

The Grange Family Health Centre

Quality Report

The Grange Family Health Centre
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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?		Inadequate	
Are services caring?		Requires improvement	
Are services responsive to people's needs?		Inadequate	
Are services well-led?		Requires improvement	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Grange Family Health Centre on 24 May 2017. This was the first inspection of Royal Primary Care at this location as the new provider of this service. Royal Primary Care is owned, managed and accountable to Chesterfield Royal Hospital NHS Foundation Trust. Overall the practice is rated as inadequate.

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

- Royal Primary Care inherited significant issues which it had been working hard to address since taking over the practice's management in 2015. This entailed a major change programme including a restructure of the workforce alongside integration with the trust's infrastructure and ways of working.
- Royal Primary Care had completed the majority of the change programme at the time of our inspection, but recognised they still required time to fully embed new arrangements and to assess the impact they achieved for patients, staff and the practice culture.

- To respond to the long-standing difficulties of national GP recruitment, the trust had re-designed a skill mix to best meet the needs of the practice's registered patients. As well as consulting with a GP, patients had the choice to see either a nurse practitioner, pharmacist, mental health nurse or physiotherapist at the practice.
- Despite the varied skill mix, GP capacity remained an issue, and we saw that the turnover of employed GPs remained comparatively high. The trust was actively trying to recruit more medical capacity.
- There was an open and transparent approach to safety and a system in place for reporting and recording significant events. Learning was applied when any adverse incident or near miss took place to prevent similar occurrences in the future.
- The provider had some systems to minimise risks to patient's safety. When risks were identified, they were captured on Royal Primary Care's risk register which was monitored at the Performance and Quality Board. Any significant risks that were identified were escalated to the trust's High Level Risk Register for inclusion and oversight by the Trust Board. However, on the day of our inspection, we observed that risks

Summary of findings

were not always identified including the prompt actioning of test results and compliance with safety alerts. Staff were mostly aware of current evidence based guidance. However, we were told that staff mostly reviewed guidance on an individual basis, and we saw limited evidence of this being considered collectively as a team.

- Although the practice had achieved good outcomes for the Quality and Outcomes Framework (QOF), levels of exception reporting were high and exceeded local and national averages. Exception reporting is the removal of patients from QOF calculations due, for example, to patients being unable to attend a review of their condition and health needs.
- Practice staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment. The trust was in the process of completing a comprehensive competency based training package for a number of newly recruited administration and reception staff.
- Patients said they did not find it easy to make an appointment by telephone. This was a long standing issue which the trust were fully aware of, and a procurement exercise for a new telephone system was due to commence imminently.
- Results from the national GP patient survey showed the practice performed below local and national averages when patients were asked if they were treated with compassion, dignity and respect, and involved decisions about their care and treatment. However, we saw that this was improving as patients became more confident in the new structure.
- Feedback from staff in care homes indicated that there had been problems with service continuity, and the level of responsiveness provided to requests for a visit. However, care home staff told us that the service was beginning to improve.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

- There was a clear leadership structure and most staff informed us that they felt supported by managers.
- We highlighted a number of serious concerns during our inspection, including the timely actioning of test results, responding effectively to medicines alerts, and the management of incoming correspondence. The trust took immediate action to address those issues that had the potential to impact upon patient safety. The trust provided us with an extensive action plan in response to our feedback on the day of the inspection, and demonstrated that this was being monitored at the highest level within the trust.

The areas where the provider must make improvement are:

Ensure care and treatment is provided in a safe way to patients including:

- Ensure safe systems are in place to review the workload of GPs such as a buddying arrangements to oversee the management of incoming correspondence.
- Strengthen systems to ensure safe prescribing for patients in respect of safety alerts, test results, and for those taking high risk medicines. The practice must also implement a robust procedure for the distribution of blank prescriptions across the three sites.
- Ensure there is adequate medical cover provided across the three sites.
- Implement a documented cleaning schedule for medical equipment in accordance with manufacturer's instructions.

Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care including:

- Ensure all new and updated NICE guidance is reviewed and documented through clinical meetings to ensure a clear record is maintained of any agreed actions.
- Carry out a defined programme of quality improvement activity.
- Devise a protocol for the management of safety alerts and provide a clear audit trail of actions taken in response to each alert received.
- Ensure the incident reporting form includes timescales to complete actions, and includes details of when these have been fully completed

Summary of findings

The areas where the provider should make improvement are:

- Continue to review and improve processes for making appointments.
- Review input to care homes to deliver a more responsive service to meet patients' needs.
- Maintain accurate minutes of meetings and ensure these are made accessible for appropriate staff to view.
- Review the business continuity plan to include an up-to-date staff contact list is available.

On the basis of the ratings given to this practice at this inspection, I am placing the provider into special measures. This will be for a period of six months. We will inspect the practice again in six months to consider whether sufficient improvements have been made. If we find that the provider is still providing inadequate care we will take steps to cancel its registration with CQC.

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 inadequate for providing safe services.

Inadequate



- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, information, and an apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had some systems, processes and practices to minimise risks to patient safety. This included infection control, safe recruitment procedures and compliance with health and safety legislation. However, other processes needed strengthening including the management of test results, compliance with safety alerts, the oversight of patients prescribed high risk medicines, and the internal tracking of prescriptions.
- Some GPs had a significant backlog of patient letters that had not yet been actioned. This created a risk that follow up actions were not always clearly recorded within the patient's notes. When areas of risk had been identified and assessed, actions were undertaken to control or minimise them. There was a process to rate risks and to escalate those that were more significant onto the trust risk register, where they were monitored at corporate level until satisfactorily resolved.
- Staff demonstrated that they understood their responsibilities and had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.
- Practice staffing levels were stabilising following a recruitment campaign. There was a reliance on locum GPs due to difficulties in recruiting salaried GPs for the practice. Whilst the provider had addressed this via a skill mix of healthcare professionals, some staff told us that the lack of GP cover could be problematic at times and this created a knock-on effect to other clinicians.

Are services effective?

The practice is rated as inadequate for providing effective services.

Inadequate



Summary of findings

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average. However, levels of exception reporting were higher than local and national averages.
- We saw some evidence that new evidence based guidance had been reviewed, although there was no clear process which routinely documented that all relevant staff had considered and acted upon new or revised guidance.
- The trust had worked hard to ensure that all staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.
- There was limited evidence that quality improvement programmes, such as a defined clinical audit programme, was being used to drive improvements in patient outcomes.
- The prescribing of antibiotics exceeded local and national averages. The practice was the highest prescriber of antibiotics within their CCG.
- Health checks were only provided upon request. Annual health checks for patients with a learning disability had been completed for approximately one third of the patients on the practice's register.

Are services caring?

