

Creswell and Langwith Primary Care Services

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Creswell and Langwith Primary Care Services on 11 May 2016. The overall rating for the practice was 'requires improvement' and the practice was asked to provide us with an action plan to address the areas of concern that were identified during our inspection.

We carried out a second announced comprehensive inspection at Creswell and Langwith Primary Care Services on 15 February 2017 in order to assess improvements and the outcomes from their action plan. The overall rating for the practice following this inspection is good.

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

- The arrangements to keep patients safe and protected from harm had significantly improved since our previous inspection. For example, we were assured that there was an effective and timely process in place to recall patients affected by safety alerts to ensure patients were protected from potential harm. Systems

to ensure the health and safety of staff, patients and visitors had been strengthened including safety testing in respect of fire and electrical safety, and the management of infection control.

- At the previous inspection the trust and practice staff highlighted to us the significant risks associated with inaccurate and incomplete patient records which they had inherited. A dedicated role had been created to summarise patients' notes and together with a further member of staff they had undergone training in clinical coding, medical terminology and summarisation, they worked closely with clinical staff to recall patients to update treatments and review conditions where necessary.
- There is an effective system in place for reporting and recording significant events. Learning was applied from events to enhance the delivery of safe care to patients.
- New staff told us they had been supported in their induction process, at trust and practice level, and had been provided with substantial shadowing opportunities and regular clinical supervision to ensure ongoing support.

Summary of findings

- A clinical audit programme was being used to drive improvements in clinical care and treatment.
- The trust had a clear policy and commitment to staff training. All members of the practice team had received an appraisal in the last 12 months, including the GPs, with the identification of individual training needs.
- Staff worked effectively with the wider multi-disciplinary team to plan and deliver high quality and responsive care to keep vulnerable patients safe.
- Patients told us they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. National patient survey data indicated that the patients mostly rated the practice in line with others in the local area.
- The practice staff engaged with their Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The trust had brought stability to the practice and had restructured a practice team with an effective skill mix including a pharmacist and two advanced nurse practitioners.
- Data from the national patient survey reflected that patient satisfaction with access to the service was in line with other local practices and national averages.
- Information about services and how to complain was available and easy to understand and learning from complaints was shared across the practice.
- The practice had a clear vision and the trust had invested time to engage with staff to help them develop a better understanding of what the

organisation aspired to achieve and future plans for development. The practice team had subsequently developed a patient's charter to reflect on what this meant to them.

- There was a clear understanding of the performance of the practice, which was monitored on an ongoing basis. Lead roles had been designated to staff which had resulted in a significantly greater achievement in QOF targets.
- Practice staff were clear about the leadership structure for the practice. Communication between the trust and staff working at the practice was regular and effective and staff told us they felt more involved in decisions about the practice.
- There was an active Patient Participation Group (PPG) which worked with the practice to review and improve services for patients.

However, there were some areas the trust should make improvement:

- Continue to engage with parents and carers of children to improve the immunisation uptake of five year olds.
- Continue to look at ways to increase the uptake of annual reviews of patients with a learning disability.
- Continue to consider what action needs to be taken to improve areas of lower patient satisfaction with the service.

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?

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. There were effective processes in place to investigate significant events and to share learning from these.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse. There was a designated GP responsible for safeguarding and had regular meetings with community based health professionals to discuss patients at risk.
- There was a timely process in place to recall patients affected by safety alerts to ensure these patients were protected from potential harm.
- Systems to ensure the safety and well-being of staff, patients and visitors had been greatly improved since our previous inspection in respect of infection control management, risk assessment, and the safety testing of fire and electrical safety.
- The practice followed effective recruitment procedures to ensure all staff had received the appropriate pre-employment checks.
- The management of prescriptions on site had been improved since our previous inspection, with effective systems to monitor and control stock levels.
- The practice had effective systems in place to deal with medical emergencies.

Good



Are services effective?

- Data from the Quality and Outcomes Framework (QOF) showed outcomes for patients were significantly below local and national averages. The most recently published results showed the practice had achieved 68.7% of the total number of points available. This was 26.2% below the clinical commissioning group (CCG) average, and 26.6% below the national average. However data supplied by the practice showed they had already achieved 91% of the available points with further time to improve until the end of the 2016/17 QOF year. This data had not yet been verified and published.

Good



Summary of findings

- Practice supplied data showed significant improvements in the QOF performance for all conditions and the practice had prioritised this as a way of engaging with patients with long term conditions and reviewing diagnosis and treatments plans.
- The trust had employed external auditors to ensure patients' records were safe and kept up to a high standard as well as reviewing individual notes as they were uploaded onto the computer system as part of a 'paper light' programme.
- Clinical audits were taking place to determine whether treatment was in line with best practice guidelines and this area had been prioritised by the pharmacist and clinical staff as a means of improving patient outcomes.
- The trust had a clear policy and commitment to staff training. Action had been taken following our initial inspection (May 2016) where we found some staff had not received training the trust identified as mandatory. At this inspection we found effective management of training and all staff had completed training modules through online resources and practice training sessions.
- Staff worked effectively with the wider multi-disciplinary team to plan and deliver high quality and responsive care to keep vulnerable patients safe.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. We saw that a number of clinical staff had additional qualifications and actively sought further training to enhance their skills to contribute to practice development. New staff were undergoing supportive and well planned inductions to introduce them to their new roles.

Are services caring?

