 8am to 12.30pm every morning and 3.30pm to 6pm in the evening. Extended hours appointments were offered

from 7.30am to 8am and 6.30pm to 7.30pm every Tuesday. In addition to pre-bookable appointments that could be booked up to five weeks in advance, urgent appointments were also available for people that needed them.

Most patients were able to get appointments when they needed them. The national GP patient survey results published in July 2016 showed that patient's satisfaction with how they could access care and treatment was above the local and national averages.

- 100% of patients said the last appointment they got was convenient compared to the CCG average of 93% and the national average of 92%.
- 90% of patients described their experience of making an appointment as good compared to the CCG average of 72% and the national average of 73%.
- 93% 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 73%.
- 86% of patients were satisfied with the practice's opening hours compared to the clinical commissioning group (CCG) average of 77% and the national average of 76%.

Fourteen out of 44 (32%) comment cards we received highlighted improvements were required to ensure ease of routine GP appointments, reduction in waiting times and continuity of care. This was in light of recent staffing changes following the resignation of three GP partners and two salaried GPs; and use of locum GPs

Listening and learning from concerns and complaints

An effective system was in place for handling complaints, concerns and compliments.

- The practice's 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 and the most appropriate member of staff would assist in investigating complaints when required. For example if the complaint related to a clinical concern the GP would be involved in the investigation and meet with the patient, their next kin and practice manager.

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

- A complaints information pack was available from the reception to help patients understand the complaints system, and information was also available on the practice website.

We reviewed a sample of four complaints received in 2016 and found they were responded to in a timely manner and complainants were provided with explanations and

apologies where appropriate. Lessons were learnt from individual concerns and complaints. We however found the home visiting protocol had not been reviewed in light of a complaint and patient safety alert received.

An annual review of complaints was undertaken to analyse themes or trends to improve the quality of care. The most recent review had been undertaken in April 2016 and this had included the review of 28 complaints received within two years. An identified theme included the need of GP attitudes to improve to ensure patients felt cared for.

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 a “high standard of medical care which is available to the whole practice population and to create a partnership between the patient and healthcare professional” involved in their care.

- The practice ethos was underpinned by core values relating to mutual respect, continuity of care, learning and patient involvement. Staff we spoke to knew and understood the values.
- The practice had a business plan in place and this covered short and long term objectives such as succession planning, finances and collaborative working with other local practices.
- The business plan had been discussed with staff and records reviewed detailed the objectives completed to date and future plans for the next three years.
- Regular strategy meetings were held within the practice to discuss service improvement; for example the management of flu clinics.

Governance arrangements

The practice had a governance framework in place which focused on delivering good quality care.

- There was a clear staffing structure in place and staff were aware of their own responsibilities. Senior staff with specific lead roles were allocated protected time to review their areas of accountability.
- Practice specific policies were available to all staff on the practice’s computer system. Policies that we looked at showed they had been periodically reviewed and updated.
- A comprehensive understanding of the performance of the practice was maintained; with the leadership very much aware of the strengths and challenges they were facing with action plans in place. For example, the practice was reviewing the emergency admissions of children aged five years and under, to understand why performance was significantly above locality averages despite the good access and appointments offered for children.

- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. An annual meeting was held where topics for audit were discussed.
- Weekly GP partners meetings were held on Monday morning, to which salaried GPs and registrars were invited.
- There were suitable arrangements to identify record and manage risks and to implement mitigating actions.

Leadership and culture

The GPs and the practice manager we spoke to demonstrated they had the experience and capability to run the practice. They told us they prioritised safe, high quality and compassionate care. However, the practice had experienced recent challenges relating to the capacity of permanent clinical staff due to the partnership reducing from five to two GPs. A new GP partner was due to start in November 2016.

Following our inspection, we were informed the practice was not registering any new patients until January 2017; with the exception of new babies and new residents living in care homes supported by the practice. This decision had been agreed with NHSE England and Southern Derbyshire clinical commissioning group. This decision also served as a safety netting mechanism to enable the practice to continue providing a good service for its registered patients.

Staff told us they had supported each other to adapt to this change through regular communication about flexible and improved ways of working to ensure the smooth running of the practice. We were told the practice had benefitted from the following leadership skills and experience to transition: stability of retaining two of the GP partners, one of the GP partners had a role as a change facilitator with the GP taskforce who have been helping practices manage change and another salaried GP had involvement with the local medical committee which represents and supports general practices.

There was a clear leadership structure in place and staff felt valued and respected by management.

- Staff told us there was an open culture within the practice and regular team meetings were held for the different staffing groups and the practice as a whole.

Are services well-led?

Good 

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

- All staff told us they had the opportunity to be involved in discussions about how to run and develop the practice and the leadership encouraged them to identify opportunities to improve the service delivered by the practice.
- Meeting minutes reviewed showed non-clinical staff were encouraged to find solutions to identified problems such as use of appointments on busy days and GP absence. Staff suggestions were then considered and / or acted upon by the management team and feedback was provided.

The provider was aware of and had systems in place 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 practice had systems in place to ensure that when things went wrong with care and treatment affected people were provided with support, information and apologies

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

The practice proactively sought feedback from patients and staff; and engaged them in the delivery of the service. Patient feedback was gathered through the patient participation group (PPG), compliments, thank you cards, and the friends and family test survey. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the CCG agreed to provide funding for a media screen in the waiting area.

- The PPG also produced seasonal newsletters which were available within the practice. They facilitated coffee mornings, book sales and educational events where guest speakers were invited. For example, representatives from Derbyshire healthcare trust had discussed community mental health services within the area and Healthwatch staff had described the role of their organisation.
- Patient feedback was positive about the service experienced. For example, the practice is currently rated as five stars (highest rating) based on eight reviews and an audit undertaken of newly registered patients showed 116 out of 246 (47%) patients had joined the practice due to recommendations from others.

- Staff feedback was obtained through surveys, meetings, appraisals and general discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. For example:

- Parkside surgery is a training practice for GP registrars recruited via the Chesterfield and Derby vocational training scheme. The GP registrar we talked to spoke positively about having a thorough induction, protected learning time, support from their mentor and other GPs, and was encouraged to attend a range of meetings to get a holistic view of the practice related activities.
- Practice nurses had been supported to complete a mentorship training programme to enable the practice to take on nursing students, which would support the future recruitment of nurses.
- Apprentices were offered placements within the reception and administration team.
- Feedback received from the CCG confirmed regular attendance from the practice staff at membership events, locality meetings, practice manager forums and QUEST sessions. The forums enabled practice staff to learn and share with other practices.

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. This included collaborative working with the community mental health team to ensure GPs could refer directly to the community psychiatric nurse, who would be available at the practice one morning a week from 4 September 2016.

During wave one of the Prime Ministers challenge fund, the practice worked with the facilitators to improve access to their patients through their website and helping set up the electronic prescriptions by completing the drug mapping process.

The practice was also keen to identify and maximise opportunities to work collaboratively with other practices in the local area. For example, staff had been involved in discussing new work streams via Alexin (GP owned provider of services) to improve efficiency and shared staff (note summarisers) with other local practices as part of place

Are services well-led?

Good 

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

based working. Place-based systems of care involve services working together to improve health and care for the populations they serve by managing the common resources available to them.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Surgical procedures	We found out of date medicines in some of the consultation and treatments rooms. This meant the processes to check that medicines were within their expiry date and suitable for use were not always effective.
Treatment of disease, disorder or injury	This was in breach of regulation 12(1)(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.