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

- Data from the national GP patient survey showed patients rated the practice lower than others for some aspects of care.
- Survey information showed that responses from patients were lower than local and national averages when asked if they were treated with compassion, dignity and respect and if they were involved in decisions about their care and treatment. However, this was beginning to improve and the practice were able to evidence this by their own recent internal patient survey.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Requires improvement



Summary of findings

- The trust had implemented mechanisms to support the practice team in recognition of the demands of the change programme. This included access to confidential support and advice services. Staff could also access the trust's occupational health service.

Are services responsive to people's needs?

The practice is rated as inadequate for providing responsive services.

- Feedback from patients reported that access to appointments was difficult, although urgent appointments were usually available the same day.
- The practice offered appointments to see a range of health professionals as an alternative to seeing a GP. This meant that patients saw the most appropriate professional to deal with their presenting condition, for example seeing the physiotherapist with back pain.
- The practice had worked to improve their telephone system to reduce waiting times for incoming calls to be answered. However, this had not achieved the outcomes needed and the practice was about to undertake a procurement exercise to obtain a new system. Patients found it difficult to call for an appointment as the telephone system was not working well and we observed queues for reception when the practice opened in the morning.
- We received some mixed opinions from community based health and care home staff who described that it could be difficult to access some GPs in a timely manner.
- Information about how to complain was available and easy to understand, and the practice responded appropriately when issues were raised. Learning from complaints was shared with staff to improve the quality of service.
- The practice provided modern facilities and was well-equipped to treat patients.

Inadequate



Are services well-led?

The practice is rated as requires improvement for being well-led.

- Royal Primary Care had aligned its vision and strategic aims to those of the trust, and they planned to formally launch this to the practice team and embed this into everyday practice.
- Royal Primary Care had embarked on a significant programme of change to tackle the issues they were presented with when

Requires improvement



Summary of findings

taking over the practice management in 2015. Although Royal Primary Care recognised there was still some way to go, much had been achieved and the practice had stabilised to create a firm foundation for future development.

- There was a clear leadership structure and staff mostly told us that they felt supported by management. The trust encouraged a culture of openness and honesty.
- The practice had policies and procedures to govern activity and held regular governance meetings.
- A governance framework included some arrangements to monitor and improve quality and identify risk. However, we identified that some processes required strengthening. When we informed the trust about this during the inspection, immediate actions were taken by managers in response to our concerns. The trust developed an extensive action plan with oversight from the trust board within two weeks of our inspection.
- Staff had received inductions, received regular annual performance reviews and attended staff meetings and training opportunities.
- The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.

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

We rated the practice as inadequate for providing safe, effective and responsive services, and requires improvement for caring and well-led. The concerns which led to these ratings apply across all the population groups we inspected. There were however, examples of good practice.

- The practice offered personalised care to meet the needs of the older patients in its population.
- Home visits were available to review patients that were housebound, or had difficulty attending the practice due to their health condition. These were usually undertaken by a specialist nurse practitioner within another organisation as part of a contract with the practice. The practice's own clinical team undertook a proportion of these visits when demand was high.
- Urgent appointments were offered when required. Longer pre-bookable appointments were available for those with enhanced needs, for example those patients with memory impairment.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.

Inadequate



People with long term conditions

We rated the practice as inadequate for providing safe, effective and responsive services, and requires improvement for caring and well-led. The concerns which led to these ratings apply across all the population groups we inspected. There were however, examples of good practice.

- A total of 63% of registered patients had a long-term condition. This increased the demand for health services and the weighted practice population was approaching 24,000. The prevalence of most long-term conditions exceeded the national average.
- Data reviewed showed outcomes for patients were at or above local and national averages.

Inadequate



Summary of findings

- Patients were offered a structured annual review to check their health and medicines needs were being met. Patients who did not attend scheduled appointments were followed up by various communication channels which had helped to reduce levels of exception reporting
- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care was reviewed to reflect any additional needs.
- The practice nurse worked closely with the local diabetes nurse specialist. Patients with diabetes who required insulin could have their regime initiated at the practice. This avoided a journey to a hospital, and provided care closer to patients' homes.
- Nursing staff had established links with a respiratory nurse specialist who visited the practice to review patients with chronic obstructive airways disease.
- For those patients with the most complex needs, clinicians worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- 96.5% of patients with a long-term condition had received an annual flu vaccination. Those who were unable to attend a designated flu clinic were offered a visit, or seen on an opportunistic visit when attending the practice for another reason.

Families, children and young people

We rated the practice as inadequate for providing safe, effective and responsive services, and requires improvement for caring and well-led. The concerns which led to these ratings apply across all the population groups we inspected. There were however, examples of good practice.

- There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Immunisation rates were in line with local and national averages for all standard childhood immunisations.
- The practice provided urgent access for acutely ill children
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Inadequate



Summary of findings

- The practice worked with midwives, health visitors and school nurses to support this group. Community midwives were based at the Inkersall site and provided midwifery support for all expectant and new mothers within the local community.
- Access to community midwifery was available to all expectant mothers residing locally, and not just registered patients.
- The practice offered swabs for sexually transmitted infections and informed younger patients about the national chlamydia testing scheme for 16-24 year olds.

Working age people (including those recently retired and students)

We rated the practice as inadequate for providing safe, effective and responsive services, and requires improvement for caring and well-led. The concerns which led to these ratings apply across all the population groups we inspected. There were however, examples of good practice.

- Extended hours appointments with GPs and the nursing team were available on one evening and one early morning each week, and also on a Saturday morning. Each site offered one of these three extended hours options.
- The most recent national patient GP survey had indicated that patients had significant problems in contacting the practice by telephone. This led to a number of patients arriving on site early in the morning in an attempt to secure an appointment, and we observed patients queuing outside the building upon arrival to undertake the inspection.
- Feedback from comment cards and from patients we spoke with during the inspection were negative about their experience in contacting the surgery and in obtaining routine appointments. We also overheard grumbles about this from patients queuing up at reception who had attended the practice due to the telephone access difficulties. Patients reported extremely lengthy waits to get through to the practice by telephone. Those patients with work commitments felt that appointment systems did not support their needs.
- The practice offered on-line booking for appointments and requests for repeat prescriptions. Participation in the electronic prescription scheme meant that patients on repeat medicines could collect them directly from their preferred pharmacy.
- A full range of contraception advice was available and the practice provided a service to fit and remove intrauterine devices (coils) and implants.

Inadequate



Summary of findings

- The practice's uptake for the cervical screening programme was 81%, which was slightly below the CCG average of 84% and in line with the national average of 81%.

People whose circumstances may make them vulnerable

We rated the practice as inadequate for providing safe, effective and responsive services, and requires improvement for caring and well-led. The concerns which led to these ratings apply across all the population groups we inspected. There were however, examples of good practice.