- Data showed that patients mostly rated the practice in line with other local practices for several aspects of care. Results had shown a steady increase over the preceding two years. However, 76% of patients said the GP gave them enough time which was lower than the CCG average of 86% and the national average of 87%. This was an area still needing attention.
- Patients told us they were treated with care and concern by staff and their privacy and dignity was respected. Feedback from comment cards aligned with these views.
- The trust provided information for patients which was accessible and easy to understand.
- We observed staff treated patients with kindness and respect, and maintained confidentiality. Reception staff were observed to accommodate patients' needs.

Good



Summary of findings

Are services responsive to people's needs?

Good



- Early morning appointments were available on a Friday for patients who were unable to attend during normal hours.
- Patients told us there had been improvements in availability of clinicians and that if they needed an urgent appointment they would often be able to get one the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs and there were plans to upgrade the branch surgery to improve the service delivered there.
- The practice staff engaged with the local Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The trust had brought stability to the practice and had restructured the clinical team with an effective staff skill mix.
- Data from the national patient survey reflected that patient satisfaction with access to the service was in line with other local practices. These results had increased over the last two years.
- Information about services and how to complain was available and easy to understand and learning from complaints was shared across the practice

Are services well-led?

Good



- The practice had developed a vision underpinned by values to provide high quality care for their patients. The trust had worked with the practice team to ensure they recognised and understood the role and values of the organisation, and were able to contribute towards organisational aspirations and objectives.
- The trust provided leadership support to the practice. However, the practice team had been empowered to develop their roles and a GP was the designated clinical lead with accountability to one of the trust's clinical directors. The practice was encouraged to retain their own identity and the trust provided advice and support as necessary, including managerial support for human resources and finance.
- Following our previous inspection, staff had been given lead areas which had helped to significantly improve QOF outcomes. Staff were aware of their responsibilities and the practice was on target to achieve a much improved QOF achievement in 2016-17.
- The practice had a wide range of policies and procedures to govern activity and these were regularly reviewed and updated.

Summary of findings

- Since our previous inspection in May 2016, we observed that the practice had acted upon our previous findings and made improvements to strengthen arrangements for governance within the practice.
- The practice and the trust encouraged and valued feedback from patients, staff and the public. Internal patient satisfaction surveys supplemented feedback from other sources, and the practice responded positively to feedback to make improvements. Staff were encouraged to suggest improvements through meetings and the trust ran an annual staff satisfaction survey.
- The patient participation group (PPG) met regularly and worked with the practice to champion patient experience. The PPG were able to provide examples of suggestions they had made to enhance patient satisfaction at the practice.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as good for the care of older people.

- Staff offered proactive, personalised care to meet the needs of the older people in its population. For example, a practice pharmacist visited local care homes to review medicines, complementing the input provided by the GP and nurse practitioner.
- A care coordinator reviewed recent discharges and arranged home visits when suitable to support patients in recovery. They also monitored those patients at high risk of hospital admission to implement care in the home with the support of community teams and practice clinicians.
- Home visits were offered and urgent appointments for those with enhanced needs.
- There was a dedicated phone line for care homes, community teams and vulnerable patients to contact the practice reducing the time taken to arrange appointments.
- Staff offered older people the option to see their preferred choice of clinician to improve continuity of care.

Good



People with long term conditions

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

- There was a recall system for patients during the month of their birth to provide time for health and medicines review covering all conditions in one appointment this had been effective at increasing the recalls and patients told us they felt more involved in their care and treatment.
- The practice had established a weekly diabetic clinic which was run by a diabetic specialist and practice nurse to increase educational opportunities and engage with patients who previously had poor management of their diabetes. This had included initiating insulin locally, 'diabetes and you' and 'better blood sugar' sessions to increase awareness around self-management and 'pre diabetic' engagement to reduce the numbers of patients developing diabetes.
- GPs and nurses had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.

Good



Summary of findings

- Clinics were run on a weekly basis including; citizens advice bureau, smoking cessation and 'Live Life Better Derbyshire'

Families, children and young people

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

- Systems were in place to identify children at risk. The practice had a child safeguarding lead and staff were aware of who they were.
- There were systems in place 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 A&E attendances. The GP lead for safeguarding liaised with other health and care professionals to discuss children at risk.
- Immunisation rates were below local averages for all standard childhood immunisations. However we saw that children were called in line with the immunisation schedule and any parents who refused to attend were offered an appointment to discuss the implications and referred to the health visiting team, if appropriate, for additional support.
- The practice offered a full range of contraception services including coil fitting and implants.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Urgent appointments were available on a daily basis to accommodate children who were unwell.

Good



Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice staff had adjusted the services offered to ensure these were accessible. This included access to telephone appointments, and the availability of pre-bookable extended hours' GP appointments between 6.45am and 8am on a Friday.
- Online services such as electronic prescriptions and GP appointments were offered through the online booking system as well as access to patient's records.

Good



Summary of findings

- The practice's uptake for the cervical screening programme was 77.9%, which was below the CCG average of 82.4% and the national average of 81.8% with exception reporting rates in line with local averages, and approximately 3% lower than national averages.
- The practice provided direct access for patients to see a musculoskeletal physiotherapist to enable patient with conditions including back pain to be seen quickly.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability, and 53% had received an annual health check between April 2016 and 15 February 2017.
- The practice offered longer appointments for patients with a learning disability and for others who required this.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. Regular multidisciplinary meetings were hosted by the practice. In addition the practice held regular meetings to discuss patients on their palliative care register.
- A dedicated care-coordinator helped to signpost local community support and voluntary groups such as the wellbeing worker and citizens advice service.
- The practice had a nominated carer's champion with literature and support available for carers including identification a named carers support worker, annual health checks and seasonal influenza vaccinations.
- Staff put in place follow up appointments with the same GP wherever possible to ensure continuity of care.
- Translation services were available for patients whose first language was not English

Good



People experiencing poor mental health (including people with dementia)

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

- Performance for mental health related indicators was 66% which was 27.5% below the CCG average and 26.8% below the national average. The exception reporting rate for mental health related indicators was below the CCG and national averages. Practice supplied data which showed the practice

Good



Summary of findings

had achieved 95% of the available points in the current year which was a significant improvement on the previous year with time left to increase this further. This data had not yet been verified or published.

