Whitwell Health Centre

Quality Report

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

Ratings

Overall rating for this service	Inadequate
Are services safe?	Inadequate
Are services effective?	Requires improvement
Are services caring?	Requires improvement
Are services responsive to people's needs?	Requires improvement
Are services well-led?	Inadequate

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection on 1 December 2015. Overall, the practice is rated as inadequate.

We found the practice inadequate for providing safe and well-led services and required improvement for providing responsive, caring and effective services. The concerns that led to these ratings applied to all the population groups.

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

Patients said they were treated with compassion and told us they were involved in decisions about their care and treatment. Patients commended the reception staff who were friendly and approachable in providing a good level of service.

Urgent appointments were usually available on the day they were requested. Patients told us routine appointments were usually easy to get with GPs, although there was often a long wait when making the appointment and patients had to wait beyond their allocated appointment times.

The practice did not act on feedback from staff or patients to continually evaluate and improve the service they provided.

The confidentiality of patients was compromised at the reception desk; personal information being discussed by receptionists could be overheard by others in the waiting room. This was specifically an issue at the branch practice. Practice staff told us they had taken steps to try and mitigate this risk but these actions had not been successful. Personal information being discussed by receptionist could be overheard. This was specifically an issue at the Branch practice.

The practice did not have a systematic approach to identifying risks, assessing the extent and probable impact of the risks, and did not put in place robust

Summary of findings

procedures and systems to mitigate the risks and improve patient safety. For example there had been no infection control risk assessment conducted in the practice.

The management of significant events was not effective and did not allow for analysis of trends as there was no template available for staff to report these. Although staff told us events were discussed at meetings they could not provide when requested evidence to demonstrate this.

The practice did not have a clear leadership structure; there was insufficient leadership capacity and limited formal governance arrangements. Staff told us they felt unsupported by management and were not aware of the long-term vision for the practice.

The areas of practice where the provider must make improvements are:

- Ensure there are effective systems and processes in place to make sure they assess and monitor their service to enable them to respond to the changing needs of patients
- The provider must put in place effective systems to enable them to identify, assess and mitigate risks to patients, staff and others such as infection control policies and audits, and managing the storage of vaccines in line with guidance.
- Ensure risk assessments are in place so that the practice can be assured that care and treatments are being delivered in a safe manner such as health and safety assessments.
- Seek and act on feedback from relevant persons and other persons on the services provided, for the purposes of continually evaluating and improving such services, such as significant event monitoring and managing complaints appropriately.
- Assess the risk of neither sites having a defibrillator for use in an emergency situation.
- Clarify the leadership structure and ensure there is leadership capacity to deliver all improvements and there is a named lead in key areas.

The areas where the provider should make improvement are**:**

- Take steps to review the lack of privacy and confidentiality for patients at reception in the branch site.
- Review and customise all policies that are currently in place so they reflect the practices own arrangements and enable staff to carry out their roles in a safe and effective manner in addition to implementing policies for areas not currently covered.
- Support the infection control lead with relevant training and development.

I am placing this practice in special measures. Practices placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. The practice will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration. Special measures will give people who use the practice the reassurance that the care they get should improve.

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?

Inadequate

The practice is rated as inadequate for providing safe services and improvements must be made.

- Staff understood their responsibility to formally report incidents, near misses and concerns however not having robust procedures in place once reported reduced the effectiveness of raising concerns. Although the practice carried out some investigations when there were unintended or unexpected safety incidents, lessons learned were not communicated so opportunities to improve patient care and safety were not always acted upon. Risks to patients and staff were not fully monitored especially at the branch site and not all action plans such as legionella testing had been addressed to improve safety.
- Recruitment checks were not routinely completed to ensure staff were suitable to work with patients.
- The practice had not undertaken infection control audits and there were no up to date infection control policy or protocols in place. The infection control lead had not received relevant training to support them in fulfilling their role. Patients were at risk of potential harm because systems and processes were not fully implemented and audits to govern safe clinical practice were not carried out.

Are services effective?

Requires improvement

The practice is rated as requires improvement for providing effective services. Outcomes for patients were in line with the locality.

