

Shires Health Care

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	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection on 6 April 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 and an effective system in place for reporting and recording significant events. Learning was applied from events to enhance the delivery of safe care to patients.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- The practice used clinical audits to review patient care and took action to improve services as a result.
- The practice worked effectively with the wider multi-disciplinary team to plan and deliver high quality and responsive care to keep vulnerable patients safe.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand and learning from complaints was shared across the practice.
- There was a clear leadership structure and staff told us that they felt supported by management. The leadership and governance arrangements were robust and focused upon continuous improvement.
- There was a clear leadership structure and staff felt supported by management. The practice analysed and responded to feedback received from patients. Comments were used to adapt services where possible to best meet patients' needs.
- The practice had an active Patient Participation Group (PPG) and worked with them to review and improve services for patients.

We saw one area of outstanding practice:

- The practice had championed the role of care coordinator and the team were proactive in building relationships with community teams. They worked closely with community teams to support patients in their homes and had developed specialist programs for dementia patients to improve quality of life and support carers.

Summary of findings

The areas where the provider should make improvement are:

- Review access to appointments to enable patient access to appointments in a timely manner with improved continuity of care.

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

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 good for providing safe services.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. The practice had robust processes in place to investigate significant events and to share learning from these.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse. The practice had designated GPs responsible for safeguarding and had regular meetings with community based health professionals to discuss patients at risk.
- Where people were affected by safety incidents, the practice demonstrated an open and transparent approach to investigating these. Apologies were offered where appropriate.
- Risks to patients were assessed and well managed. There were designated leads in areas such as infection control, and training was provided to support their role.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Systems were in place to ensure that all clinicians were up to date with National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Full cycle clinical audits were undertaken. For example, an audit was conducted to assess the cholesterol levels of patients with diabetes, it highlighted 82 patients who went on to receive further monitoring and treatment to reduce cholesterol levels.
- Data showed most patient outcomes were in line or above those of the locality. For example, the practice's uptake for the cervical screening programme was 78% which was in line with the national average of 82%.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. We saw that a number of clinical staff had additional qualifications and actively sought further training to develop their skills to contribute to practice development.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs. The care

Good



Summary of findings

coordinators were constantly developing their role to liaise with charities and agencies who could support patients at home and trials were run to quantify the effectiveness of additional support run in trials.

Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice in line with others for several aspects of care. For example:
 - 89% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- Patients told us they were treated with care and concern by staff and their privacy and dignity was respected. Feedback from comment cards aligned with these views.
- The practice provided information for patients which was accessible and easy to understand.
- We observed staff treated patients with kindness and respect, and maintained confidentiality. Reception staff were observed to be friendly and made every effort to accommodate patients' needs.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- A majority of patients we spoke to had experienced difficulty booking an appointment and told us they often came to the practice early in the morning, to book an appointment as the telephone system was often engaged.
- Patients also told us they had to take an allocated GP rather than their preference which reduced continuity of care.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and the practice leaflet had been translated into Polish to aid in communication. Evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

Good



Summary of findings

- The practice had a vision to deliver high quality care. Staff were clear about the vision and their responsibilities in relation to this. The practice had developed a five year plan which outlined its aims for the future.
- There was a clear leadership structure, succession planning was in place to manage staffing levels in the future, and staff felt supported by partners and management.
- The practice had a wide range of policies and procedures to govern activity and these were regularly reviewed and updated.
- The partners and practice manager encouraged a culture of openness and honesty, and staff felt supported to raise issues and concerns.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was well established and met regularly. The PPG worked closely with the practice to review issues and were well supported by the practice.

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.

- The practice offered proactive, personalised care to meet the needs of older people in its registered population.
- The practice developed an integrated approach to caring for older people through a Joined Care Programme which ensured a care coordinator was established in the practice and monitored admissions and discharge from secondary care and assisted in supporting recovery. This was later adopted by the CCG and is now in place within all GPs in the area.
- The practice offered proactive, personalised care to meet the needs of the older people in its population. For example, a dedicated practice nurse visited all care homes where practice patients were resident, on a weekly basis to ensure continuity of care, support staff and pro-actively review patients.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

Good



People with long term conditions

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

- The practice was broadly in line with other local practices in respect of the care of patients with long-term conditions. For example:
 - The percentage of patients with lung disease who had a review undertaken including an assessment of breathlessness in the preceding 12 months was 82% compared to a national average of 90%.
- GPs and nurses had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- Patients at risk of hospital admission were identified as a priority and assistance put in place by the care coordinator team if appropriate, with additional home visits made by the community matron.