- The practice welcomed patients living in vulnerable circumstances including homeless people or refugees to attend the practice. They encouraged these individuals to register with the practice in order to access the care they might require.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. The practice shared summary care records with local care services, such as out of hours, to ensure continuity of care.
- The practice supported residents at two local care homes and a residential unit for those with a brain injury. They had introduced a programme of scheduled visits, with additional visits depending on clinical need. We received mixed feedback from care home staff who told us that the service had improved although there were problems with continuity and access to the practice.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice had carried out annual health checks for 38% of patients included on the practice's learning disability register. Longer appointments were available for patients with a learning disability.
- The practice was a recognised 'safe haven' for people with a learning disability. This Derbyshire partnership scheme aimed to protect people with learning disabilities from potential bullying or abuse. It helped them feel safe and confident when out in the community by having access to a place where they could be supported if required.

Inadequate



Summary of findings

People experiencing poor mental health (including people with dementia)

We rated the practice as inadequate for providing safe, effective and responsive services, and requires improvement for caring and well-led. The concerns which led to these ratings apply across all the population groups we inspected. There were however, examples of good practice.

- The practice employed two mental health nurses. Patients over 16 years of age could arrange an appointment directly with the mental health nurse, without having to see a GP.
- 95% of patients with severe and enduring mental health problems had a comprehensive care plan documented in the preceding 12 months according to 2015-16 QOF data. This compared with the CCG average of 94% and was above the national average of 89%. Exception reporting was in line with local averages and marginally higher than the national average.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs. However, we observed a patient record in which the patient's medicine had not been stopped as advised by the hospital.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations. For example, patients could access counselling services on site.
- The mental health nurses had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- 82% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the local average and national average of 85% and 84% respectively. Exception reporting rates were in line with averages.
- A health care assistant was designated to oversee patients with dementia on the register, which helped in signposting carers to access support. Patients at risk of dementia were identified and offered an assessment. The practice had 'dementia-friendly' status.

Inadequate



Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing below local and national averages. 189 survey forms were distributed and 71 were returned. This represented 0.3% of the practice's patient list.

- 76% of patients described the overall experience of this GP practice as good compared with the CCG average of 90% and the national average of 85%.
- 46% of patients described their experience of making an appointment as good compared with the CCG average of 76% and the national average of 73%.
- 37% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 84% and the national average of 78%.
- 41% of patients said that they usually got to see or speak to their preferred GP compared to a CCG average of 60%, and a national average of 59%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received ten comment cards of which three were wholly positive about the standard of care received. Three cards contained negative comments including the difficulties in obtaining an appointment, appointment times running very late, and dissatisfaction with the GP consultation. The remaining four cards contained mixed comments which were positive about the standard of care received, but highlighted problems with the appointment service. There was a particular focus on the difficulties the appointment system presented for working people.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. However, patients did report their frustrations in being able to contact the practice easily by telephone.

The Grange Family 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 adviser, a second CQC inspector, a practice nurse specialist adviser, and a practice manager specialist adviser.

Background to The Grange Family Health Centre

The Grange Family Health Centre is the registered name for three GP surgeries within the Chesterfield area of North East Derbyshire. It provides primary care services to approximately 21,500 patients. The practice has one patient list, meaning that registered patients can access services at any of the three sites which are:

- The Grange Family Health Centre, Stubbing Road, Chesterfield, S40 2HP.
- Rectory Road Medical Centre, Rectory Road, Staveley, Chesterfield. S43 3UZ.
- Inkersall Family Health Centre, Attlee Road, Inkersall, Chesterfield. S43 3HB.

We visited all three sites as part of our inspection.

The management of the practice was taken over by Royal Primary Care in May 2015 as a caretaker arrangement. Royal Primary Care is part of Chesterfield Royal Hospital NHS Foundation Trust and manages two GP practices (five sites) across North Derbyshire and Hardwick CCGs.

The surgery provides primary care medical services via an Alternative Provider Medical Services (APMS) contract commissioned by NHS England and North Derbyshire Clinical Commissioning Group (CCG). The contract was awarded in August 2016, although this is awaiting formal sign off. APMS contracts provide the opportunity for locally negotiated contracts to supply enhanced and additional primary medical services. APMS contracts can be negotiated with any individual or organisation to meet local needs, as long as core NHS values are fully protected and secured.

The premises at the Grange and Inkersall locations operate from modern purpose built properties, whilst the Rectory Road site is an older premise which is maintained to a high standard. Transport links to the practices can be problematic. Maps have been placed in waiting areas by the practice's patient participation group to highlight bus stops and routes to assist patients using public transport.

The provider employs nine salaried GPs (two males and seven females). This equates to just under six full time GPs working within the practice at the time of the inspection. One of the salaried GPs was due to leave the practice soon after our inspection. Regular GP locums are used to increase medical capacity, and two regular male locum GPs were working at the practice when we undertook our inspection.

The provider employs two nurse practitioners, nine practice nurses, and two nursing assistant practitioners. Assistant practitioners are qualified to degree level and occupy an intermediate position just below the level of professionally qualified staff, filling the gap between the traditional role of the health care assistant and practice nurse. The assistant practitioner works independently with

Detailed findings

training and under protocol, and covers skills that were previously only within the remit of registered professionals. The nursing team is complemented by six health care assistants. At the time of our inspection, all of the nursing staff were female.

The clinical team also includes physiotherapists, three pharmacists and two mental health nurses. The provider directly employs the two female mental health nurses, and purchases the musculo-skeletal physiotherapy service from an external provider. The pharmacists work within the practice as part of a pilot scheme led by NHS England to place pharmacists within GP practices.

The clinical team is supported by 25 non clinical staff across the three sites including receptionists, data and administrative staff, working across the three sites. This team is managed by two officer posts and two manager posts

The registered practice population are predominantly of white British background. The practice is ranked within the third decile in terms of the deprivation status of their registered patients, and covers some areas with high levels of unemployment. The practice age profile is mostly in line with national averages, but has slightly lower percentages of over 65s and slightly elevated percentages of under 18s compared to the CCG average. The practice has a higher prevalence of patients with a long-term condition and this impacted upon the demand for health services.

The practice opens from 8am until 6.30pm Monday to Friday. Scheduled GP morning appointments times are available at varying times across the three branches, apart from on one Wednesday afternoon each month when the practice closes for staff training. Extended hours GP and nurse appointments are available every Monday morning from 7-8am, Tuesday evenings 6.30-8.30pm, and Saturdays 8.30-12.30am. Each site offers one of these extended options.

The provider was a teaching practice and accommodated third year GP medical students; however this has currently been put on hold for 18 months due to staff shortages. A new cohort of first year nursing students are to start their placement at the practice from September 2017.