- Staff had access to national guidelines and used these to plan and deliver patient care however, updates from the Medicines and Healthcare Products Regulatory Agency (who update healthcare professionals on the best practice for prescribing and use of medicines) were not routinely audited and patients' medicines were not always changed in line with advice.
- The practice engaged with local multi-disciplinary teams in the community. This included planning support for patients receiving end of life care and those that had recently been discharged from hospital as well as patients with long term conditions requiring physiotherapy to aid recovery and increase mobility.

Summary of findings

- Annual appraisals were not always completed and learning needs of staff were not taken into account to enable them to fulfil their roles competently. Staff told us they were not supported by management to take on training to further develop their qualifications.
- The practice had undertaken two audits in the previous two years. However, one audit raised a query about the quality and validity of the data. This error was corrected by additional audits undertaken over a period of 18 months. The partners told us they were now assured they had accurate information which could lead to patients health and wellbeing being improved although the timescales for achieving this were not clear.

Are services caring?

Requires improvement

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

Data showed that patients rated the practice higher than average for several aspects of care. For example:

- 94% said the last nurse they saw or spoke to was good at treating them with care and concern in comparison to 93% Clinical Commissioning Group (CCG) average and a national average of 93%.

Patients who completed comment cards and spoke to us during the inspection told us the staff were supportive and compassionate in providing care and felt involved in making decisions when deciding on treatment options. We also saw that staff treated patients with kindness and respect at every opportunity, and maintained confidentiality where possible.

Are services responsive to people's needs?

Requires improvement

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

- Evening and early morning appointments had been introduced to improve access for working age adults and home visits were offered to patients who were unable or unwilling to leave their home.
- The practice had a complaints procedure however patients were not encouraged to formalise verbal complaints so that they could be investigated which contradicted the practice policy and outcomes were not clearly identified or shared to improve the service to patients.

Summary of findings

Are services well-led?

Inadequate 

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

- There was no clear vision or strategy in place and staff were not clear about their contribution to the future of the practice. There was no clear leadership structure and we were told during the presentation that there was no designated leader.
- The practice had an active patient participation group (PPG) that engaged with patients at local events they had organised such as dementia awareness days. The PPG had spoken with patients about the future requirements of the branch site and recommended remaining with two sites following consultation.
- The practice did not have effective systems in place to enable good governance by assessing, monitoring and improving the service. Full staff meetings were not held although the clinical staff did meet once a week to discuss patients and update care plans, however no minutes of these meetings could be provided in evidence during the inspection.
- There was not an open culture to encourage problems being reported or assist with improvements within the practice, and this reduced opportunities to learn from events and reduce or mitigate against risks to patients, staff and others. There was minimal evidence of learning from complaints or reflective practice taking place in order to drive improvements in the service.
- Policies and procedures had not been reviewed and did not reflect current practice at the surgery.

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

Inadequate

The practice is rated as inadequate for the care of older people. The practice is rated as inadequate for the domains of safe and well led and rated as requires improvement in caring, effective and responsive. The concerns that led to these ratings apply to everybody using this practice including this population group.

The practice was responsive to the needs of older people, and offered home visits through a duty doctor. Every patient over 75 had an allocated GP for continuity of care and weekly visits were made to a local care home for appointments and to carry out health checks as well as to administer vaccines.

People with long term conditions

Inadequate

The practice is rated as inadequate for the care of people with long-term conditions. The practice is rated as inadequate for the domains of safe and well led and rated as requires improvement in caring, effective and responsive. The concerns that led to these ratings apply to everybody using this practice including this population group.

Longer appointments and home-visits were available when patients needed them from GPs in addition to a Community Nurse Specialists who the practice worked closely with to provide care for patients in their home.

Nationally reported data showed that outcomes for patients with long term conditions were in line with national averages. For example: the percentage of patients with diabetes who had a cholesterol test in the previous 12 months was 82% compared to a national average of 81%.

Annual reviews were undertaken and there was a designated clinical lead for specific long term conditions such as diabetes and COPD.

Families, children and young people

Inadequate

The practice is rated as inadequate for the care of families, children and young people. The practice is rated as inadequate for the domains of safe and well led and rated as requires improvement in caring, effective and responsive. The concerns that led to these ratings apply to everybody using this practice including this population group.

