

Castle Street Medical Centre

Quality Report

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

Ratings

| | | |
|--|------|---|
| Overall rating for this service | 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 Castle Street Medical Centre on 31 October 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety within the practice. Effective systems were in place to report, record and learn from significant events. Learning was shared with staff and external stakeholders where appropriate.
 - Risks to patients were assessed and well managed.
 - Staff assessed patients' needs and delivered care in line with current evidence based guidance.
 - Outcomes for patients were generally above or in line with local and national averages.
 - Training was provided for staff which equipped them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
 - Patients told us they were able to get an appointment with a GP when they needed one, with urgent appointments available on the same day.
 - Feedback from patients and those close to them was overwhelmingly positive about the care they received and how staff treated them. We were told of several examples where staff had gone the extra mile to deliver care that exceeded their expectations. There was a strong, visible, patient centered culture in the practice and staff were highly motivated and inspired to provide care in a kind manner which promoted education and self-management of long term conditions which always took patients cultural, religious and social needs into account.
 - Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns and learning from complaints was shared with staff and stakeholders.

Summary of findings

- The practice worked closely with the Patients Participation Group (PPG) to maintain an effective line of communication with patients and develop areas of the practice. This had led to several links to community groups and the PPG had developed a guide to the town which was available to residents through the library.
- The practice had good facilities and was well equipped to treat patients and meet their needs. Recent expansion had ensured space was available in which to provide a range of services to patients.
- The practice was a training practice and had retained two trainees once qualified, who had trained within

the practice. The practice had identified this as key to good succession planning and was looking at training people from specialties such as pharmacists to encourage them into general practice.

- The recent merger with a trust had been seen by staff as a positive step in securing the future of the practice and allowing further development and closer working with other practices provided by the trust.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place to ensure significant events were reported and recorded.
- When things went wrong patients received support, information and apologies where appropriate. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were well assessed and managed within the practice.

Appropriate recruitment checks had been carried out on recently recruited staff.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. The most recently published results showed the practice had achieved 95.9% of the total number of points available. This was 1% above the clinical commissioning group (CCG) average and 1% above the national average.
- Staff used current evidence based guidance and local guidelines to assess the needs of patients and deliver appropriate care.
- There was an ongoing programme of clinical audit within the practice. The audits undertaken demonstrated improvements in quality and future audits were planned.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Patients said they were treated with compassion, dignity and respect, received an excellent level of care and they were involved in decisions about their care and treatment.

Good



Summary of findings

- Staff were highly motivated and inspired to deliver care that was kind and promoted dignity, building strong, caring and supportive relationships with patients and those close to them.
- We heard several examples where staff had gone the extra mile to care for patients outside normal hours to ensure care was delivered in their homes rather than being admitted to secondary care.
- Results from the national GP patient survey showed there were a number of areas where patients rated the practice higher than other locally and nationally. For example, 74% of patients with a preferred GP usually got to speak to that GP compared to the CCG average of 57% and the national average of 59%.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Patients told us urgent appointments were available the same day with the GP of their choice and that reception staff were accommodating to patients' needs.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- Any verbal complaints were discussed at the daily huddle to ensure staff were aware and changes made where appropriate.
- Services were hosted within the practice to help meet the needs of patients including the citizen's advice clinic and a well-being worker.

Good



Are services well-led?

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

- There was a clear leadership structure and staff felt supported by management. The practice had a wide range of policies and procedures to govern activity and held regular partnership/business meetings to ensure oversight and governance was effective within the practice.
- The recent merger with a trust had been seen positively by staff who told us it had taken place in a structured and supported way.

Good



Summary of findings

- There was a long term plan to continue training GPs and other clinicians through the practice to ensure a future workforce would be available in the local area. Two GPs trained in the practice had chosen to continue working in the practice.
- The practice proactively sought feedback from staff and patients, which it acted on.