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

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations including North Derbyshire Clinical Commissioning Group and NHS England to share what they knew. We carried out an announced visit on 24 May 2017. During our visit we:

- Spoke with a range of staff including GPs, nurses, a pharmacist, members of the reception team, managers and spoke with patients who used the service including members of the patient participation group.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed a 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.
- Visited all three of the practice's sites.
- Looked at information the practice used to deliver care and treatment plans.

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

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

Detailed findings

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

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)

- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people living with dementia).

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

Are services safe?

Our findings

Safe track record and learning

The system for reporting and recording significant events had been recently reviewed and updated to facilitate a more responsive and effective process.

- Staff reported incidents and there was a recording form available to document the event. The form was completed by the staff member and a manager, and was then reviewed at the next operational delivery group meeting which took place fortnightly. Clinical incidents were reviewed at regular clinic meetings. Any remedial action was taken as necessary and learning was shared with staff. The incident recording form did not include a section to specify timescales to complete actions or to document that actions had been completed, but the provider agreed to implement a system to accommodate this.
- From the sample of 34 documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received support, information, an apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed minutes of meetings where significant events had been discussed. The trust's Acting General Manager also distributed a weekly blog via email to the practice team and this would reference any appropriate wider learning from events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice had reviewed their systems to ensure patient confidentiality following an incident in which a copy of patient notes were given to the wrong patient. This introduced a second documented check on all copied patient notes.
- The incidents were logged on an electronic trust database to facilitate the monitoring of trends, and to enable the evaluation of actions taken. Incidents were risk rated and significant issues were added onto the trust's risk register to develop corporate oversight and management.

The arrangement in place for receiving and acting upon patient safety information required strengthening. Safety alerts, including those from the Medicines and Healthcare

Products Regulatory Agency (MHRA) alerts were cascaded to relevant staff by a designated manager. However, there was no auditable system to log alerts, to ensure that they had been read, or to provide assurance that appropriate follow up actions had been taken to keep patients safe. We reviewed records to ensure that patients had been reviewed appropriately in response to relevant alerts, and we found that follow-up actions had not always been fully completed. We did see some evidence that new alerts had been raised at the monthly practice governance meeting. Royal Primary Care took immediate action to review patients who required this in respect of past MHRA alerts, and revised the way they handled and recorded these in the future.

Overview of safety systems and processes

The practice had some systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Patient records were coded and contained alerts to ensure staff could easily identify where there were identified safeguarding concerns. However, the parents of vulnerable children were not always clearly identified within records, and the practice were not routinely documenting actions taken to follow up on children who did not attend their planned hospital appointments. There were designated lead GPs for child and adult safeguarding.
- Monthly safeguarding meetings took place with a health visitor, school nurse and a midwife to review any vulnerable children registered at the practice. We were informed that this meeting worked well and the practice team responded well to any concerns that were raised. However, a clinician told us how difficult it was to access key practice staff to discuss concerns that were raised in-between meetings leading to frustrations and delays in follow-up care.
- Staff demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs and other

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clinicians were trained to child safeguarding level three, and other members of the practice team had received the appropriate level of safeguarding training to support specific roles.

- We were informed that GPs would follow up on any missed appointments by a vulnerable patient to ensure that individuals were safe.
- A notice displayed in the waiting area and clinical rooms advised patients that chaperones were available if required. This information was also posted on the practice website. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). There was a practice chaperone policy which needed some minor updates to include reference as to where the chaperone should stand during the patient examination, and for the chaperone to document that they had observed the procedure, in line with best practice. Clinicians always documented when a chaperone had been in attendance for any procedure.
- Clinical staff had received vaccinations to protect them against hepatitis B. New staff were reviewed through the trust's occupational health department.

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed all three premises to be clean and tidy. There were cleaning schedules and monitoring systems in place. Liaison meetings took place with the cleaning contractor, and we saw evidence this was being used effectively to drive up standards.
- An advanced nurse practitioner was the infection prevention and control (IPC) clinical lead who liaised with the trust's infection prevention and control teams to keep up to date with best practice. There were link infection control workers across the three sites. An IPC protocol was in place and staff had received training.
- Regular infection control audits were undertaken across the three sites and we saw evidence that actions had been identified to address the areas of improvement identified as a result. There was a procedure to escalate the more significant concerns onto the trust risk register and we saw that this had been done. For example, carpets were still in place in clinical areas at one site,

and there was no evidence of deep cleaning or a longer-term replacement strategy. This had been reviewed by the trust and quotes were being obtained for quarterly steam cleaning of carpets in clinical rooms.

- There were no documented cleaning schedules in place for medical equipment. Equipment was disinfected in-between use but there were no records of equipment being cleaned in accordance with manufacturer's instructions, for example, with the spirometer (a piece of equipment used to assess air capacity in the lungs). The practice agreed to implement this immediately.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice did not always minimise risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. Blank prescription forms and pads were securely stored and logged on receipt at the Grange site, but internal tracking systems to monitor distribution across the three sites required strengthening. Handwritten prescription forms were logged out to individual prescribers but there was no record maintained if these were returned as unused. Managers agreed to implement systems to address these matters immediately. There was some evidence of medicines audits, undertaken with the support of the local clinical commissioning group's medicines management team, to ensure compliance with best practice guidelines for safe prescribing. Some of the nurses had qualified as independent prescribers and could therefore prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the medical staff for this extended role. 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 and patient specific prescriptions or directions from a prescriber were produced appropriately.
- Patients on high risk medicines were monitored to keep them safe. However, we found that the practice had received information from the hospital to stop a particular medicine for one patient and this had been

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missed. In addition, we also observed the practice had recorded a significant event which highlighted that a patient being monitored for bloods as part of a shared care agreement had not been seen by the hospital consultant in five years. The trust undertook a review of patients prescribed high risk medicines as a follow up to our concerns and assured us that systems were in place to monitor patients and recall them when a review was required.

- We also saw results indicating that potential diagnoses of diabetes that had not been followed up. Royal Primary Care responded to this by identifying the patients with poorly controlled diabetes who were overdue a review and contacted them to attend the practice. A system was established to monitor that the recall process continued to work effectively.

Incoming correspondence was checked, coded and then forwarded onto clinicians to review, and tasks were sent electronically as appropriate, for example, further coding by the data team. However, we observed that two GPs had significant backlogs of several hundred tasks that were awaiting action. We raised this as a concern with the trust who were aware of this issue and they assured us that they were keeping the situation under review and providing support to the GPs, for example by providing additional administration time. Progress was being monitored at clinical and operational meetings. Two weeks after our inspection, the trust were able to confirm that the backlog had been cleared and systems to review ongoing performance were established.

