

# Gresleydale Healthcare 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 Gresleydale Healthcare Centre on 27 July 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. For example, the practice performance for cervical screening was above the local and national average.
- 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.
- 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.
- The practice had good facilities and was well equipped to treat patients and meet their needs. Services were designed to meet the needs of patients.
- 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.
- The practice had an active patient participation group (PPG) who worked in partnership with the practice team to aid the practice to develop and improve.

We saw several areas of outstanding practice:

# Summary of findings

- The practice had identified that they had a higher than average number of young children registered with the practice, especially those under five years. In response to falling immunisation uptake figures, the practice set up Gresleydale Tots Clinic. This evolved into a drop in session for babies and parents for peer support, self-weighing and access to immunisation services. The service was run weekly and was supported by the health visiting service. Immunisation uptake for the last quarter showed that the practice achievement for all immunisations ranged from 95% to 100%.
- The practice provided and facilitated a range of services to support patients. These included hosting weekly walking groups and providing chair based exercise classes which were well attended.

**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.
- Lessons were shared internally and externally when appropriate to make sure action was taken to improve safety in the practice.
- 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 undertaken for 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 97.5% 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.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. The practice worked closely with their attached care coordinator.

Good



# Summary of findings

## Are services caring?

The practice is rated as good for providing caring services.

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- 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, 98% of patients said the nurse gave them enough time compared to the CCG average of 93% and the national average of 92%.
- 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.
- Views of external stakeholders were positive about the practice and aligned with our findings.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Patients told us urgent appointments were generally available the same day with the GP of their choice and that reception staff were accommodating to patients' needs.
- The practice offered extended opening hours one morning a week and one Saturday morning each month for GP and nurse appointments, to offer a flexible service to meet the needs of its patients.
- 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.
- Services were hosted within the practice to help meet the needs of patients including the Citizens Advice Bureau and the Diabetes and You structured education programme.
- The practice had identified that they had a higher than average number of young children registered with the practice, especially those under five years. In response to falling immunisation uptake figures, the practice set up Gresleydale Tots Clinic. This evolved into a drop in session for babies and parents for peer support, self-weighing and access to immunisation services. The service was run weekly and was supported by the health visiting service. Immunisation uptake for the last quarter showed that the practice achievement for all immunisations ranged from 95% to 100%.

Good



# Summary of findings

## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. This was underpinned by clear business development plans and regular monitoring of areas for improvement and development.
- 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.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The practice proactively sought feedback from staff and patients, which it acted on. The practice had an active patient participation group who met monthly and were positive about their communication, interaction and partnership working with the practice.

Good



# 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 those at risk of hospital admission to plan and deliver care appropriate to their needs. These were facilitated by the care coordinator who worked closely with the practice.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- A designated Advanced Nurse Practitioner visited local care homes and residential homes on a monthly basis 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 97.5% which was 4% above the CCG average and 8% above the national average. The exception reporting rate for diabetes indicators was 14% which was in line with the CCG average of 13% and above the national average of 11%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and were offered a structured annual review to check their health and medicines needs were being met.
- 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 worked

Good



# Summary of findings

closely with the community trust employed care coordinator. Feedback from the care coordinator was positive about the level of engagement and commitment to their patients demonstrated by the practice.

## **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 dedicated child safeguarding lead and an administrative lead and staff were aware of who these 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.
- The practice ran a drop in session for babies called Gresleydale Tots Clinic. This enabled parent to access peer support, self-weighing and also provided access to drop-in immunisation services. This service was run by nursing staff and also supported by the health visiting service. Immunisation uptake for the last quarter showed that the practice achievement for all immunisations ranged from 95% to 100%.
- 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 had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.

Good



# Summary of findings

- Extended hours services were offered one morning per week and one Saturday morning per month to facilitate access for working patients.
- 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 similar or above the national average. For example, the uptake rate for cervical cancer screening was 79% compared with the national average of 74%.

## 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.
- The practice offered longer appointments for patients with a learning disability and for those who required it. Annual reviews were undertaken by the healthcare assistant and the nurse practitioner.
- 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.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. The care coordinator worked with vulnerable patients to ensure that they had appropriate health and social care support in place and made referral to other organisations.
- 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.

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).

- The number of people with a mental health condition that had received a comprehensive care plan in the last 12 months was

Good



# Summary of findings

96%, which was 6% above the local average and 7% above the national average. This was with an exception rate of 14%, which was 7% below the local average and in line with the national average of 13%.

- 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 97% which was 11.6% above the local average and 13% above the national average. This was achieved with an exception reporting rate of 0%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- 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 266 survey forms were distributed and 122 were returned. This represented a response rate of 46%.

Results showed:

- 67% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 72% and the national average of 73%.
- 85% 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%.
- 79% of patients described the overall experience of this GP practice as good compared to CCG average of 87% and the national average of 85%.
- 77% 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 80% 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 six 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 (including a member of the patient participation group) during the inspection. Patients we spoke with were generally satisfied with the care they received and thought staff were friendly, committed and caring.

## Outstanding practice

- The practice had identified that they had a higher than average number of young children registered with the practice, especially those under five years. In response to falling immunisation uptake figures, the practice set up Gresleydale Tots Clinic. This evolved into a drop in session for babies and parents for peer support, self-weighing and access to immunisation services.
- The service was run weekly and was supported by the health visiting service. Immunisation uptake for the last quarter showed that the practice achievement for all immunisations ranged from 95% to 100%.
- The practice provided and facilitated a range of services to support patients. These included hosting weekly walking groups and providing chair based exercise classes which were well attended.