The practice had an active Patients Participation Group and had engaged with external charities and organisations to positively influence the health of specific groups such as young people and patients with a learning disability.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population. Regular multidisciplinary meetings were held to review frail patients and care plans reviewed, at a minimum, every six months by the named GP, care coordinator and community staff to identify those at risk of hospital admission and plan and deliver care appropriate to their needs.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. This included home visits in collaboration with community teams, if identified as beneficial for patients, to assist in joint working and reduce appointments.
- The practice worked closely with carers in providing services to patients ensuring appointments were convenient, to both the carer and patient, as well as including them in meetings
- A designated GP visited local care homes and residential homes to allow for regular monitoring of patients.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people, including rheumatoid arthritis and heart failure were in line with or above local and national averages.

Good



People with long term conditions

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

- Clinical staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was 98.9% which was 10% above the CCG average and 9% above the national average. The exception reporting rate for diabetes indicators was in line with local and national averages.
- The practice ran an anticoagulation clinic which included home visits to ensure services were available locally for patients.
- The practice had taken part in a CCG pilot to reduce the admissions of patients with lung disease by issuing nebulisers for home use.
- Longer appointments and home visits were available when needed.

Good



Summary of findings

- The practice had effective systems in place to recall patients and staff took every opportunity to encourage screening and reviews.
- All these patients had a named GP and were offered a structured annual review to check their health and medicines needs were being met.
- The practice was involved in the development of advice leaflets to ensure patients had a good level of understanding and were able to increasingly self-manage their conditions.
- For patients with the most complex needs, practice staff worked with relevant health and care professionals to deliver a multidisciplinary package of care. Regular multidisciplinary meetings were hosted by the practice. The practice had a CCG employed care coordinator who monitored and managed care to patients with complex needs and following discharge.

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 relatively high for all standard childhood immunisations and the practice worked with health visitors to follow up children who did not attend for immunisations.
- A baby change room was available and, if required, a private room for breast feeding would be made available.
- The Practice had completed the annual Joint Safeguarding Children and Adults Assurance Framework Self-Assessment for Independent Contractors to ensure effective systems were in place to respond to vulnerable patients and integrated with other agencies.
- The practice worked closely with local schools where possible, and held a healthy eating competition as part of an open day.
- Chlamydia testing kits were available at the entrance to the surgery and contraceptive and sexual health advice appointments were available with the practice nurse.
- Urgent appointments were available on a daily basis to accommodate children who were unwell.

Good



Summary of findings

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Appointments could be made and cancelled on line as well as management of repeat prescriptions. In addition the practice used the website as a way of gathering patient feedback through surveys.
- GP telephone appointments could be made where appropriate for patients with difficulty attending the practice.
- The practice and PPG were promoting the online services encouraging the availability of appointments through the website.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. Uptake rates for screening were above the national average. For example, the uptake rate for cervical cancer screening was 85% compared with the national average of 81%.

The practice offered NHS health checks, new patient checks and hypertension checks during the evening appointments on a Thursday.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- There were longer appointments available with a named clinician for patients with a learning disability. In cases of annual reviews patients with a learning difficulty had access to 45 minute appointments with the nurse followed by a GP appointment.
- Health checks were offered to carers as part of the learning disability review.
- As part of a project in collaboration with Derbyshire County Council and the Police the practice had become a 'Safe Haven' for vulnerable people and the reception staff had undertaken training for this.
- Each clinical room had a copy of the Mental Capacity Act poster in addition to regular training for staff.

Good



Summary of findings

- 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.
- End of life wishes were shared with the out of hours service and anticipatory drugs placed on the clinical system automatically to aid in palliative care.
- A carers support group met monthly at the practice and provided emotional support and guidance as well as a forum in which to reduce isolation.

Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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 95% which was 1.4% above the CCG average and 2.1% above the national average. The exception reporting rate for mental health related indicators was in line with local and national averages.
- 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 94.1% which was 7.5% above the local average and 10.3% above the national average. This was achieved with an exception reporting rate of 8.1%, 0.1% higher than the CCG average and 1.3% above the national average.
- An 'at risk of dementia' read code is placed on patients records if appropriate to ensure early diagnosis through opportunistic screening.
- Dementia packs were available for newly diagnosed patients.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The PPG champion dementia care and awareness and regularly publish articles in local magazines on how and where to get support locally.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations including talking therapies.