- The number of patients with a diagnosis of dementia who had their care reviewed in a face-to-face review in the last 12 months was 93.9% (with no exception reporting) which was 7.3% above the local average and 10.2% above the national average. Practice supplied data showed the practice had achieved 94% of the available points with time left to increase this further. This data had not yet been verified or published.
- Patients had access to confidential self-referral 'talking mental health' and in-house clinics every week.
- Staff regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- Staff told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The care coordinator monitored admissions to the emergency department to assess patients who would benefit from further care at home or a review and contact the patients to arrange support.

Summary of findings

What people who use the service say

We reviewed the results from the latest national GP patient survey published in July 2016. The results showed the practice was performing below local and national averages in some areas however the data showed an improving picture and the results had improved from the January 2016 data. A total of 187 survey forms were distributed and 74 were returned. This represented a response rate of 40%, which equated to approximately 1.5% of the practice's registered patients.

Results showed:

- 75% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 76%, and the national average of 73%.
- 84% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG and national average of 85%.
- 63% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to both the CCG the national averages of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 21 completed comment cards which were, in the majority, positive about the standard of care received. Patients highlighted the caring and courteous staff and said that receptionists went the extra mile to help and the nurses and doctors were approachable and provided a good level of care. Six comment cards specifically described recent improvement in the continuity of staff and availability of appointments.

We spoke with 18 patients (in addition to two members of the patient participation group) during the inspection. Although the majority of patients were happy with the care they received the more positive comments were from patients who had recently used the service, who told us they had experienced improvements in the availability of appointments and the continuity of staff which they praised.

Areas for improvement

Action the service SHOULD take to improve

- Continue to engage with parents and carers of children to improve the immunisation uptake of five year olds.
- Continue to look at ways to increase the uptake of annual reviews of patients with a learning disability.
- Continue to consider what action needs to be taken to improve areas of lower patient satisfaction with the service.

Creswell and Langwith Primary Care Services

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor, a practice manager specialist adviser, two other CQC inspectors, and an expert by experience.

Background to Creswell and Langwith Primary Care Services

- The management of Creswell and Langwith Medical Centre was taken over by Derbyshire Community Health Services NHS Foundation Trust following the previous provider withdrawing at short notice in January 2015. The trust instigated measures to improve the delivery of care and treatment and to provide stable staff group.
- Creswell and Langwith Primary Care Services provides care to approximately 4,800 patients through a personal medical services (PMS) contract. Services are provided to patients from the main site at Creswell, and a branch surgery in Langwith. As part of our inspection we also visited the branch site.
- The premises are privately owned and were refurbished in 2000. Further work has been carried out over the last 12 months to improve the environment for patients and ensure compliance with infection control standards. Plans are progressing for a new development at the branch site.

- The registered patient population are predominantly of white British background, with a practice age profile which is similar to others locally and nationally. However, the number of patients aged 65 and over is higher (20.1%) than the national average (17.2%), although this is still in line with local averages. The practice is ranked in the third more deprived decile and serves residential and semi-rural areas. Income deprivation affecting children and older people is also above the national average.
- The clinical team comprises three salaried GPs (two males and one female), one full-time female advanced nurse practitioner (a second advanced nurse practitioner will commence post in April 2017), a full-time male pharmacist, two part-time practice nurses, and two part-time healthcare assistants, one of whom also works as the practice's care co-ordinator. The clinical team is supported by a practice manager and a team of 11 administrative and reception staff.
- The practice is open from Monday to Friday between 8am to 6.30pm. The consultation times for morning GP appointments are from 8am to 11.50am. Afternoon appointments are offered from 2pm until 5.30pm. The practice offers extended hours on a Friday morning from 6.45am to 8am for pre-booked appointments.

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

Detailed findings

Why we carried out this inspection

We undertook a comprehensive inspection of Creswell and Langwith Primary Care Services on 11 May 2016 as part of our new inspection programme. The practice was rated as good for providing caring and responsive services, but was rated as 'requires improvement' for providing safe and effective services. The practice was rated as inadequate for providing well-led services, and this resulted in an overall rating of 'requires improvement'. The concerns which led to these ratings applied across all the population groups we inspected. Previously published reports can be accessed at www.cqc.org.uk

We issued a requirement notice to the trust in respect of good governance, and safe care and treatment. We informed the trust that they must provide us with an action plan to inform us how they were going to address the issues of concern. An action plan was subsequently received.

We undertook a further comprehensive inspection of Creswell and Langwith Primary Care Services on 15 February 2017 to check that the actions had been completed to address the requirement notice, and confirm that the trust was compliant with legal requirements. This inspection was carried out to ensure improvements had been made and to assess whether the practice's ratings could be reviewed.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 15 February 2017. During our visit we:

- Spoke with a range of staff (including GPs, nursing staff, the practice manager, representatives of the wider corporate management team, and a range of reception and administrative staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

Please note that when referring to information throughout this report, for example 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

At our previous inspection on 11 May 2016 we rated the practice as requires improvement for providing safe services as the arrangements for medicines management, the management of patient safety alerts, and health and safety management including risk assessments and infection control processes required strengthening.