We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. The personnel files were well maintained and mostly contained all the documents to support safe recruitment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had up to date fire risk assessments for all three sites, and follow up actions had been identified as

a result. Regular fire drills were performed and recorded, and we saw evidence that the most recent fire evacuation test at the Grange site had been undertaken in April 2017. Fire alarm tests were done on a weekly basis and checks on emergency lighting were recorded monthly.

- We observed records to evidence that all electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Systems were in place to control identified risks including the running of infrequently used water sources on site for legionella management. Significant risks, and those which required longer term funding to address were escalated to the trust risk register to ensure managers were aware of these at a corporate level and were able to keep these monitored.
- The practice employed 5.9 whole time equivalent salaried GPs for the three sites, this required a reliance on locum GP cover and clinical skill mix. At the time of our inspection, one of the salaried GPs was due to leave and another GP was away on sick leave, and this created further pressures upon medical capacity. Staff reported occasions when no GP was available on site at the Inkersall location. Royal Primary Care demonstrated that they were actively trying to recruit more GPs to address this issue. One GP had been recruited through NHS England's 'Return to Practice' scheme which support the training of those doctors who are returning to practice after a significant absence. This GP was keen to drive this further to increase the salaried GP workforce.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to try and meet patients' needs. There was a rota system in place to review that enough staff were on duty to meet the needs of patients. The practice had been through a difficult period in which Royal Primary Care had reviewed staffing requirements and introduced a consistent pay and conditions structure. Some staff had chosen to leave the practice and this had impacted significantly on workforce levels whilst new recruitment

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took place. However, the practice team had worked hard to ensure the continuity of the service and staff told us that they were now starting to see positive improvements as things had started to stabilise.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements to respond to emergencies and major incidents. We observed details of a recent incident in which a patient had required cardiopulmonary resuscitation. This was responded to in an effective, calm and professional manner by members of the nursing team whilst waiting for the ambulance to arrive. Reception staff contributed to the incident by informing other patients of a delay and offering to re-book their appointment if necessary.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. In addition, an audible alarm was sited within reception.
- All staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. We noted that one mask was not kept in a sterile pack.

- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. The practice operated slightly different systems across the site in that we observed that the needles were kept with the emergency medicines at one location, but in the anaphylactic box at another. Whilst staff we spoke with were aware of this, this could create some difficulties if new or locum staff were unfamiliar with the different arrangements.
- A first aid kit and accident book were available.
- The practice had a business continuity plan for major incidents such as power failure or building damage. The plan did not include a list of emergency contact numbers for staff, but we were informed that this would be added as an attachment after our inspection. A copy of the plan was kept off site by the Business Service Officer, and was accessible to other staff via the practice web based document library. Hard copies were made available at reception following the cyber-attack in May 2017.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice had some systems to keep clinical staff up to date with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- Clinicians told us they had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice told us they monitored that these guidelines were followed through patient searches and via reports on the practice computer system.
- We saw some evidence in the minutes of meetings to indicate that new guidance had been reviewed and actioned by clinical teams, although there was not a clear framework to capture this on a consistent basis. There was no evidence produced that audit was being used consistently to assess compliance with guidance.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results (2015-16) were 100% of the total number of points available compared with the clinical commissioning group (CCG) average of 98.5% and national average of 95.3%.

The overall QOF clinical exception reporting rate at 15.3% was higher than the CCG and national averages of 11.2% and 9.8% respectively. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

QOF data from 2015-16 showed:

- The practice achieved 100% for diabetes related indicators was higher than the CCG average of 96.1%, and the national average of 89.9%. Exception reporting rates across the 11 indicators were in line, or slightly above, local and national rates. The practice's own data for 2016-17 showed a slight reduction in QOF achievement for diabetes to 97.3%.

- Performance for mental health related indicators at 100% was higher than the CCG average of 97.7%, and the national average of 92.8%. However, exception reporting rates were higher. The practice's own data for 2016-17 showed a slight reduction in QOF achievement for mental health to 98.3%.

The practice's data for their 2016-17 QOF submission showed an overall achievement of 99.3%, although this remains subject to verification and has not yet been published. The practice data also showed that exception reporting had reduced in the preceding 12 month period. This was most pronounced for asthma which had reduced from 33% to 19%, chronic obstructive airways disease (26% to 18%), and mental health (37% to 31%). The practice informed us that they had reviewed and strengthened their recall process to achieve this. The previous system was to send three reminder letters only, but changes ensured that various forms of contact were attempted, including letters, phone calls and texts. Additionally, a clinical review of those patients that were housebound, or had difficulty attending the practice due to their health condition, was also undertaken.

There was limited evidence that clinical audit contributed to a wider quality improvement clinical programme. The provider produced a clinical audit undertaken by the medicines management team in April 2017 which consisted of eleven relatively common prescribing scenarios such as the prescription of non-steroidal anti-inflammatory drugs (these are medicines widely used to relieve pain, reduce inflammation, and bring down a high temperature) without appropriate protection for adverse effects on the stomach. The second audit indicated that the medicines were being prescribed more effectively in line with guidance. However, this did not include any narrative as to how this work was undertaken within the practice.

Data based on national prescribing indicators demonstrated that the practice was the highest total prescriber of antibiotics amongst the 36 practices within their CCG. However, the recent trend in the last six month was that this was reducing by almost 4%. The practice's performance on prescribing higher risk antibiotics was generally in line with local averages. The practice had regular prescribing meetings and this provided an

Are services effective?

(for example, treatment is effective)

opportunity to keep this under review. The introduction of in-house pharmacy support and the established links with the local medicines management team provided opportunities to further improve performance in this area.

Effective staffing

A tailored internal training programme had been introduced for new reception and administrative staff members to develop a consistent approach on how things were done. This competency-based programme lasted 12-20 weeks dependent upon the specific role, and this was almost complete at the time of our inspection. Staff told us that benefits were now being realised in terms of efficiencies and consistency in the way things were done across the practice sites.

Royal Primary Care had also implemented skill mix within the practice team to alleviate some of the pressures on GP access. The team included an advanced nurse practitioner, two mental health nurses, three pharmacists and also purchased an in-house musculoskeletal physiotherapy service. The pharmacists received support and mentorship from the Head of Medicines Management in the trust, with on site support from the advanced nurse practitioner. As part of the trust's hospital pharmacy team, they helped to address any issues identified with communications between primary and secondary care. For example, the quality of information on hospital discharges had improved further to feedback from the pharmacy team.

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. When this was completed, a signed copy was kept within the staff file. This covered such topics as safeguarding, fire safety, health and safety and confidentiality. A mentoring and a buddy system were in place to support new employees. A comprehensive pack was available specifically tailored to locum GPs; however one of the locums we spoke to seemed unaware of some of its content and stated his formal induction was limited.
- The practice could demonstrate how they ensured mandatory and role-specific training and updates for relevant staff. We observed that a training matrix for staff was well documented and managed for non-clinical staff, although clinical staff training was not always being added in a timely manner after completion.