Good



Summary of findings

Families, children and young people

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

- Immunisation rates were in line with the CCG for all standard childhood immunisations. For example, childhood immunisation rates for the vaccinations given to two year olds ranged between 98% and 100%, compared to a CCG range of between 96% and 98%
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Urgent appointments were always available on the day.

Good



Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible. This included access to telephone appointments, and the availability of extended hours' appointments.
- The nursing team had identified that patients found it difficult to attend the practice during the day for cervical screening. To assist access, an evening clinic was introduced once a week which had increased attendance for screening.
- The practice offered online services such as electronic prescriptions, and GP appointments were offered through the online booking system.
- Health promotion and screening was provided that reflected the needs for this age group. The practice promoted patients to attend the national bowel screening programme and 60% of patients aged between 60-69 had attended for bowel cancer, which was in line with the CCG average of 60%.

Good



People whose circumstances may make them vulnerable

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

- Practice leaflets have been translated into Polish as a large proportion of the local population were Polish speaking and additional time could be allocated for appointments to aid in translation services.

Good



Summary of findings

- The practice offered longer appointments for people with a learning disability in addition to offering other reasonable adjustments.
- The practice and safeguarding lead regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- 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.

People experiencing poor mental health (including people with dementia)

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

- A GP had been a Dementia Champion for NHS England and had co-written national guidance for GPs 'Dementia Revealed' leading on the commissioning locality dementia services in Derbyshire.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- Staff had a good understanding of how to support people with mental health needs and dementia.
- A GP partner set up a dementia care pilot in 2012 and funding was sought to support patients as well as host events such as 'Alzhiemers café' and 'singing for the brain'. Feedback from patients and carers had been overwhelmingly positive and in some cases drastically improved their communication with others.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The care coordinators monitored admissions to the emergency department to assess patients who would benefit from further care at home or a review and contact the patients to arrange support.
- Performance for mental health related indicators where a care plan was in place was 96% which was 7% above the CCG average and 8% above the national average. This was achieved with a no exception rating, significantly lower when compared to local and national averages.

Outstanding



Summary of findings

- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 93% which was 7% above the CCG average and 9% above the national average. This was attained with an exception rate of 9.0%, 1% above the national average.

Summary of findings

What people who use the service say

We looked at the national GP patient survey results published on January 2016. The results showed the practice was performing in line or below local and national averages in many areas. 322 survey forms were distributed and 112 were returned. This represented a return rate of 35%.

- 46% found it easy to get through to this surgery by phone compared to a CCG average of 74% and a national average of 73%.
- 75% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 85% and a national average of 85%.
- 85% described the overall experience of their GP surgery as fairly good or very good compared to a CCG average of 84% and a national average of 85%.
- 72% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to a CCG average of 76% 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 42 comment cards which were positive about the standard of care received, which reflected the GP patient survey feedback. Comments highlighted friendly staff and patients said they always felt listened to and received highly satisfactory levels of care. Patients described the practice as caring and supportive, and said they always found it a clean and safe environment. There were 13 patients who commented on experiencing poor access to routine GP appointments and the surgery often running late.

We spoke with ten patients during the inspection. All of the patients said they were happy with the care they received and thought staff were approachable, committed and caring, however most commented on the difficulty in accessing appointments through the telephone system and some having to wait outside in the morning to obtain an appointment.

Shires Health Care

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Inspector. The team included a GP specialist adviser a practice manager specialist adviser, a Practice Nurse specialist advisor and an expert by experience. An expert by experience is a person who has personal experience using or caring for someone who uses this type of service.