These arrangements had significantly improved when we undertook a follow up inspection of the service on 15 February 2017, and the practice was rated as good for providing safe services.

Safe track record and learning

There were effective systems in place to report and record incidents and significant events.

- There was a protocol in place to describe the procedure to report an incident or near miss
- Staff told us they would inform the practice manager or the clinical lead of an incident or event in the first instance. Following this, the appropriate staff member completed the reporting form which was available on the practice's computer system.
- Staff reviewed significant events at regular meetings. Incidents were a standing agenda item at monthly meetings and relevant learning was shared with the wider team.

We reviewed a range of information relating to safety including 17 significant events recorded in the previous 12 months and the minutes of meetings where this information was discussed. Practice staff ensured lessons were shared and that action was taken to improve safety. For example, when a fracture was not diagnosed at the time of the initial consultation, clinicians agreed to refer patients for x rays following a significant trauma even if the patient remained weight bearing with no obvious symptoms. Further training was also arranged to support clinical staff with this.

Staff demonstrated an open and transparent approach when patients were affected by incidents, The practice management team invited patients affected by significant events to view the outcomes and apologies were offered where appropriate.

Overview of safety systems and processes

There were systems which kept people safe and safeguarded from abuse. These included:

- Arrangements to safeguard children and vulnerable adults from abuse were in line with local requirements and national legislation. There was a GP lead for child and adult safeguarding and staff were aware of who this was. Policies in place supported staff to fulfil their roles and outlined who to contact for further guidance if they had concerns about patient welfare. Staff had received training relevant to their role; for example GPs and nurses were trained to Level 3 for children's safeguarding and other employees were trained to an appropriate level for their roles and responsibilities.
- Nursing and reception staff acted as chaperones if required. Notices were displayed in the waiting area to make patients aware this service was available. All staff who acted as chaperones had undertaken checks with the disclosure and barring service (DBS). DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. Training had been completed with staff to make sure they understood the role of a chaperone.
- The practice premises were observed to be clean and tidy and appropriate standards of cleanliness and hygiene were followed. A practice nurse was the infection control lead who liaised with local infection prevention teams for advice and to maintain best practice. The nurse arranged infection control audits within the practice and this was most recently completed in December 2016, with actions identified in response to this. Additionally, the local infection prevention and control specialist nurse had undertaken an unannounced infection control audit across both sites in February 2017. This led to the development of an action plan which the practice were in the process of completing. An infection control policy was available and up to date.
- Since our previous inspection, a procedure had been put in place to record the cleaning schedule of medical equipment. We saw that this was up to date, and that all equipment was stored in a safe and hygienic environment.
- Cleaning arrangements were undertaken by a contractor. We observed that cleaning schedules were in place and maintained. Review meetings between the

Are services safe?

practice and the contractor were due to commence in the next month, but effective communications had already been established. We saw that the systems for the management of waste were appropriate and well-managed.

- There was a system in place to distribute patient safety alerts and staff were aware of this. These were discussed at the next clinical meeting.
- Alerts from Medicines and Healthcare products Regulatory Agency (MHRA) updates were distributed and searches run to identify affected patients. During the inspection we reviewed a number of high risk medicines and recent MHRA alerts and found that patients were recalled and managed in line with best practice guidelines.
- Medicines audits were undertaken to ensure prescribing was in line with best practice guidelines and clinicians worked closely with the practice pharmacist.
- 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 against a patient specific prescription or direction from a prescriber.
- At our previous inspection, we observed that prescription pads were not always securely stored although there was a system in place to monitor their use. At our second inspection, we saw this had been improved and all prescriptions were appropriately secured with systems to monitor their distribution within the practice.
- We reviewed employment files for recently appointed clinical and non-clinical staff. We found all of the appropriate recruitment checks had been undertaken prior to employment. Checks undertaken included, proof of identity, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS).

Monitoring risks to patients

Risks to patients were assessed and well managed.

- At the previous inspection (May 2016) we found there was a no health and safety policy available and there was not an up to date fire risk assessments in respect of the practice. At this inspection we found updated risk assessments and effective records showing when fire drills were undertaken.

- At the previous inspection (May 2016) the electrical equipment was last certified as safe in January 2014 and no risk assessments had been undertaken to establish what equipment should be tested and when. In line with the trust's policy, these checks had been completed in June 2016.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella (Legionella is a term for a particular bacteria which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and skill mix needed to meet patients' needs. There was an agreed baseline identifying the minimum cover arrangements and leave was planned to ensure this was not breached. Locum GPs were used when this was required, and the practice had the necessary arrangements in place to support locum placements.

Arrangements to deal with emergencies and major incidents

There were arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on computers in all the consultation and treatment rooms which alerted staff to any emergency.
- There was a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and an accident book were available and the practice had designated first aiders.
- At our previous inspection (May 2016) there was no provision for emergency medicines to be taken on home visits by doctors. At this inspection we found a comprehensive range of medicines stored in a communal doctors' bag which was checked on a monthly basis.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of the location. All the medicines we checked were in date and stored securely.
- The trust had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff, local health facilities and suppliers.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 11 May 2016, we rated the practice as requires improvement for providing effective services as some areas required strengthening to enhance patient care. This included risks associated with patient records inherited from the previous provider, and the number of annual health reviews for patients with a learning disability.

These arrangements had mostly improved when we undertook a follow up inspection of the service on 15 February 2017 and the practice is now rated as good.