The practice engaged with health visitors and midwives and attained immunisation rates for the standard childhood immunisations that were in line with the CCG average.

Summary of findings

Appointments were available outside of school hours and any child under five presenting as an urgent patient would be seen on the same day. There was a baby changing area as well as a room available if a mother wanted to breast feed in private.

Working age people (including those recently retired and students)

Inadequate

The practice is rated as inadequate for the care of working-age people (including those recently retired and students). The practice is rated as inadequate for the domains of safe and well led and rated as requires improvement in caring, effective and responsive. The concerns that led to these ratings apply to everybody using this practice including this population group.

The practice offered extended hours until 7:30pm one evening per week at both sites in addition to opening early at 7:00am once a week at the main surgery. Health promotion advice was offered but there was limited accessible health promotion material available in the practice however the website did have information on common conditions.

The Practice offered bookable appointments, in addition to ordering prescriptions through their website.

People whose circumstances may make them vulnerable

Inadequate

The practice is rated as inadequate for the care of people whose circumstances may make them vulnerable. The practice is rated as inadequate for the domains of safe and well led and rated as requires improvement in caring, effective and responsive. The concerns that led to these ratings apply to everybody using this practice including this population group.

Staff told us they worked with multi-disciplinary groups in the case management of vulnerable adults and children. A designated GP made weekly visits to a care home which provided support and care to patients with learning difficulties to carry out health checks and appointments in the home.

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.

People experiencing poor mental health (including people with dementia)

Inadequate

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

Summary of findings

The practice is rated as inadequate for the domains of safe and well led and rated as requires improvement in caring, effective and responsive. The concerns that led to these ratings apply to everybody using this practice including this population group.

The practice regularly worked with multi-disciplinary teams in caring for people experiencing poor mental health, including those with dementia.

78% of patients diagnosed with dementia had been reviewed in a face-to-face review in the preceding 12 months at the practice which was broadly in line with the national average of 84.%. The patient participation group, in conjunction with the Alzheimer's Society hosted a support day for patients and carers and information was available to patients within the practice.

Summary of findings

What people who use the service say

We looked at the results of the national GP patient survey results published on 2 July 2015. The results showed the practice was performing in line with local and national averages. 308 questionnaires were sent out to patients and 129 were returned, this was a response rate of 41.9%. The practice performed well when compared with others in the CCG in respect of the following areas;

- 83.7% found it easy to get through to the surgery by phone compared to a CCG average of 70% and a national average of 73.3%.
- 91.7% found the receptionists at this surgery helpful compared to a CCG average of 86.8%, and a national average of 86.8%.
- 86.4% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 82%, and a national average of 85.2%.
- 98.9% said the last appointment they got was convenient compared to a CCG average of 90.9%, and a national average of 91.8%.
- 76.7% described their experience of making an appointment as good compared to a CCG average of 68.5%, and a national average of 73.3%.

The survey identified areas where the practice could improve performance. Performance in these areas was below local and national averages;

- 72.7% said the last GP they saw or spoke to was good at treating them with care and concern when compared to a CCG average of 83.3% and a national average of 85.1%
- 74.3% said the last GP they saw or spoke to was good at explaining tests and treatments compared to a CCG average of 84.7% and a national average of 86.0%.

We reviewed comments from NHS Choices. The rating for the practice was 4 stars out of a possible five. As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 45 comment cards which were mostly positive about the standard of care received. Patients highlighted that staff were kind, respectful and courteous and the practice is consistently clean and tidy. Several comment cards contained feedback from patients who had experienced difficulties getting an appointment by telephone, and two comment cards contained negative feedback about treatment from medical staff.

We spoke with seven patients during the inspection and a member of the patient participation group (PPG). All patients were generally positive about the practice, they said they were happy with the care they received and thought that staff were caring. Some patients commented on not being able to get a same day appointment however most were given their choice of GP.

Whitwell Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist advisor, a practice manager specialist advisor, a practice nurse specialist advisor, and an Expert by Experience.