Good



Summary of findings

- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

We reviewed the results of the national GP patient survey published in July 2016. The results showed the practice was generally performing in line with local and national averages. A total of 245 survey forms were distributed and 107 were returned. This represented a response rate of 44%.

Results showed:

- 89% 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%.
- 91% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 85% and the national average of 85%.
- 94% of patients described the overall experience of this GP practice as good compared to CCG average of 86% and the national average of 85%.

- 88% 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 78% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 52 completed comment cards which were all positive about the standard of care received. Patients highlighted the caring and helpful staff and said they were listened to during consultations.

We spoke with seven patients (in addition to four members of the patient participation group) during the inspection. Patients we spoke with were delighted with the care they received and thought staff were friendly, always willing to help and caring.

Castle Street Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor and second CQC inspector.

Background to Castle Street Medical Centre

Castle Street Medical Centre provides primary medical services to approximately 3192 patients through a general medical services contract (GMS).

The practice is located in recently extended premises in Bolsover Derbyshire. All facilities are on the ground floor including consulting and treatment rooms. The practice has car parking including parking for patients with a disability.

The level of deprivation within the practice population is below the national average with the practice falling into the 4th most deprived decile. The level of deprivation affecting older people is in line with the local and national average, however the level of deprivation affecting children is above the national average.

The clinical team is comprised of four salaried GPs (two female, two male), two practice nurses, a healthcare assistant and a phlebotomist. The clinical team is supported by a practice manager, reception and administrative staff. The practice is a teaching and a training practice for medical students.

In July 2016 the practice became part of the Derbyshire Community Health Services NHS foundation trust (DCHS) in a strategic step to ensure the future of the practice and centralise some management function.

The surgery is open from 8am to 6.30pm Monday to Friday. Consulting times vary but are usually from 8.30am to 11.30am each morning and 3.30pm to 6pm each afternoon. Early morning appointments were available on a Monday from 7.30am and an evening session with a GP and HCA was run on a Thursday until 7.30pm.

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

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 31 October 2016. During our visit we:

Detailed findings

- Spoke with a range of staff (including GPs, nursing staff, the practice manager 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

Safe track record and learning

The practice had systems and processes in place to enable staff to report and record incidents and significant events.

- Staff informed their manager or one of the partners of any incidents and completed a form detailing the events. Copies of the forms were available on the practice's computer system. Reported events and incidents were logged and tracked until the incident was closed. The incident recording system supported the recording of notifiable incidents under 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).
- When things went wrong with care and treatment, patients were informed of what had happened and offered support, information and apologies. Affected patients were also told about actions taken to improve processes to prevent the same thing happening again.
- Incidents and significant events were discussed on a regular basis and learning was disseminated across different staffing groups.

We reviewed 21 safety records, incident reports, safety alerts reported in the previous twelve months and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example a person with a new diagnosis of diabetes experienced negative symptoms following significant changes to their diet. Therefore the practice gave more time to patients and shared information more slowly to make sure patients had time to adjust to changes needed following diagnosis.,

Overview of safety systems and processes

Robust and well embedded systems, processes and practices were in place to help keep patients safe and safeguarded from abuse. These included:

- Effective arrangements were in place to safeguard children and vulnerable adults from abuse which reflected local requirements and relevant legislation. Policies were accessible to all staff and identified who staff should contact if they were concerned about a patient's welfare. There was a lead GP for child safeguarding and a separate GP for adult safeguarding

and staff were aware of who these were. There was evidence of regular liaison through monthly meetings with the safeguarding administrative lead and community based staff including school nurses and health visitors to discuss children at risk.

- Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to safeguarding level 3. Lead staff were committed to ensuring their knowledge was up to date and training was well monitored to ensure adequate hours and styles of learning had been achieved.
- Patients were advised through notices in the practice and information on the website that they could request a chaperone if required. Nursing and reception staff acted as chaperones. All staff who acted as chaperones had been provided with face to face training 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).
- During our inspection we observed the practice to be clean and tidy and this aligned with the views of patients. A practice nurse was the lead for infection control within the practice. An external audit took place in November 2015 which highlighted several areas requiring improvement. Since then there had been protected time implemented for the practice nurse to ensure infection control was prioritised and additional support from the practice manager to regularly review the changes and ensure compliance.
- There were mechanisms in place to maintain high standards of cleanliness and hygiene. The practice had effective communication with the cleaning staff who were contracted to clean the practice. Effective cleaning schedules were in place which detailed cleaning to be undertaken daily and weekly for all areas of the practice. There were infection control protocols and policies in place and staff had received up to date training.
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. Action was taken when updates to medicines were recommended by the Medicines and Healthcare Products Regulatory Agency (MHRA) and patients were recalled to review their medicines when appropriate.

Are services safe?

- There was effective management and procedures for ensuring vaccination and emergency medicines were in date and stored appropriately. The practice, in conjunction with the CCG pharmacist, carried out regular medicines audits including high risk medications, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- We reviewed three personnel files for clinical and non-clinical staff and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Most risks to patients were assessed and managed.

- There were procedures in place to manage and monitor risks to patient and staff safety. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as legionella. We saw that appropriate action was to act upon any identified risks to ensure these were mitigated.
- Arrangements were in place to plan and monitor staffing levels and the mix of staff needed to meet patients' needs. The practice manager ensured there was adequate clinical time available to meet demand and this was reviewed on a weekly basis. The GPs had recently been allocated administrative time, on a trial basis, and the effect this had on appointment demand was being regularly reviewed to ensure there was no impact on availability to patients.

There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. There were robust arrangements in place to ensure there was adequate GP and nursing cover. The practice regularly reviewed historic appointment demand and took account of summer and winter pressures when planning minimum staffing requirements. There had not been the requirement for locum cover in the practice over the last three years as staff covered holidays and sickness internally.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were accessible to staff and all staff knew of their location. All the medicines we checked were in date.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and suppliers. In addition to copies held within the practice, copies were also kept off site by key members of staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinical staff assessed the needs of patients and delivered care in line with relevant evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines and local guidelines.

- Systems were in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and local guidelines electronically. Relevant updates to these were discussed in the daily huddle, clinical meetings and through educational sessions.
- Staff attended regular training which supported their knowledge about changes and updates to guidelines.
- The practice monitored that these guidelines were followed through risk assessments, audits and checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recently published results showed the practice had achieved 95.9% of the total number of points available. This was 1% above the clinical commissioning group (CCG) average and 1% above the national average.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was 98.9% which was 10% above the CCG average and 9% above the national average. The exception reporting rate for diabetes indicators was in line with local and national averages.
- Performance for indicators related to hypertension was 100% which was 1.7% above the CCG average and 2.7% above the national average. The exception reporting rate for hypertension related indicators was 3.6% which was above the CCG average of 2.5% however below the national averages of 3.9%.

- Performance for mental health related indicators was 95% which was 1.4% above the CCG average and 2.1% above the national average. The exception reporting rate for mental health related indicators was below the local and national averages.
- 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 94.1% which was 7.5% above the local average and 10.3% above the national average. This was achieved with an exception reporting rate of 8.1%, 0.1% higher than the CCG average and 1.3% above the national average.
- Performance for asthma related indicators was 100%, which was 2.9% above the CCG average and 2.6% above the national average. This was achieved with an exception reporting rate below the CCG average of 6% and the national average of 7%.

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. During the inspection we looked at the rate of exception reporting and found it to be in line with agreed guidance.

Arrangements were in place to ensure patients were recalled for reviews of their long term conditions and medication. Patients were recalled at least three times for their reviews using a variety of contact methods including letters, telephone calls, messages on prescriptions and text messages. The variety of contact methods reduced the risk of patients not receiving a reminder.

There was evidence of quality improvement including clinical audit.

- There had been 14 audits undertaken in the last 12 months two of which had been completed through a second cycle. These covered areas relevant to the practice's needs and areas for development. A further 14 were scheduled to ensure a structured approach to audits.
- We reviewed several clinical audits where the improvements made had been implemented and monitored. For example the practice had undertaken an audit of patients currently on hormone replacement therapy (HRT). In conclusion there had been improvement in the number of patients attending for annual review, however the audit identified that recording discussions around the risk and benefits of

Are services effective?