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. One staff member was overdue for an immunisations training update. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included support for revalidating GPs and nurses. All staff records that were checked contained a copy of an appraisal completed within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- Weekly nurse meetings and a weekly clinical meeting took place to aid communications between practice clinicians. The weekly clinical meeting had a rotating agenda that included end of life care, safeguarding, admission avoidance and general issues such as significant events and complaints analysis. Some nursing staff told us they did not receive any notes or minutes from the nurses meeting, so if they were on leave they were not always aware of discussion or agreed outcomes.
- Integration with the trust brought advantages in offering access to wider support. For example, the trust medical director offered support and advice as required and had meetings with the lead GP. Links were well established with trust governance, finance and human resources representatives.

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.

Are services effective?

(for example, treatment is effective)

- The practice informed us that they shared relevant information with other services in a timely way, for example when referring patients to other services. Special notes were used to share information on end of life patients with out of hours providers to ensure continuity of care and to avoid unnecessary admissions.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.

Community Support Team meetings took place with other health care professionals on a fortnightly basis when care plans were routinely reviewed and updated for patients with complex needs. A GP would attend this meeting which was attended by community based staff including community matrons, district nursing staff, a social worker and a community psychiatric nurse. Minutes were recorded for reference by other clinicians in the practice.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Members of the community nursing team were based at the Grange and Rectory Road sites and the midwives had a base at Inkersall. This aided communication and regular contact between members of the community and practice teams.

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, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example, patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to CCG/national averages. For example, rates for the vaccines given to under two year olds ranged from 61.9% to 100% and five year olds from 70.6% to 99.5%.

The practice's uptake for the cervical screening programme was 81%, which was comparable with the CCG average of 84% and the national average of 81%. There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice encouraged its patients to attend national screening programmes for bowel and breast cancer. Rates for breast cancer screening were in line with local and national averages, but bowel cancer screening rates were lower.

Patients had access to appropriate health assessments and checks. Although these were not offered routinely to all patients, they were provided upon request. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

The practice had 144 patients on their learning disabilities register, and 55 (38%) of these had received an annual health check. Patients were exception coded if they failed to attend a review after three letters or phone calls. We did not see any evidence to support that the practice was utilising any additional measures to engage with this cohort of vulnerable patients.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

We spoke with four patients including two members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey showed that patients generally rated the practice below average for its satisfaction scores on consultations with GPs. For example:

- 75% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 83% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 81% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 85%.

However, consultations with members of the nursing team were generally in line with local and national averages:

- 92% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 94% and the national average of 91%.
- 95% of patients said the nurse gave them enough time compared with the CCG average of 95% and the national average of 92%.

- 99% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 84% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 94% and the national average of 91%.

Interactions with reception staff were rated as lower than average figures:

- 79% of patients said they found the receptionists at the practice helpful compared with the CCG average of 89% and the national average of 87%.

The trust's executive team were aware of the areas in which performance was below average. Since the national survey, Royal Primary Care had undertaken their own patient surveys and this was showing a steady upward trend in relation to satisfaction. We observed some of the comments made on the Family and Friends returns were very positive in relation to care, and one recently bereaved patient provided excellent feedback on the care and support received.

The executive team were mindful of the change process that had been ongoing over the previous two years and the impact this had upon staff. Staff support had been arranged via a visiting 'Freedom to Speak-up' Guardian' who visited all three sites and was available to talk with the practice team confidentially if they so wished. In addition, staff could access the trust's Employee Assistance Programme in confidence to promote staff well-being through appropriate support and advice.

Care planning and involvement in decisions about care and treatment

Results from the national GP patient survey showed patients responses to questions about their involvement in planning and making decisions about their care and treatment were below averages. For example:

- 80% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 91% and the national average of 86%.
- 67% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 87%, and the national average of 82%.

Are services caring?

- 89% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 92% and the national average of 90%.
- 72% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88%, and the national average of 85%

Royal Primary Care were aware that these figures fell below local and national averages and were working with the team to improve this. The latest internal survey showed that 83% of the 43 patients who responded felt that clinicians were involving them in decisions about their care.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

New patients were asked if they acted as a carer. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 286 patients as carers (1% of the practice list). Written information was available to direct carers to the sources of support available to them. Carers were offered an annual flu vaccination.

There was no identified member of staff acting as a practice carers' champion to help ensure that the various services supporting carers were coordinated and effective. However, a health care assistant was designated to help in signposting carers of patients with dementia to access support. GPs could refer carers to a care co-ordinator via the community nursing service, who had established links with other agencies. The PPG had met with the local carers association and had requested for them to have access to a room within the practice, and this was under discussion.

Staff told us that if families had experienced bereavement, the practice sent them a sympathy card, and provided advice on how to find a support service if this was needed. The practice team reviewed patient deaths to consider any learning points that might enhance care for others in the future.

Members of the practice team had contributed to a national project to produce 'twiddlemuffs' to support patients with dementia. These provided a source of visual, tactile and sensory stimulation for patients with dementia who often present with restless hands and benefit from having something to keep their hands occupied. The practice gave these to patients free of charge, and in 2016 knitted more than 200 for local residents with dementia.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered extended hours three times each week across the three sites for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- The practice offered on-line booking for appointments and requests for repeat prescriptions. Participation in the electronic prescription scheme meant that patients on repeat medicines could collect them directly from their preferred pharmacy.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. The practice contracted a home visiting service through Derbyshire Health United.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- A television screen in reception provided practice and health information for patients.
- Patients were able to receive travel vaccines available on the NHS as well as most of those only available privately. Yellow fever vaccinations could be obtained privately at a nearby practice.
- The pharmacist offered telephone appointments and face-to-face medicines reviews. They also provided telephone follow up calls to appropriate patients identified by the GPs, as well as actioning medicines changes identified through hospital letters for example. One of the pharmacists was an independent prescriber.
- Access to community midwifery was available to all expectant mothers residing locally, and not just registered patients.

- There were accessible facilities, which included a hearing loop. We observed that there was good access for people in wheelchairs and scooters, as well as for pushchairs and prams. Disabled toilets were available on site.
- The practice had a lift to ensure easy access to services sited on the second floor.
- The Citizens Advice Bureau and a visiting counselling service provided support for patients.
- Patients could access a private toe-nail clipping services at two sites.
- All patients were welcome to register with the practice. This included people who were homeless and asylum seekers who could register with the practice.
- The practice has considered the NHS England Accessible Information Standard to ensure that disabled patients receive information in formats that they can understand and receive appropriate support to help them to communicate. A draft policy had been formulated and was due to be discussed with the practice team in order to operationalise this into everyday practice.
- Staff did their best to respond to individual request for information. For example, a member of the team had spent time with a patient to look at the appointment system in depth to explain the differences and methods of the practice appointment system.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. GP appointments times varied across the three sites. Extended hours pre-bookable appointments with the GP and nurse were offered between 7-8am on Mondays at Inkersall, and 6.30-8.30pm on Tuesdays at Rectory Road. Appointments were also offered between 8.30am-12.30am every Saturday at the Grange. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for patients that needed them. On the day of our inspection, the next pre-bookable GP appointment was available within five to seven working days dependent on the site.