Effective needs assessment

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

In our initial inspection (May 2016) we found there was no effective system to recall patients immediately if an update had recommended a change to treatment which presented a risk. At this inspection we found the practice had implemented effective audit and recall systems which were overseen by the lead GP and the practice pharmacist to ensure the recall and continued monitoring of patients following a recommended update or change to their care or treatment.

During this inspection we reviewed some records of patients on high risk medication and those on medicines which had been the subject of an update to best practice guidelines. We found regular reviews and blood tests were being conducted to ensure patient safety.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recently published results for 2015-16 showed that the practice had achieved 384.2 out of a possible 559 points which was 68.7% of the total available, with an exception reporting rate of 4.5% which was lower than the CCG (9.1%) and national average (9.8%). The exception reporting rate is

the number of patients which are excluded by the practice when calculating achievement within QOF. Published performance in most areas was significantly below the local and national averages.

We reviewed practice supplied data for the current year 2016-17, which had not yet been verified and published. This data showed that the practice had achieved 91% of the points available which was a significant improvement over the previous year's performance with a further time to improve. A comparison of the 2015/16 and 2016/17 data showed:

- Published data showed performance for diabetes related indicators was 49.9%, which was significantly below both the CCG average of 88.8%, and the national average of 89.9%. However, practice supplied data for 2016-7 showed the practice had achieved 75% of the points with time left to increase this further. This data was not verified and published.
- Published data showed the practice achieved 39.2% for clinical indicators related to chronic obstructive airways disease compared to a local average of 93.9% and a national average of 95.8%. However, practice supplied data showed the practice had achieved 85% of the points with time left to increase this further. This data was not verified and published.
- Published data showed the practice performance for asthma indicators was 54.2% which was much lower than the local and national averages (97.2% and 97.4% respectively). However, practice supplied data showed the practice had achieved 100% of the points which was a significant improvement on the previous year with time left to increase this further. This data was not verified and published.
- Published data showed the percentage of patients with hypertension having regular blood pressure tests was 72.6% which was 10.6% below the CCG average, and 10.3% below the national average. Practice supplied data showed the practice had achieved 100% which was an improvement on the previous year. This data was not verified and published.
- Published data showed the practice performance for mental health related indicators was 66% compared to the CCG average of 93.5%, and the national average of 92.8%. Practice supplied data showed the practice had achieved 95% of the points which was an improvement on the previous year with time left to increase this further. This data was not verified and published.

Are services effective?

(for example, treatment is effective)

At the previous inspection (May 2016) the trust and practice staff highlighted to us the significant risks associated with inaccurate and incomplete patient records which they had inherited. At the time opportunistic review was being carried out to ensure patients were receiving care and treatment for their condition.

Following this initial inspection the practice had proactively managed the recall of patients on the QOF register to allow for review of medicines and treatment plans as well as confirmation of the diagnosis and to check the medical record was accurate. This was in addition to audits which had been undertaken to ensure best practice guidelines were being followed and medicines reviews by the practice pharmacist; both by appointment and by visits to patients unable to attend the practice and those resident in local care homes.

The trust had employed external auditors to ensure patient's records were safe and kept up to a high standard as well as reviewing individual notes as they were uploaded onto the computer system as part of a 'paper light' programme. The review of notes had been undertaken by a dedicated notes summariser who, together with an administrator had undergone training in clinical coding, medical terminology and summarisation to ensure a consistent approach. This work had resulted in an increase in prevalence of conditions as patients were correctly diagnosed and treatment implemented.

Staff told us there had been a shift towards increased auditing and scheduling of further audits to ensure there were improvements to the care patients received. We reviewed two completed audits where second cycles had been completed and shown improvement. For example following an MHRA alert an audit of patients prescribed a medicine prescribed to patients with angina had been conducted and this had shown patients were recalled where they could be at risk of side effects from other conditions or interactions with other medicines. Replacement medicines were prescribed and alerts placed on records to ensure regular review of patients.

There were a further nine audits being undertaken with scheduled second cycles to show improvements had been made.

Effective staffing

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

- The trust had a comprehensive induction programme for newly appointed clinical and non-clinical members of staff which covered topics such as safeguarding, first aid, health and safety and confidentiality.
- The trust could demonstrate how they ensured role-specific training and updating for relevant staff; for example for staff reviewing patients with long term conditions. Staff administering vaccines, taking samples for cervical screening and taking blood samples had received specific training which included an assessment of competence.
- All staff had received an appraisal, including GPs as a supplement to their standard GP appraisal. This ensured that the doctors employed in the practice were aligned with wider trust objectives. At our previous inspection, we had observed that staff appraisals were not up to date and the trust had worked hard to implement a full and co-ordinated response to ensure that all team members were appraised including an analysis of their training needs.
- At our previous inspection, some staff were not up to date with mandatory training requirements or some training which was necessary to support part of their role, for example chaperone training. However, at our inspection in February 2017, this was improved and staff were up to date with their required training. Staff had access to online learning and also to training resources accessible through the trust.

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.

The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

There was a part time care coordinator based within the practice who monitored discharges from hospital and implemented support for patients to reduce the likelihood of admission.

Are services effective?

(for example, treatment is effective)

Weekly clinical meetings took place with a four week cycle to specifically focus on:

- Reviews of palliative care patients
- safeguarding
- prescribing and significant events
- protected learning event for the practice

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP, or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted or referred to the relevant service.
- The practice offered a range of services including smoking cessation and family planning clinics.
- The practice had identified a need in the local community to support patients with diabetes and improve management. In response the practice had established a weekly diabetic clinic which was run by a diabetic specialist from the trust and practice nurse to increase educational opportunities and engage with patients who previously had poor management of their diabetes. This had included initiating insulin locally, 'diabetes and you' and 'better blood sugar' sessions to increase awareness around self-management and 'pre diabetic' engagement to reduce the numbers of patients developing diabetes.