(for example, treatment is effective)

the treatment could be improved. Information leaflets were made available along with online resources to allow patients to read about the treatment following reviews and clinical staff were signposted to resources to help document and discuss lifestyle and the risks and benefits of the treatment.

Effective staffing

We saw that staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had comprehensive, role specific, induction programmes for newly appointed clinical and non-clinical staff. These covered areas such health and safety, IT, fire safety, infection control and confidentiality. Staff were well supported during their induction and probation periods with opportunities to shadow colleagues and regular reviews with their line manager.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. Staff were encouraged and supported to develop in their roles to support the practice and to meet the needs of their patients. Staff were also supported to undertake training to broaden the scope of their roles.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. 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 clinical meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to training to meet their learning needs and to cover the scope of their work. This included ongoing support, meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses.
- Staff received training that included: safeguarding, fire safety, basic life support and information governance. Staff had access to and made use of e-learning training modules in combination with in-house training which was often used as an opportunity to work as a team and develop skills together.

Coordinating patient care and information sharing

Information needed to plan and deliver care was available to staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and investigation and test results. The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

There was a strong emphasis on multidisciplinary working within the practice. Multidisciplinary meetings with other health and social care professionals held on a regular basis. These included palliative care meetings and safeguarding children and adult meetings.

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 their capacity to consent in line with relevant guidance.
- Where a patient's capacity to consent to care or treatment was unclear clinical staff undertook assessments of mental capacity.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 85%, which was above the CCG average of 82.1% and above the national average of 81.4%. This higher than average rate was largely due to the practice nurses tenacity in contacting patients and ensuring they had considered the benefits of screening. For example one patient had not engaged with the practice for three years and yet once it was mentioned in an appointment by the nurse, booked in for the screening appointment and has continued to do so ever since.

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

The practice nurse personally monitored when notifications were received if patients had not responded to the two initial letters and took the time to write a third letter in a personable tone explaining the process and reasons for having cervical screening. If no response was received then an alert was put on the patients' record so they could be opportunistically advised on eligibility for screening.

There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening and screening rates were comparable to local and national averages.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates (2015/16) for the vaccinations given to under two year olds averaged 97.5% against a local average of 96.7%. For five years olds the practice rates averaged 98.2% against a local average of 94%.

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

We observed during the inspection that members of staff were polite, friendly and helpful towards patients. Staff often knew patients by name and staff were already well known to patients we spoke to. During the inspection it was evident that the relationship between patients, those close to them and staff was strong, caring and supportive and this was highly valued by staff and promoted by leaders.

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 52 completed comments cards as part of our inspection. All of the comment cards were entirely positive about the service provided by the practice. Patients said that staff were caring, and compassionate describing the level of care being delivered as magnificent and excellent. Patients also said they felt listened to by staff and that their individual preferences and needs were always reflected in how care was delivered.

We spoke with seven patients in addition to four members of the patient participation group (PPG). They told us they were very happy with the care provided by the practice and said their dignity and privacy was respected. Patients told us staff went the extra mile to provide care in a timely and supportive manner, often exceeded their expectations and were very lucky to have such excellent care available to them.

Staff told us they made every effort to recognise both the social and clinical side to patients care and had taken a community approach in improving health and wellbeing, developing education and self-care in prevalent conditions such as diabetes and respiratory conditions.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was consistently above average for its satisfaction scores on consultations with GPs. For example:

- 93% 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 86%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 96% 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%.
- 88% 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%.

The practice was in line with local and national averages for its satisfaction scores on consultations with nurses. For example:

- 94% of patients said the nurse gave them enough time compared to the CCG average of 93% and the national average of 92%.
- 90% 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 above local and national averages:

- 90% 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, that all options were considered openly, made to feel at ease and well supported by staff. They also told us they were given

Are services caring?