Background to Shires Health Care

- Shires Health Care provides primary medical services to approximately 15,800 patients through a personal medical services (PMS) contract. Services are provided to patients from a main site and a branch surgery in purpose built premises.
- The clinical team comprises seven GP partners (three male and four female), two salaried female GPs, six practice nurses, a community matron, and two healthcare assistant. The clinical team is supported by a practice manager two care coordinators and a team of administrative and reception staff.
- The practice is a training practice for both GPs and nurses.
- The level of deprivation within the practice population is above the national average. Income deprivation affecting children and older people is also above the national average.
- The practice is open from 8am to 6.30pm on Monday to Friday. The consultation times for morning GP

appointments are from 8am to 11.50am. Afternoon appointments are offered from 2pm until 5.30pm. The practice offers extended hours on a Monday, Tuesday and Thursday until 8pm.

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

Why we carried out this inspection

We 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.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 6 April 2016. During our visit we:

- Spoke with a range of staff (including GPs, nursing staff, the practice manager and administrative staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members

Detailed findings

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

Please note that when referring to information throughout this report, for example 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 robust systems in place to report and record incidents and significant events.

- Staff told us they would inform the practice manager or the senior partner of an incident or event in the first instance. Following this, the appropriate staff member completed the reporting form which was available on the practice's computer system.
- The practice recorded all significant events and reviewed these at regular staff meetings.

We reviewed a range of information relating to safety including 12 significant events recorded in the previous 12 months and the minutes of meetings where this information was discussed. The practice ensured lessons were shared and that action was taken to improve safety within the practice. For example, two pharmacies had requested prescriptions and collected them for the same patient, a review was conducted and all repeated prescriptions were completed in a batch and a computer system put in place which only allowed one nominated pharmacy.

Where patients were affected by incidents, the practice demonstrated an open and transparent approach to the sharing of information. The practice invited patients affected by significant events to view the outcomes and apologies were offered where appropriate.

Overview of safety systems and processes

The practice demonstrated systems which kept people safe and safeguarded from abuse. These included:

- Arrangements to safeguard children and vulnerable adults from abuse were in line with local requirements and national legislation. There were two GP leads for safeguarding one managing child safeguarding and the other adult safeguarding and staff were aware of who they were. 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 had received training relevant to their role and GPs were trained to Level 3 for safeguarding.
- Nursing and reception staff acted as chaperones if required. Notices were displayed in the waiting area to make patients aware that this service was available. All

staff who acted as chaperones were appropriately trained and checks had been undertaken with the disclosure and barring service (DBS). (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 premises were observed to be clean and tidy and appropriate standards of cleanliness and hygiene were followed. The practice nurse was the infection control lead who liaised with local infection prevention teams to maintain best practice. The practice had been comprehensively audited within the last year, which identified a number of required actions and we saw evidence that the practice had addressed these.
- The practice had a system in place to distribute safety alerts and all staff were aware of this.
- There were effective arrangements in place to manage medicines within the practice to keep people safe. Medicines audits were undertaken to ensure prescribing was in line with best practice guidelines and the practice worked closely with the community pharmacy team. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- Blank prescription pads were securely stored and there were systems in place to monitor their use.
- We reviewed five employment files for clinical and non-clinical staff. We found all of the appropriate recruitment checks had been undertaken prior to employment. Checks undertaken included, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS).

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and the practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure it was safe to use and clinical equipment was

Are services safe?

checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and skill mix 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 adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the triage room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and an accident book were available and the practice had a designated first aider.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of the location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff local health facilities and suppliers.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Practice staff demonstrated they used evidence based guidelines and standards to plan and deliver care for patients. These included local clinical commissioning group (CCG) guidance and National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to ensure all clinical staff were kept up to date. We saw evidence that the practice was using clinical audit to monitor the implementation of guidelines
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. These were carried out by a dedicated audit GP and the practice worked closely with the CCG pharmacy team.

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 recently published results showed that the practice had achieved 523 out of a possible 559 points which is 94% of the total available, with an exception reporting rate of 5.3% which was lower than the CCG and national average. (The exception reporting rate is the number of patients which are excluded by the practice when calculating achievement within QOF). Performance in most areas was in line with the local and national average. Data from 2014/15 showed;

- The percentage of patients with hypertension having regular blood pressure tests was 87% which was 4% above the CCG average and 3% above the national average.
- Performance for mental health related indicators where a care plan was in place was 96% which was 7% above the CCG average and 8% above the national average. This was achieved without exempting a patient.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review

in the preceding 12 months was 93% which was 7% above the CCG average and 9% above the national average. This was attained with an exception rate of 9.0%, 1% above the national average.