The practice operated a system created by the clinicians which guided reception staff to direct patients to the most appropriate practice team member. This included other professionals such as pharmacists, mental health nurses, nurse practitioners, physiotherapists as well as GPs. Patients were able to have an urgent sit and wait

Are services responsive to people's needs?

(for example, to feedback?)

appointment, have a next day pre-bookable appointment, or a pre book appointments within the next two weeks. All patients on the daily list were reviewed by the duty GP to assess the suitability of the allocated clinician which were discussed with the practice team at meetings which are held for each session (am and pm) at each site. Patients were also offered a GP phone call if they wanted an urgent appointment / or wanted to see a GP only – the duty GP had allocated on the day slots to see these patients if it was deemed necessary to come in. A poster in reception and information on the website showed how patients with particular presenting features would be better seen by a professional other than one of the GPs.

The provider was able to demonstrate that the new skill mix approach had increased the availability of appointments. For example, the number of appointments offered in March 2015 was 5,492 but this had risen to 8,456 in March 2017.

Results from the most recent national GP patient survey in July 2016 showed that patient's satisfaction with how they could access care and treatment fell below local and national averages.

- 56% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 78% and the national average of 76%.
- 27% of patients said they could get through easily to the practice by phone compared to the local average of 77%, and the national average of 73%.
- 71% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 88% and the national average of 85%.
- 96% of patients said their last appointment was convenient compared with the CCG average of 94% and the national average of 92%.
- 46% of patients described their experience of making an appointment as good compared with the CCG average of 76% and the national average of 73%.
- 56% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 64% and the national average of 58%.

The trust were working hard to address these issues but this was taking some time to resolve. The latest internal practice survey (December 2016) showed 53% of the 43

patients asked said their experience of making an appointment was poor or very poor. In addition, 86% of these patients said it was not easy to get through to the surgery by phone.

On the day of our inspection we observed that a long queue of patients were standing at reception extending beyond the entrance doors and we heard patients expressing dissatisfaction about this. The trust was aware of the negative results regarding access from the GP patient survey, and had plans to improve the situation. The main difficulty was due to the practice telephone system, for example, the queuing system could be overridden by priority lines which then moved patients back in the queue. There had been ongoing liaison with the service provider to try and improve this, but without success. Plans were in place to obtain a new system but this had to be taken through a trust procurement process. Interim measures such as making more staff available to answer phones in the morning had been only partially successful.

Requests for a home visit were passed to the duty GP to assess whether a visit was clinically necessary, and the urgency of the need for medical attention. The trust contracted with Derbyshire Health United to provide an advanced nurse practitioner home visiting service for ten patients between 10.30am and 6.30pm. GPs would pick up any additional visits required. A policy was not available to describe this but clinicians were in the process of drafting a written process to ensure that resources were directed to the right patients.

Staff at three local care homes, where some of the practice's patients lived, had experienced difficulties including contacting the practice by telephone. One manager told us that when a patient required an urgent visit, they had to attend the practice in person to request this. They reported that a paramedic attending the home also had to do this. We were informed that the service was beginning to improve with regular visits to review patients. However, we were told that in the absence of the named doctor, for example during annual leave, this often broke down without explanation. In between scheduled visits, the homes found that requests for a GP visit were mainly undertaken by other staff and that the outcomes had not always been what had been required for the patient. One home explained particularly difficulties approximately six months ago in which the practice would not visit when requested and they had to ring the 111 service for support,

Are services responsive to people's needs?

(for example, to feedback?)

or request for an ambulance during practice opening hours. Another home had changed to another practice as they had been dissatisfied with the service their patients had received.

The practice demonstrated higher activity in services including out of hours contacts (23.6 per 1,000 patients compared to a CCG average of 16.5) and NHS 111 activity (42.9 per 1,000 patients compared against a CCG average of 26.4). This reflected the impact that access difficulties were creating elsewhere in the system. However, we noted that there had been a 10% reduction in emergency department attendances which may be a reflection on the improved access to the range of clinicians available on site.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

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

- Both written and verbal complaints were logged and responded to.
- We saw that information was available to help patients understand the complaints system. This included a notice in the reception area, and a section on the practice website.

We looked at seven of the 45 complaints received in the last 12 months and found that these were satisfactorily handled, dealt with in a timely way, and handled in an open and transparent way. Almost 25% of the complaints related to telephone access or appointments. Patients received an apology and an explanation in response to their personal complaint. Whilst there was no formal annual review or analysis of complaints in place, the complaints were discussed by the team at various meetings. Lessons were learned from complaints and from the action taken as a result to improve the quality of care. For example, following a missed visit, systems were strengthened to ensure that planned visits were closely monitored to make sure they were correctly allocated, and that the patient was made aware if a visit was changed and the reason for this.

Are services well-led?

Requires improvement 

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

Our findings

Chesterfield Royal Hospital NHS Foundation Trust were invited to take over the practice's management by the local CCG in May 2015 via an Alternative Provider Medical Services (APMS) contract. APMS is a contracting route available to enable the trust as a secondary care organisation to provide primary medical services within their area. The previous GP partnership encountered difficulties in recruiting GPs and by linking up with the trust they were able to safeguarded vital services for local people, whilst the GPs were able to focus on patient care and clinical leadership.

The management of the practice was taken over by Royal Primary Care in May 2015 as a caretaker arrangement. Royal Primary Care is part of Chesterfield Royal Hospital NHS Foundation Trust.

Royal Primary Care inherited some significant issues which it had been working hard to address since taking over the practice's management. This had entailed a major change programme including a restructuring of the workforce to create an equitable pay system and a reduction in management costs. The five sites over which the practice operated was downscaled to three sites. Specific tasks such as finance and human resource management were incorporated to align with the trust's corporate processes. To respond to the long-standing difficulties of national GP recruitment, the trust had also set about re-designing a skill mix that could best meet the needs of the practice's registered patients. The changes had impacted greatly upon the service – for example, the administration team was reviewed and the initial manpower of 44 whole time equivalent (wte) staff was determined by a full capacity and demand exercise to be 29wte (25 wte staff and four management posts). At one point, staffing fell to 17wte but by the time of our inspection, the practice was starting to stabilise and new ways of working were becoming embedded.