Staff told us patients who had previously struggled to manage their diabetes and who had consequently developed associated health problems had found the

service beneficial and there had been improvements in patient's condition as well as the feeling of being supported at the practice. The service had been running since September and patients could be booked in for follow ups as required.

- The practice had undertaken an annual health review for 25 of their 47 patients with a learning disability in 2016-17 which was an improvement on the nine completed in the previous year, with additional time to complete further reviews. The practice had engaged with the local learning disability nurse specialist to ensure communication was sent in an appropriate manner depending on level of need and to advise on the best way to approach further reviews to increase uptake.
- The practice's uptake for the cervical screening programme was 77.9%, which was below the CCG average of 82.4% and the national average of 81.8% with exception reporting rates in line with local averages, and approximately 3% lower than national percentages.
- National screening programme data showed the uptake for bowel cancer screening for 60-69 years old in the last 30 months was lower at 49% compared against local (58.5%) and national averages (57.8%). Breast cancer screening for females aged 50-70 in the last 36 months demonstrated uptake to be in line with averages at 70.5% (local 72.7%, national 72.5%).

Staff told us they encouraged patients to attend national screening programmes for bowel, cervical and breast cancer, there had been changes to the way the practice engaged with patients and sent follow up letters to patients who did not respond to the invitation. The lead GP also contacted the patient by phone to explain the benefits of screening and encourage appointments. Although in the early stages of implementation the uptake was shown to have improved anecdotally and further training was being undertaken for non-clinical as well as clinical staff to encourage further uptake. The local NHS England lead for screening had stated this work had shown improvement in uptake although data was not yet available to evidence this.

- Childhood immunisation rates for the vaccinations given were below CCG averages. For example, childhood immunisation rates for quarter two of 2016/17 for the vaccinations given up to the age of two years of age the

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

average was 89.8%, which was slightly below the 90% standard. For the measles, mumps and rubella (MMR) vaccine, given up to the age of five, the average was 58.3% which was below the CCG average of 90%.

The practice had become proactive in managing the scheduling and education around immunisations for new patients and this had shown an improvement in the uptake for children under two over the previous years, however the practice had struggled to improve the uptake with some patients and the practice performance on immunisations in the under-fives were lower. In response the practice had:

- Created a letter which was sent out to all new parents on the birth of a child which explained how to register the baby for the six week check as well as featuring an immunisation schedule to highlight the importance of the program. This was in addition to reminders being sent out prior to immunisation appointments and regular contact with the lead nurse and health visitor for support.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

Throughout the inspection, we observed that members of staff were polite, friendly and helpful towards patients.

Measures were in place within the practice to maintain the privacy and dignity of patients and to ensure they felt at ease. These included:

- Curtains were provided in consulting rooms to maintain 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.
- The reception layout was optimised to ensure confidentiality to those patients at the reception desk, in addition to which, reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

We received 21 completed comments cards as part of our inspection. All of the comment cards were positive about the service provided by the practice. Patients said that staff were courteous, supportive and helpful. Patients also said they felt listened to by staff and treated with dignity and respect. Several cards praised the reception and nursing team for accommodating their requests and being so understanding.

We spoke with 18 patients in addition to two members of the patient participation group (PPG). They told us they were happy with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey in July 2016 showed the practice was mostly in line with local and national averages for its satisfaction scores on consultations with GPs. The majority of questions demonstrated an increase in satisfaction over the previous two years. For example:

- 88% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 92% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.

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

Patient satisfaction scores were in line with local and national averages in respect of consultations with nurses. For example:

- 96% of patients said the nurse gave them enough time compared to the CCG average of 93% and the national average of 92%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.

Satisfaction scores for interactions with reception staff were marginally higher than local and national averages:

- 91% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Feedback from patients demonstrated that they felt involved in decision making about the care and treatment they received. Patients told us they felt listened to, were made to feel at ease and well supported by all staff, who would do their best to accommodate their needs. They also told us they never felt rushed, and given time during consultations to make informed decisions about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We saw evidence that care plans were personalised to account of the individual needs and wishes of patients.

Results from the national GP patient survey in most areas were slightly above local and national averages. These outcomes showed an increasing upward trend over the previous two years. For example:

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

Are services caring?

- 94% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and the national average of 90%.
- 91% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

However, one area in which satisfaction was still lower than local and national averages was that:

- 76% of patients said the GP gave them enough time which was lower than the CCG average of 86% and the national average of 87%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- A hearing loop was in place at reception.

Patient and carer support to cope emotionally with care and treatment

There was information in the patient waiting room. For example, there was information related to dementia and mental health. The care-coordinator was able to directly refer patients to support groups and also had the role of carers champion to ensure local groups were sign posted and carers received help when required.

The practice's computer system alerted staff if a patient was also a carer. The practice provided care to 73 carers in total which equated to 1.7% of the patient list. During the inspection we found the waiting area had information displayed for carers about locally available support. The practice provided flu vaccination to carers and made longer appointments available if the patient required.