Background to Whitwell Health Centre

Whitwell Health Centre provides primary medical services to approximately 5500 patients through a general medical services contract (GMS). Services are provided to patients from two sites. The practice operates from a main surgery at Whitwell and has a branch surgery at Creswell. The level of deprivation within the practice population is above the national average.

The medical team comprises three GP partners and a salaried GP (Two male two female) working with two practice nurses a nurse practitioner and a health care assistant. The clinical team is supported by a part time practice manager, reception and administrative staff.

The practice is open between the hours of 8am and 6:30pm. GP appointments are available from 9am to 11:30am every morning and 2:30pm to 5pm every afternoon. Extended hours surgeries are offered on Monday evenings till 7:30pm and Thursday mornings from 7am at Whitwell and Thursday evenings till 7:30pm at Creswell.

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

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme under Section 60 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, 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

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

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

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

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

Detailed findings

- People experiencing poor mental health (including people with dementia)

Before our inspection, we reviewed a range of information that we hold about the practice and asked other organisations such as NHS England and Hardwick CCG to share what they knew. We carried out an announced inspection on 1 December 2015. During the inspection we spoke with a range of staff (including GPs, nursing staff, reception and administrative staff) and spoke with patients who used the service. We observed how people were being cared for, spoke with carers and/or family members and reviewed the personal care or treatment records of patients. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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.

Inadequate

Are services safe?

Our findings

Safe track record and learning

The approach to patient safety lacked a robust and consistent approach and was not a sufficient priority within the practice. For example, the systems to record and report safety concerns were not always effective. Staff we spoke with understood their responsibility to raise concerns and report incidents and significant events. However, there was no formal template to record events and although a basic log of previous events was kept there was no evidence that a significant event analysis (SEA) had been completed and the process to disseminate learning to all staff had taken place.

We were not assured there were effective processes and systems in place for the distribution of safety alerts to staff who worked at the practice. There was no audit trail to confirm that staff had been updated and no process in place to ensure that staff had read and acted upon safety alerts and the practice could not provide us with assurances that safety alerts had been acted upon in a timely way.

We were told that serious incidents were discussed at clinical meetings but the practice could not provide evidence to demonstrate actions were taken to improve patient safety following these discussions in relation to any of the incidents. There was no system in place to cascade learning to staff who were unable to attend these meetings and the meeting minutes provided by the practice did not indicate that these discussions were taking place.

Information from a range of sources was available to monitor safety however there was little review or audit to show that the advice had been implemented, for example advice issued by the Medicines and Healthcare products Regulatory Agency (MHRA).

Overview of safety systems and processes

Staff had access to safeguarding procedures for both children and adults. These provided staff with the information about identifying, reporting and dealing with suspected abuse. The practice's arrangements, policies and procedures reflected relevant legislation as well as local requirements. Staff we spoke with were aware that that a GP partner was the lead for safeguarding . GPs attended safeguarding meetings if possible and provided reports as required for external agencies.

Notices were displayed in the consultation rooms to advise patients that staff could act as chaperones if required, however no formal chaperone training had been conducted for staff carrying out this role.

The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control lead, however the position had only been appointed following the announcement of the CQC inspection and had not received any training to support them in undertaking this role. The practice could not, when requested, provide any evidence to show that infection control audits had been undertaken to ensure appropriate guidance was followed and standards of hygiene were maintained to prevent the spread of infections. The infection control policy did not reflect current best practice. There were areas of concern in relation to infection control identified during the inspection such as a cardboard box being used as a clinical waste bin at the branch surgery and cluttered clinical worktops which were being used to store boxes meaning they were unable to be easily cleaned.

The fridge which was used to store vaccines was overstocked necessitating using the bottom of the fridge as storage which may affect circulation however all temperatures were in range and recorded and the practice advised this was a temporary measure due to failure of another fridge. There were arrangements in place to manage medicines, including emergency drugs which were checked regularly however there was no evidence that this had been done in the past as only the current check was documented on a whiteboard. Prescription pads were securely stored and there were systems in place to monitor their use in accordance with national guidance.