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

- 94% 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%.
- 88% 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%.
- 91% 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%.
- 90% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care. Although patients within the practice population spoke English in a majority of cases, the practice used translation services to ensure effective

communication with other patients when required. Telephone interpretation was available as well as the option for an interpreter to be booked if there was a patient preference.

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. Information about support groups was also available on the practice website.

The practice, in collaboration with the PPG had implemented a carer's support group who met every month as a forum in which emotional support and guidance could be provided over a cup of tea. Patients told us this had reduced the feeling of isolation and given them an opportunity to talk to others in similar situations.

The practice's computer system alerted GPs if a patient had caring responsibilities. The practice had identified 101 patients as carers which was equivalent to 3.3% of the practice list. The practice had information displayed in the waiting area and on the practice website to inform carers about the support that was available to them and to encourage them to identify themselves to practice staff.

Staff told us that if families had experienced bereavement, they were contacted by the practice by a telephone call or a visit if appropriate. Information about support available to patients, who had experienced bereavement, was provided where required.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example the practice had undergone two extensions to provide additional clinical capacity as well as further waiting room.

In addition:

- Telephone appointments were available if appropriate to meet the needs of the patient.
- There were longer appointments available with a named clinician for patients with a learning disability. In cases of annual reviews patients with a learning difficulty had access to 45 minute appointments with the nurse followed by a GP appointment.
- As part of a project in collaboration with Derbyshire County Council and the Police the practice had become a 'Safe Haven' for vulnerable people and the reception staff had undertaken training for this.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice produced a newsletter to ensure health promotional and changes to the practice were effectively communicated to patients in addition to the website.
- Appointments could be booked online and prescriptions reordered.
- The practice undertook 24 hour blood pressure monitoring.
- The practice worked closely with local schools where possible, and held a healthy eating competition as part of an open day.
- The practice hosted a Citizens Advice adviser every Friday morning who had 271 appointments in 2014/14 and secured £42000 in benefits and rescheduled £70000 in debts.
- The PPG had developed a booklet introducing Bolsover and local groups and communities which was used as a resource by local residents and distributed through the local library.

- A carers support group met monthly at the practice and provided emotional support and guidance as well as a forum in which to reduce isolation.
- A well-being worker runs a clinic at the practice to help with well-being issues such as stress.
- There were facilities for patients with a disability including dedicated parking, accessible toilets and a lowered reception desk. Corridors and doors were accessible to patients using wheelchairs.

Access to the service

The surgery was open from 8am to 6.30pm Monday to Friday. Consulting times vary but are usually from 8.30am to 11.30 am each morning and 3.30pm to 6pm each afternoon. Early morning appointments were available on a Monday morning from 7.30am and an evening session with a GP and HCA was run on a Thursday until 7.30pm.

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

- 86% 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%.
- 89% 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%.

The comment cards we received and the patients told us the levels of satisfaction with access to the practice were good. Patients told us they were always able to get appointments when they required them and that urgent appointments were available if needed. Appointments could be booked online and up to one month in advance if required. A review of the appointments system demonstrated that there were available bookable appointments for the following day with urgent appointments available on the day. Routine pre-bookable appointments were available four to six weeks in advance. Telephone and home visit appointments were also available.

There were effective arrangements in place to monitor patient access to appointments. The appointment system was designed to enable the practice to plan for and cope with demands caused by summer and winter pressures.

Listening and learning from concerns and complaints

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

The practice systems in place to handle complaints and concerns.

- Its 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.
- We saw that information was available to help patients understand the complaints system including posters.
- Staff we spoke with were aware of the complaints procedures within the practice and told us they would direct patients to practice manager if required.

The practice had logged one formal complaint in the last 12 months, although every effort was made to formalise complaints with the patient, the practice also reviewed verbal complaints daily in the huddle to ensure there was opportunity to improve. We reviewed these processes and the way in which complaints were dealt with in a timely manner in accordance with the practice's policy on handling complaints. The practice provided people making complaints with explanations and apologies where appropriate as well as informing them about learning identified as a result of the complaint. The practice met with complainants where this was required to resolve complaints in preference to letter however made every effort to ensure the wishes of patients were prioritised.