Staff told us if families had experienced bereavement, a GP or Advanced Nurse Practitioner contacted them if this was considered appropriate and were signposted to talking therapy to open up a channel for future support if required and to make relatives aware of the care available.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

- The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.
- The practice offered extended hours appointments one morning a week.
- The practice would always make a same day appointment available for children.
- There were longer appointments available for people who needed them.
- A separate room was made available for patients who wished to talk privately away from the reception desk.
- Home visits were available for patients who were unable to attend the practice.
- The practice provided primary care services to a local care home for older people. This included visits from the practice pharmacist to review patients' prescribed medicines to ensure these were still appropriate. The practice were looking to introduce a scheduled programme of doctor/nurse visits to provide a more responsive service and a meeting had been booked with the care home to discuss how this might work.
- Patients could order repeat prescriptions on line. The practice participated in the electronic prescription service, enabling patients to collect their medicines from their preferred pharmacy without having to collect the prescription from the practice.
- There were translation services available if these were required.
- Consultation rooms and all patient facilities were situated on the ground floor.
- Parking facilities were available for patients and these included disabled parking bays at the Creswell site.
- The Creswell site had automatic entrance doors with good access for patients using a wheelchair or mobility scooter. Disabled toilet and baby changing facilities were available on site.
- Weekly clinics were held in the practice for patients including midwife led appointments, smoking cessation and Citizens Advice Bureau.

The practice had undertaken a patient experience survey between November 2016 and January 2017 to review the journey a patient takes from making the appointment to

attending the practice. Although the results had been positive the practice had reviewed the data and put into place an action plan to further improve patient's experience. For example to the question 'are you aware you can book appointments request prescriptions online' 41% said no. As a result the practice improved the information available in the waiting area, produced a leaflet on how to access the information online and improved the practice website to make it easier to find help in registering for online services.

Access to the service

The practice's main site at Creswell was open from 8am to 6.30pm on Monday to Friday. The branch site at Langwith opened between 8am to 5pm from Monday to Thursday, and from 8am to 6.30pm on a Friday. The consultation times for morning GP appointments were from 8am to 11.50am. Afternoon appointments were offered from 2.30pm until 5.30pm. The practice offered extended hours on a Friday morning from 6.45am to 8am for pre booked appointments.

A review of the appointments system during the inspection demonstrated that there was a pre-bookable appointment available with a GP or practice nurse on the next day. Routine pre-bookable appointments were available four to six weeks in advance, and urgent appointments were available on the day. Telephone and home visit appointments were also available. Appointments could be booked either online, by telephone or in person.

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

- 74% of patients were satisfied with the practice's opening hours compared to the clinical commissioning group average of 78% and the national average of 76%.
- 75% of patients said they could get through easily to the practice by phone compared to the CCG average of 76% and the national average of 73%.
- 77% of patients described their experience of making an appointment as good compared to the CCG average of 75% and the national average of 73%.

The outcomes of the survey demonstrated a steady improvement in patient satisfaction in relation to access over the last two years.

Are services responsive to people's needs?

(for example, to feedback?)

From the comment cards we received and the patients we spoke with a majority were satisfied with access to the practice, with eight of the patients we spoke to stating there had been improvement in both access to appointments and continuity of staff.

Listening and learning from concerns and complaints

The practice had systems in place to effectively manage complaints and concerns.

- The practice adopted the trust's complaints policy and procedures, which were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager and GP clinical lead were designated as being responsible for handling all complaints received by the practice.

- Leaflets for patients wishing to make a complaint about the practice were available from the reception, and the practice had information about the complaints process displayed in their waiting area.

We inspected ten complaints received since April 2016 and found these were dealt with promptly and sensitively. We saw that meetings were offered with complainants to discuss and resolve issues when appropriate. Apologies were given to people making complaints where indicated. Lessons were learnt from concerns and complaints and appropriate action was taken to improve the quality of care. We saw that complaints were discussed at monthly meetings within the practice and learning was appropriately identified. For example, in response to complaints about getting through to the practice by telephone, the practice increased staffing levels to deal with incoming calls and provided information to patients on the best times to contact the practice with particular queries.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 11 May 2016, we rated the trust as inadequate for providing well-led services as internal governance arrangements required strengthening. This included the trust's governance arrangements, and the oversight of performance management which did not always operate effectively. Clinical leadership and arrangements for accountability were not always clear or fully effective.

The inspection on 15 February 2017 showed that significant improvements had been made to rectify our previous findings, and the trust was rated as good for the management of well-led services.

Vision and strategy

Derbyshire Community Health Services (DCHS) NHS Foundation Trust had managed the practice since January 2015. The trust was keen that the practice retained its own identity and offered more of a supportive and collaborative approach to assist practice development. This acknowledged that although primary care was not the organisation's core business, the trust would facilitate and guide the practice towards high achievements in the longer term.

The trust had a clear vision to deliver high quality care to the local community, and to provide a good environment for staff to work within. This was underpinned by values to support the vision, and this had been communicated to the practice team.

The trust had run an engagement session for the practice team during September 2016. This was based on the trust's induction session for new employees in recognition that most practice employees had not attended this since the trust had taken over the management of the practice, including the existing team. The staff had an understanding of how the trust operated and the wider organisational goals, values and strategic objectives, and how primary care fitted into this structure. Following this, the practice team held their own session to review the trust's visions and values and reflect on what this meant for them. This resulted in the development of a 'Patients' Charter' which defined the expectations of what staff would provide for their patients, but also what they needed from patients to

achieve this successfully. This established an understanding and collaborative arrangement between the practice and their patients. The charter was on display for patients attending the practice.

Governance arrangements

The trust had well-developed and comprehensive governance frameworks, and these helped to support the practice. For example:

- When new trust policies and procedures were developed, they were reviewed in terms of their appropriateness to general practice. The practice staff were included in the distribution list. In addition the practice was encouraged to develop and review their own policies which were specific to their own work. Staff had easy access to policies via the intranet.
- Practice staff had access to training and development opportunities through the trust, widening the scope for ongoing staff development. This also had the advantage of adding training histories onto the electronic staff record to assist with monitoring, appraisals, and the analysis of training needs.
- There were links to wider trust committees. For example, the general manager chaired a governance meeting for all three general practices managed by the trust, and this included representation from finance, human resources and the clinical director with responsibility for general practices. The clinical director chaired a general practice steering group which focused upon strategic issues for the three practices.