We checked three staff files and these demonstrated the system in place to ensure recruitment checks were carried out was not effective. Only one member of staff had gone through a disclosure and barring service check (DBS) prior to employment. 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. In another case a member of clinical staff had been in a position of

Inadequate

Are services safe?

responsibility, caring for patients without a DBS check for over two years. There was no documentation to show this had been identified, assessed and actions taken to mitigate any risk.

Monitoring risks to patients

The practice had limited systems, processes and policies in place to manage risk to patients, staff and visitors to the practice.

There were some risk assessments in place however the practice staff could not provide evidence to demonstrate where changes were recommended and listed in an action plan they had been acted upon in a timely way to ensure patient, staff and visitor safety.

The practice had up to date fire risk assessments and checked the alarms weekly. All electrical equipment was checked to ensure equipment was safe to use and clinical equipment was checked to ensure it was working properly.

Legionella risk assessments had not been carried out at the branch surgery and none of the recommended changes in the action plan had been made following a risk assessment at the main surgery.

Arrangements to deal with emergencies and major incidents

The practice had an instant messaging system on all computers which alerted staff to an emergency. All staff had received basic life support training and there were emergency medicines and oxygen available in the treatment room for dealing with life threatening emergencies.

The patient participation group (PPG) had identified the need for a defibrillator at each site due to the remote location of the practice. The partners told us they did not see the benefit of putting this in place, therefore the PPG were in consultation on how to raise funds to buy one. There was no risk assessment for not having a defibrillator in place.

A comprehensive business continuity plan was in place to enable the practice to deal with major incidents such as power failure or a loss of water supply. The plan had been updated in 2015 and indicated that copies were held with all staff either in hard copy or electronically. The plan included emergency contact numbers for staff, other providers and suppliers.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line with the National Institute of Health and Care Excellence (NICE) best practice guidelines and staff were kept up to date with changes through the computer system.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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).

Data showed that the practice had achieved 96.6% of the total number of points available in 2014/15, with 10.1% exception reporting which was similar to CCG and national rates. This practice was not an outlier for any QOF (or other national) clinical targets.

Practice performance in most areas was good. For example:

- Performance for diabetes related indicators was 95.3% which was 5.9% above the CCG average and 6.1% above national average.
- The practice had achieved 100% of the points available for heart failure related indicators which was 0.6% above the CCG average and 2.1% above the national average.
- The practice had achieved 100% of the points available for the indicators associated with hypertension which was 1.7% above the CCG average and 2.2% above the national average.

However, areas were the practice did not perform as well included:

- The practice had achieved 80.8% of the points available for mental health related indicators which was 13.2% below the CCG average and 12% below the national average.

During inspection we were shown two clinical audits which had been completed in the last two years. The data quality gathered concerned patients with a diagnosis of both hypertension and gout. The data showed a fifth of the practice population had both conditions which led us to question the quality of the data interpretation used during the audit and consequent findings.

This error was corrected by additional audits undertaken over a period of 18 months. The partners told us they were now assured they had accurate information which could lead to patients' health and wellbeing being improved although the timescales for achieving this were not clear.

Effective staffing

Staff told us they had the skills and experience to deliver effective care and treatment to patients. However records showed that some members of staff had not had an appraisal for 18 months. They also demonstrated the system to identify staff received training in line with the practice's training schedule was inconsistently applied.

The provider could not show us a comprehensive induction program for recently appointed clinical and non-clinical staff members identifying what this would cover.

The practice had recently allocated an infection control lead although had not put in place relevant role specific training to make sure the relevant procedures such as audits were completed correctly and based on up to date practice.

Patient group directions (PGDs) were not available to the inspection team on the day of the inspection due to them being removed by a member of staff. This is against NICE guidelines as they should remain on the premises to be used as reference once signed by the relevant staff and no digital copy was available as a backup, (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).

Coordinating patient care and information sharing

The practice had systems to provide staff with the information they needed. Staff used an electronic patient record to coordinate, document and manage patients' care. All staff were fully trained on the system. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference. Information such as NHS patient information leaflets were also available.

Requires improvement

Are services effective?

(for example, treatment is effective)

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when people moved between services, including when they were referred, or after discharge from hospital. Extra support was put in place for patients who had two or more admissions to hospital and the practice engaged with community matrons and falls teams to reduce admissions to secondary care. The practice could not provide evidence to demonstrate that multi-disciplinary team meetings took place but local district nurses confirmed they attended these once a month and the practice engaged well with them and supported patients as required between meetings.