Royal Primary Care recognised there was still some way to go, but they were now in a position to start building on a structure that was fit for purpose and designed around the needs of the patients. Trust managers were fully aware which areas needed the greatest focus and had developed plans accordingly to address this. The trust was also in a good position in terms of integration between primary and

secondary care services and alignment with the NHS five year forward view. For example, the trust was looking at expanding the range of services it provides within primary care.

Vision and strategy

The trust had a clear vision to deliver high quality care and promote good outcomes for patients. However, our inspection highlighted that this was not always being met in relation to safety and responsiveness.

- The trust's vision incorporated values and six strategic objectives.
- The trust had a strategy and business plans which reflected the vision and values and were monitored. The business plan was about to be reviewed in line with the NHS five year forward view.
- Specific strategic outcomes had been developed for Royal Primary Care. This included to be rated as outstanding by the Care Quality Commission by 2019, and to expand the range of primary care services that met or exceeded national standards.
- As the primary care element of the vision had been developed recently, the trust planned to launch these to staff at their next practice learning event. The values and objectives were also going to be built into the induction of new starters to help embed them into the culture of the practice.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas.
- Practice specific policies were available to all staff. These had been updated and reviewed with a view to a more rationalised approach and fit with the wider organisation. Staff were able to access them through a tailored intranet document management system.
- A comprehensive understanding of the performance of the practice was maintained, although actions taken to

Are services well-led?

Requires improvement 

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

address the responsive concerns had not been completed in a timely manner. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.

- A network of meetings ensured that important issues were dealt with in a timely and co-ordinated manner. This included a monthly quality and governance meeting, and a monthly performance and quality board. These meetings included practice based clinicians, managers and representatives from the wider trust. Most meetings were minuted and there was a system to escalate any significant concerns within the trust, for example to highlight an issue for inclusion on the trust's risk register.
- A fortnightly operational delivery group reviewed non-clinical matters, and an informal staff officers' meeting reviewed general management issues.
- The practice engaged with their CCG and attended the GP locality meetings, and governance leads meetings.
- There was not a clear programme of continuous clinical audit in place to monitor quality and to make improvements.
- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The practice submitted notifications to the Care Quality Commission to inform us if any specified incidents had occurred, as required as part of their registration. However, we identified a number of risks during the inspection which needed to be addressed by managers.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

The trust told us that safe, high quality and compassionate care was their priority. When some concerns were identified during our inspection, the trust was receptive to our feedback and undertook immediate action to address key issues. A comprehensive action plan was produced to address longer term issues and this was monitored at the highest level within the trust. The trust were open with us in discussing our concerns and had a strong commitment to drive standards upwards.

The trust had undertaken a comprehensive review of staffing to ensure consistency of pay and work conditions.

This had created some tensions and a number of experienced staff had been lost as a consequence. However, the trust had now developed a service which offered equity, career progression, and greater transparency. A successful recruitment campaign for non-clinical staff had taken place recently and the new employees were becoming established within their roles. Staff told us that most managers were approachable and took the time to listen to members of staff. There was dedicated managerial support at each of the three sites with senior managers based at the Inkersall site. Senior managers told us they attended other sites to ensure visibility and improve communication with the team. However, some staff explained the relationship with senior managers as distant.

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

- The practice gave affected people reasonable support, information and an apology.
- There was a clear leadership structure and staff felt supported by management.
- The practice held and minuted a range of multi-disciplinary meetings to monitor vulnerable patients. A GP met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings. Full staff meeting took place most months as part of the monthly protected learning time event, and 'huddles' had been introduced for more regular informal catch-ups.
- 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. Minutes of staff meetings were available for practice staff to view.
- Staff said they felt respected, valued and supported, by managers. Staff were involved in discussions about how to run and develop the practice, and the trust encouraged all members of staff to identify opportunities to improve the service delivered by the practice. Some staff informed us

Are services well-led?

Requires improvement 

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

that work had been difficult at times in the last two years, especially due to the high turnover of staff. However, this had improved and individuals told us that they were seeing positive change and improved stability.

- The practice was a member of the local GP federation and had tried to work with other local GPs. Good links were being developed with the other practice managed by Royal Primary Care and good practice was shared. It was hoped to develop further integration in the longer term.

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

- patients through the patient participation group (PPG). The PPG met every two months with regular attendance from 8-12 core members, and there were plans to develop a virtual group. Managers from the practice attended this meeting. The PPG helped the practice with annual patient surveys and submitted proposals for improvements to the practice management team. For example, a notice had been placed behind reception to highlight which doctors were on duty and their gender. The PPG produced minutes of meetings which were available on the practice website and they had a designated noticeboard in each of the three sites.

- internal patient surveys. The most recent survey was undertaken in May 2017 when 43 patients responded (approximately 0.2% of registered patients) across the three sites. This again highlighted the predominant concerns of access and the difficulties in making an appointment. Feedback on consultations showed improvement. The trust had formulated an action plan in response to the findings which would be monitored to assess progress.

- the NHS Friends and Family test, complaints and compliments received. The most recent Friends and Family test in April 2017 indicated that 73% of patients who responded would recommend the practice, whilst 23% would not (4% did not know). However, the practice's own survey completed the month after showed that 45% of respondents would recommend whilst 36% would not, with 19% were neither likely or unlikely to recommend.

- the NHS Choices website. The trust gave feedback to any comments posted on this site.

- a suggestion box located in reception – a poster was placed above this to give feedback on some of the issues that had been raised.

- staff through an annual staff survey. The last survey in December 2016 showed that staff responses were above the average within the organisation on 24% of the questions asked, and were rated in line with the organisational average on 74% of the questions. Only 2% of questions had a rate significantly below the organisational average. The areas of improvement that were identified included flexible working, access to training and up to date appraisals. The results had been discussed with staff in order to respond effectively. By the time of our inspection in May 2017, we observed that good progress had been achieved in respect of appraisals and staff training.

- through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

- a weekly email/blog newsletter about key events of the week.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for service users to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>How the regulation was not being met</p> <p>We found that the registered provider had not ensured safe systems were in place to: ensure test results were actioned in a timely manner; effectively review all patients prescribed high risk medicines; monitor the distribution of blank prescriptions across the three sites; clean medical equipment in accordance with manufacturer's instructions to care for and treat service users in a safe way; ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons are deployed to meet the fundamental standards of care and treatment</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>How the regulation was not being met</p> <p>We found that the registered provider did not always: monitor and review care through a designated programme of clinical audit; ensure that there was a clear audit trail to provide assurance that safety alerts</p>

This section is primarily information for the provider

Requirement notices

and NICE guidance, for example, had been acted upon; and ensuring that significant events reviews clearly showed timescales and that any agreed actions had been finalised.