Since our previous inspection in May 2016, we observed that the trust had acted upon our previous findings and made improvements to strengthen internal governance. This included:

- There was clear understanding about the performance of the practice and this was kept under close and regular review. For example, this was having a significant impact on QOF performance with staff being allocated lead responsibilities with oversight from a lead GP. The appointment of a practice co-ordinator post has been beneficial in co-ordinating this work.
- Patient searches were undertaken in response to MHRA alerts, with proactive follow-up to ensure patients were reviewed and kept safe.

Are services well-led?

Good 

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

- Clinical and internal audit was being used to benchmark and monitor the quality of care and to make improvements to ensure patient safety.
- Arrangements had been put in place for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

- A GP has been assigned as the clinical lead for the practice. This GP was professionally accountable to the trust's clinical director for general practice, and they met regularly on a one-to-one basis for support and development.
- Communication between the trust and staff working at the practice was much improved since our last inspection. The general manager of the trust regularly visited the practice and was visible to the staff. The general manager worked closely to support the practice manager to review managerial issues.
- The appraisal process had been significantly developed since our previous inspection in May 2016. All of the practice team had an up to date appraisal at our inspection in February 2017. The GP clinical lead had received an appraisal from the trust clinical director for general practice which ensured there were personal objectives to align with organisational priorities and practice achievement. This was in addition to the standard GP appraisal which is more focussed towards individual performance.
- The clinical lead GP had appraised the salaried GPs and other clinicians within the practice. All non-clinical staff had also received an appraisal.
- A network of internal meetings had been established to assist internal communications and support. This included:
 - A practice management team meeting was held approximately every six weeks with attendance from the practice manager and the clinical lead GP, the general manager and clinical director for general practice. This would consider issues with an operational focus such as recruitment, and the forward strategy such as business planning arrangements.
 - A weekly clinical meeting for all clinicians was held with the practice manager and reception supervisor. Minutes were recorded from these meetings which reviewed issues such as safeguarding, NICE guidance, QOF, and medicines alerts over a four week cycle. Representation from the reception managed ensured any administrative changes required, such as booking patient recalls, could be actioned quickly.
- Informal coffee mornings took place, usually twice each week. This was for the clinical team members to assist with team building and also to discuss any clinical issues or to review a case study.
- Weekly administration team meetings took place to discuss issues pertinent to this team, and their support for the clinical team.
- Monthly protected learning events took place, and this offered an opportunity for all practice staff to meet together. This allowed, for example, for the team to discuss review significant events collectively.
- Internal communications were aided by the distribution of a fortnightly newsletter collated by the general manager. This provided updates for staff on current issues and developments, including new starters. It also highlighted when the general manager and clinical director would be on site so that staff would be aware if they needed to speak with either of them.
- The practice team also engaged in wider networks, including CCG led meetings and local practice manager forums. The practice also worked with other local practices, and had a close relationship with the other trust practices within the CCG area. For example, the clinical lead GP attended a journal club hosted by the lead GP at this practice.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at meetings, and felt confident and supported in doing so. The practice management team encouraged suggestions for improvement from staff.
- Staff told us the practice manager was approachable and always took the time to listen to all members of staff.
- Only one staff member did not rotate across both the Creswell and Langwith sites. This ensured that staff were not isolated and that issues at the branch site were addressed. The practice manager regularly visited the branch location.

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

- The practice and the trust encouraged and valued feedback from patients and the public. It proactively sought patients' feedback and engaged patients in the

Are services well-led?

Good 

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

delivery of the service. The practice had analysed the results from the national GP patient survey and acted on the findings. We observed that there had been a steady increase in patient satisfaction scores over the last two years and the results were in alignment with local and national averages.

- The practice had undertaken their own internal patient survey in late 2016, and we saw that actions had been taken in response to this. For example, patients said that their booked appointment time often ran late with only 19% confirming they were seen on time. The practice responded by displaying information in the waiting area to reinforce that patients needed to book a double appointment if they had more than one problem to discuss with the GP. Clinicians were also reminded about the need to manage their time effectively.
- Practice staff were invited to participate in the trust's annual staff survey. This had recently been completed and the results were being analysed. 'Pulse checks' were also undertaken by the organisation periodically to ask approximately five simple questions to gauge staff opinions or morale.
- The practice had an established patient participation group (PPG), which usually met every two months. There were approximately 15 regular attendees and the trust would always ensure a representation from the

practice was in attendance, and this would normally be the practice manager. The PPG described an open and honest dialogue was in place with the practice, and felt their opinions were respected and acted upon. The PPG representatives whom we talked with were able to provide examples of actions the practice had taken in response to their feedback, this included changes to the appointment system to improve continuity of care.

Continuous improvement

- The trust had undertaken significant work to re-develop their branch site at Langwith and enhance patient experience and services at this location. Plans were well-developed and were awaiting final approval. The plans were displayed in the branch site to inform and update patients on progress.
- The trust was due to implement a new pay scale for practice staff from April 2017. This was the current NHS pay system with grading and specific terms and conditions. This is not usually adopted by general practice which has other systems in place. However, implementation of the new process ensures parity with other trust staff and the practices they directly managed. The revised pay and terms and conditions were likely to have a positive impact on future recruitment for the practice.