Areas the practice had highlighted for improvement from the QOF results were around the monitoring of diabetic patients. For example:

- The percentage of patients with diabetes, on the register, with a record of a foot examination and risk classification was 71% which was 15% below the CCG average and 17% below national averages.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol was below recommended guidelines, was 67% which was 10% below the CCG average and 14% below the national average.

Areas to improve care for diabetic patients included:

- The practice had engaged with the community diabetes nurse specialist and trained additional nurses and HCAs to carry out foot checks.
- In addition the recall of patients had been reviewed and found that patients with diabetes often had other long term conditions.
- The practice felt it more appropriate to have a yearly appointment for a health check covering all a patients conditions rather than several appointments causing increased visits. This was being implemented and the success reviewed to monitor its effectiveness.

Clinical audits were undertaken within the practice.

- There had been 16 clinical audits undertaken in the last year. Of these six were completed audits, where the improvements made were implemented and monitored. For example; an audit was undertaken to establish the use of a patient card which should be carried at all times, logging the previous doses of certain medicine and alerting other clinicians to their use. The audit showed that not all patients had been issued cards and this was to be corrected at the next appointment in addition to an alert being put on their record.
- The practice participated in local audits, national benchmarking and accreditation. We saw evidence of regular engagement with the CCG and involvement in peer reviews of areas such as QOF performance.

Are services effective?

(for example, treatment is effective)

Effective staffing

We saw staff had a range of experience, skills and knowledge which enabled them to deliver effective care and treatment.

- The practice had a comprehensive induction programme for newly appointed clinical and non-clinical members of staff which covered topics such as safeguarding, first aid, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff; for example for staff reviewing patients with long term conditions. Staff administering vaccines, taking samples for cervical screening and taking blood samples had received specific training which included an assessment of competence.
- All staff had yearly appraisals during which areas for development were highlighted and relevant training organised. Staff development was encouraged and some members had undertaken training in specialist conditions to further their knowledge and improve the service for patients.
- Staff had access to a range of training which was appropriate to meet the needs of their role. In addition to formal training sessions support was provided through regular meetings, mentoring and clinical supervision.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. A majority of training updates were conducted online and supported with peer support and mentoring.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, 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.

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.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- 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.
- Clinical staff had undergone additional training in mental capacity assessment and the use of deprivation of liberty (DOL).

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted or referred to the relevant service.
- The practice offered a range of services including smoking cessation and family planning clinics.

The practice had systems in place to ensure patients attended screening programmes and ensured results were followed up appropriately. The practice's uptake for the cervical screening programme was 78% which was in line with the national average of 81%. There was a policy to send two written reminders followed by a telephone reminder for patients who did not attend for their cervical screening test. The practice demonstrated they had made adjustments to encourage the uptake of screening programs, for example:

- There was a nurse led evening clinic twice a month to enable working women and mothers to attend at a convenient time.
- Messages were put on non-attenders appointment screen to encourage patients to attend an appointment when they phoned up the surgery.
- Leaflets were available for advice and women who had returned to their country, such as Poland, to have their smear taken were asked to bring a copy of their result for their health records.

Are services effective? (for example, treatment is effective)

Staff also encouraged it patients to attend national screening programmes with 57% attending a bowel cancer screening programme, in line with the CCG average of 57% and 74% attending a breast cancer a screening programme compared to a CCG average of 75%.

Childhood immunisation rates were above CCG averages. For example, childhood immunisation rates for

vaccinations given to two year olds were consistently ranged from 98 to 100% (CCG range from 96% to 98%) and five year olds ranged from 95% to 100% (CCG average 90% to 98%).

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. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During the inspection we saw staff treated patients with dignity and respect. Staff were helpful to patients both on the telephone and within the practice. We saw that staff greeted patients as they entered the practice.

Measures were in place to ensure patients felt at ease within the practice. These included:

- Curtains were provided in treatment and consultation rooms to maintain patients' privacy and dignity during examinations and treatments.
- Consultation room doors were kept closed during consultations and locked during sensitive examinations. Conversations taking place in consultation rooms could not be overheard.
- Reception staff offered to speak with patients privately away from the reception area if they wished to discuss sensitive issues or appeared distressed.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. All 42 completed comment cards we received were positive about the standard of care. Patients said they were always treated with dignity and respect and described the practice staff as friendly, attentive, supporting and caring. Patients said they felt listened to and were given the time they needed to discuss their problems.