Consent to care and treatment

Patients' consent to care and treatment was sought 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, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

The practice had a range of health promotion and prevention information available in the patient waiting area. For example there was a notice board about long term conditions smoking cessation and carer support.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 87.33%, which was above the national average of 81.83%. The practice followed up patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96.8% to 100% and five year olds from 96.6% to 100%. Flu vaccination rates for the over 65s were 74%, and at risk groups 61 %. These were in line with national averages of 73% and 52%

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74.

Requires improvement

Are services caring?

Our findings

Respect, dignity, compassion and empathy

During the inspection we observed that reception staff greeted patients with a friendly and caring manner and did their best to accommodate patients requests.

The patient waiting area was open plan with staff able to use a separate room if confidentiality was required. This was not possible at the branch surgery as the reception was smaller. Telephone conversations could be overheard from the waiting area as well as those with patients booking in at the desk. There was a room available for staff to use at the branch site but this was not fully accessible as it was upstairs.

Patients completed CQC comment cards to tell us what they thought about the practice. We received 45 completed cards and they were mostly positive about how caring the practice staff were and about the service provided. Some patients said they had difficulty getting an appointment but when they did they were treated by doctors and nursing staff that were friendly and sympathetic to their needs.

All clinical staff were courteous and professional with patients and tended to patients needs in well-equipped rooms that maintained patients' privacy and dignity during consultations by having disposable curtains around the examination beds.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was below average (though some were still broadly in line with the CCG) for its satisfaction scores on consultations with doctors. For example:

- 79% said the GP was good at listening to them compared to the CCG average of 86% and national average of 89%.
- 74% said the GP gave them enough time compared to the CCG average of 83% and national average of 87%.
- 90% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%.
- 72% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and national average of 81%.

However the practice was consistently above average for satisfaction scores on consultations with nurses. For example:

- 94% said the last nurse they spoke to was good at treating them with care and concern (CCG average 93%, national average 90%).

And patients found the receptionists helpful, for example:

- And 92% said they found the receptionists at the practice helpful (CCG average 87%, national average 87%).

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.

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.

Practice staff were not aware there was a system in place to alert them if a patient was a carer, however the practice provided evidence showing the system did display this information. Written information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them via telephone or visit. Patients were signposted to local support services.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice conducted the friends and family survey to gather feedback from patients, however there was no evidence shown to us during the inspection that action had been taken to improve the service based on this data.

The Clinical Commissioning Group (CCG) told us that the practice engaged regularly with them especially with regards the future plans to develop a new building. The practice took part in some CCG led trials, some of which the practice felt were beneficial, however we were also told not enough time or funding was allocated to make the aim achievable, and as yet the trials had not led to a long term benefit for patients.

The practice had an established patient participation group (PPG). The PPG had engaged in patient awareness campaigns such as living with dementia events which they managed themselves, however in the view of the members of the PPG they considered the lack of involvement from the practice reduced the effectiveness of the work undertaken by the PPG.

The practice had improved access to services which included:

- One morning a week the practice opened from 07:00am and one evening a week the practice opened until 07:30pm to provide access to appointments for working patients who could not attend during normal opening hours.
- Same day appointments were available to children under five.
- Home visits were available to patients who were unable to attend the surgery.

The premises were accessible to patients with disabilities, for example there was a ramp that led to the front door of the practice and the toilets were accessible to wheelchair users. There was no hearing loop in place in the practice.

Access to the service

The practice opened between the hours of 8am and 6:30pm Appointments were from 9am to 11:30am every morning and 2:30pm to 5pm every afternoon. Extended hours surgeries were offered at the following times on Monday evenings until 7:30pm and on Thursday mornings from 7am at Whitwell and Thursday evenings until 7:30pm at Creswell.

The practice had opted out of providing out-of-hours services to its own patients. This service was provided by Derbyshire Health United (DHU).

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages. People told us on the day that they were able to get appointments when they needed them.