Are services well-led?

Good 

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

Our findings

Vision and strategy

- The trust vision was to be the best provider of local healthcare and a great place to work; staff felt integrated into their existing ethos of providing high quality care within a friendly environment.
- Staff were engaged with the aims and values of the trust to deliver high quality, accessible patient care.

Following recent changes to the structure of the practice by integrating with the trust the practice had completed the main goal of the business plan which was to secure the practice in a stable position to continue delivering a high level of care to patients and continue training new GPs to be able to work in the local area through the trust. We saw that regular business meetings were held within the practice to plan developments and review progress.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. Clinical and non-clinical staff had lead roles in a range of areas such as diabetes, prescribing, human resources and IT.
- Practice and trust policies were implemented and were available to all staff. Policies were available electronically and staff knew how to access these.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements in place to identify record and manage risks within the practice and to ensure that mitigating actions were implemented. There was a health and safety lead within the practice responsible for health and safety issues.
- Management meetings were held within the practice. This ensured that leads retained oversight of governance arrangements within the practice and achieved a balance between the clinical and business aspects involved with running the practice.

Leadership and culture

The trust and management within the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. Clinical and non-clinical staff had a wide range of skills and experience. Staff told us they prioritised safe, high quality and compassionate care from within a friendly environment. Staff told us trust management were approachable and always took the time to listen to all members of staff. In addition to their clinical roles GPs had areas of specialist interest, for example one GP was a research fellow at the University of Leicester diabetes research centre and specialised in long term conditions and another GP was involved in the development of advice leaflets to help in the education of patients with long term conditions such as diabetes as self-management and understanding of conditions was an area the practice championed locally.

- Staff told us that the integration with DCHS had been positive and well managed. This had been highlighted through a team event which was held in September to quantify the values of the practice and how they combined with those of the trust. Staff told us that they had remained an autonomous practice and with the support of the trust, were now able to further progress training opportunities and the overall development of the practice to continue the care they had provided in a family orientated environment.
- Closer working with other trust practices was being developed to share best practice and allow for development opportunities for staff.
- Regular meetings were held within the practice for all staffing groups. In addition to the management meetings, there was a rolling programme of meetings including clinical meetings and wider staff meetings, training sessions were used monthly to allow all staff to meet and discuss changes prior to undertaking the planned training session.
- 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.
- Staff said they felt respected, valued and supported, particularly by management within the practice. Staff

Are services well-led?

Good 

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

felt involved in discussions about how to run and develop the practice and the partners encouraged staff to identify opportunities to improve the service delivered by the practice.

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

- The practice gave affected people support, information and apologies where appropriate.
- The practice kept records of verbal interactions as well as written correspondence.

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

The trust encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The trust had gathered feedback from staff through meetings, appraisals, staff surveys, a staff suggestion box and general discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and trust and practice management.
- The PPG was very active within the practice and local community. There was a core of 12 members in addition to virtual members who communicated through email. They met monthly and meetings were held in the practice and included the practice manager.

To increase the exchange of ideas two members of the PPG sit on the Patient Reference Group (PRG) which is a regional group established to ensure continuity amongst member groups. The PPG submitted proposals for improvements to the practice management team. For example the PPG had been involved in the design, planning and development of the extension and other areas such as inclusion of two disabled bay car parking spaces in addition to signage on the main road. A long term goal of the group was to implement television screens in the waiting area to increase awareness of health campaigns and local events; this was set for roll out across the CCG later this year.

The PPG and practice were positive about their working relationship and were able to support the practice in two way communication with patients as many local people would know the PPG members and approach them to discuss issues. The group also sought feedback through a suggestion box and helped in the annual patient survey which had led to changes such as higher backed chairs in the waiting room.

There were specific areas of interest within the PPG which had enabled the practice to engage with patients and promote health in the practice population. For example there was a member who worked for a learning disability charity and had championed the importance of learning disability health checks and increased uptake of bowel cancer screening for patients with a learning disability. Another member was on the board of governors for a local school and had engaged with the school culminating in a healthy eating display within the practice designed and created by the school children.