We spoke with ten patients, in addition to three members of the patient participation group (PPG), during the inspection. All of the patients said that they found the premises clean and tidy and were always treated with kindness and understanding by the practice staff. Patients said that all staff treated them in a friendly and welcoming manner.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was consistently in line with local and national averages for its satisfaction scores on consultations with doctors and nurses. For example:

- 90% of patients said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.

- 89% of patients said the GP gave them enough time compared to a CCG average of 85% and a national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to a CCG average of 96% and a national average of 95%.
- 92% of patients said the last GP they spoke to was good at treating them with care and concern compared to a CCG average 85% and a national average of 85%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to a CCG average of 93% and a national average of 91%.

Satisfaction scores for interactions with reception staff were also above the CCG and national averages:

- 81% of patients said they found the receptionists at the practice helpful compared to a CCG average 88% and a national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 93% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared to a CCG average 81% and a national average of 82%.
- 93% of patients said the last nurse they saw was good at involving them in decisions about their care compared to a CCG average 90% and a national average of 85%.

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

Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- The practice had a Polish cohesion worker who worked with staff on translation of leaflets and information as well as attending some house visits to engage with patients with long term conditions and encourage attendance at reviews.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. For example, there was information related to carers, dementia and mental health.

The practice's computer system alerted GPs if a patient was also a carer. The practice provided care to 165 carers in

total which equated to 1.1% of the patient list. The practice displayed information for carers in the waiting area and staff had developed a pack of information containing telephone numbers and advice to ease access to support for carers in the community. The practice provided the flu vaccination to carers and made longer appointments available if the patient required.

The community support team were in the planning stage of organising a carers support group in conjunction with local charities to aid with further carers in coming forward and supporting those already on the register.

Staff told us if families had experienced bereavement, their usual GP contacted them if this was considered appropriate. This was supplemented by a visit from the community matron for additional support if the family felt it would be beneficial with further support managed by the community support team as required.

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.

In addition to this the practice worked to ensure its services were accessible to different population groups. For example:

- The practice offered extended hours appointments three days per week.
- There were longer appointments available for people who needed them and we saw evidence to support this.
- Same day appointments were available for children and those with serious medical conditions.
- A separate room close to reception was usually used for private and sensitive discussions.
- Home visits were available for housebound patients and a dedicated practice nurse visited four care homes on a weekly basis to carry out routine appointments and provide a high level of continuity in the care provided.
- The practice had led in the diagnosis and care for dementia patients, coordinating care in the community through the community support team and local services to provide the provision for patients to remain at home and have the required care in place.
- Additional funding had been sought to enable events for dementia patients to be hosted with the support of community teams, such as 'singing for the brain' or the 'Alzhiemers café'.
- There were translation services available if these were required.
- Nurses were trained to initiate insulin and monitor diabetic patients.
- Consultation rooms were situated on the both floors with lift access available and disabled parking was available.
- The practice employed a dedicated practice nurse to visit all nursing homes on a weekly basis and provide continuity of care with patients and closer working relationships with staff.

Practice staff had highlighted a need for dedicated and effective integration between health and social care to meet the needs of older people with complex needs,

specifically around the management of patients being admitted and discharged from secondary care requiring additional care to remain at home. A trial was run which initially started as a single member of staff co-ordinating some aspects of social care with primary care from the practice.

This was found to be so successful, reducing the upward trend in emergency admissions for patients over 65 and increased independence for those patients, that the CCG adopted the idea and implemented it across all practices. The team at Shires Health Care, now called the community support team, consisted of two care co-ordinators and a practice employed community matron. Weekly meetings were held with social and health care professionals from the community teams during which care and support was planned and reviewed for patients on the teams register.

Together they have continued to innovate in the way support and care is provided to patients who would benefit from additional care to recover in their own homes as well as actively monitor information from multiple sources to find patients to assist before they reach secondary care.