- 84% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and national average of 75%.
- 84% of patients said they could get through easily to the surgery by phone compared to the CCG average of 70% and the national average of 73%.
- 77% of patients described their experience of making an appointment as good compared to a CCG average of 69%, and a national average of 73%.
- 73% of patients said they usually waited 15 minutes or less after their appointment time compared to a CCG average of 62%, and a national average of 65%.

Listening and learning from concerns and complaints

- The practice complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. Leaflets were available in reception and the website also explained the process.
- There was a designated responsible person who handled complaints but we were not assured that the systems in place always led to reflection and learning. For example the practice staff were unable to demonstrate what learning could be applied from a patient's complaint about failing to refer for specialist assessment.

There had been five complaints within the last 12 months which had been summarised and a number of complaints were dealt with informally. There was no system to look at themes or trends in respect of complaints and therefore opportunities to learn from these were not maximised. The practice was therefore not working in line with their own complaints policy.

Are services well-led?

Inadequate

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

Our findings

Vision and strategy

There were no clear aims and objectives set out by the practice to give direction to the staff and management. For example, we spoke to six members of staff and they could not list any aims of the practice. The practice partners continued to try and locate land on which to develop a new practice shared between the two villages.

Governance arrangements

There was no overarching governance framework for the practice to support the delivery of strategy and good quality care. There were some policies in place however staff we spoke with could not locate some of these during the inspection. The policies did not reflect the way the practice staff worked. Very few members of staff could confirm they had read the policies and certainly were not aware of any recent updates.

There was no effective system for identifying, recording and managing risk. Some audits, such as legionella risk assessment had been completed for the main site however the building management company and not the practice had led these. There was an action plan for some updates to manage the risk legionella posed to staff and patients however no evidence that it had been completed. At the branch site, where the responsibility was with the practice to manage risk, no audits had taken place.

The practice did not always follow its own policies and procedures, for example in relation to the management of complaints and undertaking criminal records checks for all staff. We were not assured that there were effective arrangements in place to thoroughly investigate and learn from significant events and complaints. There were no written action plans when incidents and complaints had occurred. This meant there was no way to monitor the effectiveness of the changes made as a consequence or to make sure actions were implemented to prevent reoccurrence, securing improvements to the quality of the service.

The staff we spoke to were all clear about their individual roles and felt comfortable in delivering the care and support to the patients. However staff said they felt unsupported within the practice and felt isolated from the management. Staff could not explain how they would play a part in the development of patient care.

The partners did not have a written leadership structure available and the registered manager told us there was no overall practice leader. Staff we spoke with told us there was no effective system in place to ensure they got feedback on their performance.

Leadership, openness and transparency

The partners in the practice demonstrated a breadth of skills, however we were not assured there was adequate capacity of leadership available to run the practice in a manner which ensured high quality of care. The practice was unable to demonstrate leadership to improve safety, outcomes for patients or learning from significant events or complaints. The practice manager was part time and took responsibility for a majority of non-clinical managerial roles across both sites from an office at the branch surgery. The leadership of the practice was not fulfilled to an appropriate standard. Staff repeatedly said they felt isolated from management and were not supported.

The practice did not hold regular staff meetings where governance issues were discussed. However clinical teams met every week to discuss patients and care pathways. Minutes from these meetings were limited and we found the approach to discussing performance, quality and risks was inconsistent. Staff supported each other within their teams at the practice and gained peer support when needed.

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

Staff confirmed they would raise concerns with the senior partner however they did not feel encouraged to contribute to the running of the practice.

The practice gathered feedback from patients using the 'friends and family' survey. However there was no reference to improving services based on this data documented in meeting minutes and some staff thought the survey had been phased out. The practice did not treat complaints as an opportunity to improve services following feedback from a patients.

Are services well-led?

Inadequate

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

The PPG met every two months to discuss issues that it felt were relevant and reported information back to the practice. The PPG had managed events for patients such as dementia awareness.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **The provider had failed to assess the risk, prevent, detect and control infections by;** **Failing to have policies which were up to date and reflected current guidance and best practice; failing to provide information or appropriate training to enable the infection control lead to fulfil their role and by failing to undertake infection control audits and to act on the findings.**