Recent examples of trials they have initiated or coordinated are:

- Fire and Rescue service visited consenting patients to conduct a safety check and organise areas for improvement in their home which would reduce the likelihood of a fall.
- The lead GP partner introduced a Dementia Pathway where the opportunity to be diagnosed and supported by the practice team rather than via referrals was introduced using the care coordinators to manage follow up care.
- A specialist dementia home care service which included therapy, time allocated to support the patient in memory exercises, monitor medicines compliance, and engage with support services to provide ongoing domestic and social assistance. This was reviewed and had enabled patients to continue to live as independently as possible in their own home and evidenced a reduced referral to secondary care.
- A partnership with The Salvation Army where a 'befriending scheme' was initiated to provide friendship and support for patients who were found to lack contact or support.
- Supporting the Council's Healthy Home project by contacting patients with a health condition which could

Are services responsive to people's needs?

(for example, to feedback?)

be made worse during the winter if heating is inefficient or broken. Patients received a letter from the team explaining what was available and contact details for further advice.

Access to the service

The practice was open from 8am to 6.30pm on Monday to Friday. The consultation times for morning GP appointments were from 8am to 11.50am. Afternoon appointments were offered from 2pm until 6.30pm. The practice offered extended hours on a Monday, Tuesday and Thursday until 8pm. In addition to pre-bookable appointments that could be booked up to twelve weeks in advance, urgent appointments were also available for people that needed them.

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

- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 46% of patients said they could get through easily to the surgery by phone compared to the CCG average of 74% and the national average of 73%.
- 95% of patients said the last appointment they got was convenient compared to the CCG average of 92% and the national average of 92%.

People told us on the day of the inspection they struggled to get through to make an appointment on the same day and often had to visit the surgery in person, early in the morning, to guarantee an appointment.

The practice had taken steps following the recent patient survey results to improve access to appointments, these included:

- Increasing the number of reception staff on duty in the morning to answer the phones.
- The addition of a separate extension to allow people quick access to cancel appointments.
- Monitoring the appointments which were not utilised and look at the way those appointments were initially booked.

Listening and learning from concerns and complaints

We saw that the practice had systems in place to effectively manage complaints and concerns.

- The practice's complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- All complaints were analysed in monthly meetings and outcomes minuted.
- Leaflets for patients wishing to make a complaint about the practice were available from the reception and the practice had information about the complaints process visibly displayed in their waiting area.

We looked at 10 written and 15 verbal complaints received in the last 12 months and found these were dealt with promptly and sensitively. We saw meetings were offered to discuss and resolve issues in the manner which the complainant wanted. Apologies were given to people making complaints where appropriate. Lessons were learnt from concerns and complaints and appropriate action was taken to improve the quality of care. We saw complaints were regularly discussed within the practice and learning was appropriately identified.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice prioritised keeping their population healthy and included the prevention, early diagnosis and treatment of illness.
- The practice had a robust strategy which reflected the vision and values of the practice and were regularly monitored.
- As the practice was the only surgery in Shirebrook, the practice had made plans for future development of the town and the planned expansion of housing and facilities, with the increase in patients this would bring.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. All GP partners had designated managerial and clinical lead areas of responsibility. One GP attended quarterly CCG clinical governance meetings, and fed back information to the team.
- Practice specific policies were implemented and were available to all staff electronically.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- Arrangements were in place for identifying, recording and managing risks, issues and implementing mitigating actions.

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.

- GPs had additional roles within the local areas, for example a GP Partner was the national clinical lead for

dementia and had developed national guidance on the diagnosis and care of dementia patients. In addition to this learning was encouraged and further qualifications such as leadership and training had been undertaken.

- GPs also had areas of specialist interest such as orthopaedics, sexual health and family planning and dermatology.
- Staff told us the partners and manager were approachable and always took the time to listen to all members of staff, we observed a strong and cohesive team working within the practice.
- 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. Suggestions for practice development were encouraged from staff.
- The practice held weekly practice team meetings. This included all clinicians, practice management and representatives from the reception and administration team who then fed back to colleagues in their section.

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.
- 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.
- The practice had an established patient participation group (PPG), which had been running for 15 years. The PPG gathered feedback from patients and met every two months with a virtual group also established, communicating through email.

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. For example,

- The practice had been a pilot site for what is now known as the community support team and they worked

Are services well-led?

Good 

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

closely with a community matron to provide a range of care in the community. The practice supported further development, highlighted by staff, in ways in which the team could further the support they could put in place.