# Gresleydale Healthcare 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.

## Background to Gresleydale Healthcare Centre

Gresleydale Healthcare Centre provides primary medical services to approximately 10800 patients through a general medical services contract (GMS).

The practice is located in purpose built premises in Swadlincote, Derbyshire. Services are provided to patients from ground floor consulting and treatment rooms. Administrative offices are located on the first floor which is accessible by a lift. 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 7th most deprived decile. The level of deprivation affecting children and older people is below the local and national average. The practice has higher than average numbers of young children and working age patients. Numbers of older people are below average.

The clinical team is comprised of four GP partners (female), one nurse practitioner partner (female), two salaried GPs (female), an advanced nurse practitioner, three practice nurses and two healthcare assistants. The clinical team is

supported by a practice manager, a practice development manager and reception and administrative staff. The practice is a teaching practice for medical students and a training practice for trainee doctors.

The surgery is open from 8am to 6.30pm on Monday to Friday. Extended hours were offered on Monday mornings from 7.30am and once a month on Saturdays from 8am to 12pm. Consulting times vary but are usually from 9am to 12pm each morning and 3pm to 5.30pm each afternoon.

The practice has opted out of providing out-of-hours services to its own patients. This service is provided by Derbyshire Health United (DHU) 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 27 July 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 safety records, incident reports, safety alerts 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 following a prescribing error for a temporary patient the practice reviewed and changed their processes for verifying medicines on new patients prior to prescribing.

Systems were in place to ensure alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA) were disseminated. Action was taken as required to ensure patients were kept safe.

### 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:

- 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 were lead members of staff for child and

adult safeguarding and staff were aware of who these were. As well as having a lead GP for child safeguarding there was a dedicated administrative lead within the practice. 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. Quarterly safeguarding meetings were held with wider attendance including GPs and the midwife. 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 child safeguarding level 3. Lead staff were committed to ensuring their knowledge was up to date. For example, the lead GP for had undertaken a wide range of training and personal development including training Female Genital Mutilation (FGM) and Prevent training.

- Patients were advised through notices in the practice and information in the patient booked 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. 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. Robust 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. Infection control audits were undertaken on a regular basis and improvements were made where required.
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. There was effective management and procedures for ensuring vaccination and emergency medicines were in date and stored appropriately. The practice carried out regular medicines audits, with the

## Are services safe?

support of the local CCG pharmacy teams, 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. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- We reviewed four 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, loop cords on blinds and a risk assessment of a water heater which had been faulty. 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. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. For example, there were set numbers of staff working in reception each morning and afternoon and generally only one member of staff was permitted to be

off at any point in time. In addition the practice manager and the practice development manager took leave at different times to ensure there was managerial cover in place. 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.

### 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. There were also emergency call buttons on the walls in clinical and treatment rooms.
- 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 had been updated in June 2016 and 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. The practice had recently logged a significant event regarding a failure of their computer system which had also served to test their business continuity planning arrangements.

# 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 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 97.5% 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 2014/15 showed:

- Performance for diabetes related indicators was 97.5% which was 4.4% above the CCG average and 8.3% above the national average. The exception reporting rate for diabetes indicators was 14.3% which was in line with the CCG average of 13.4% and above the national average of 10.8%.
- Performance for indicators related to hypertension was 91.8% which was 6.8% below the CCG average and 6% below the national average. The exception reporting rate for hypertension related indicators was 3.9% which was in line with the CCG average of 4.1% and the national averages of 3.8%.

- Performance for mental health related indicators was 98.8% which was 2% above the CCG average and 6% above the national average. The exception reporting rate for mental health related indicators was 12.5% which was below the CCG average of 16.9% and in line with the national average of 11.1%.
- 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 97% which was 11.6% above the local average and 13% above the national average. This was achieved with an exception reporting rate of 0%.
- Performance for asthma related indicators was 100%, which was 1% above the CCG average and 3% above the national average. This was achieved with an exception reporting rate of 1.7% which was below the CCG average of 10% and the national average of 6.8%.

The practice had an overall exception reporting rate within QOF of 9.9% which was 1.2% below the CCG average and 0.7% above the national average. (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).

Robust 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.

Annual reviews were offered to patients with a learning disability and this area was led by the nurse practitioner partner. Patients were invited to attend for reviews and information was sent to them in easy read/pictorial formats. Patients were initially seen by the healthcare assistant and then by the nurse practitioner with GP input if required. The practice had received a positive assessment from the local learning disabilities lead nurse in July 2015 and their report showed that 81% of eligible patients had received their annual review.

There was evidence of quality improvement including clinical audit.

- There had been six completed audits undertaken in the last 12 months, four of these were clinical and two were

# Are services effective?

## (for example, treatment is effective)

non-clinical. These covered areas relevant to the practice's needs and areas for development. Four further completed clinical audits had been undertaken in 2014/15.

- Clinical audits where the improvements made had been implemented and monitored. For example the practice had undertaken an audit of coeliac disease monitoring. Following the implementation of recommendations and setting up a clinic for coeliac patients, improvements were seen in the diagnosis rates. Improvements were also made in the DEXA scan monitoring and immunisation rates. These findings were shared with the locality group of practices.
- The practice participated in local audits, benchmarking and peer review. For example, we saw evidence of local practices working together to review referrals to gynaecology following an internal practice audit of gynaecological referrals.
- Regular medicines audits were undertaken with the support of the CCG pharmacist.

### 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. For example, nursing staff had undertaken additional training in wound management, asthma and spirometry.
- Staff were encouraged and supported to develop in their roles to support the practice and to meet the needs of their patients. We saw evidence of staff having progressed from administrative to managerial roles. Staff were also supported to undertake training to broaden the scope of their roles. For example, two of the administrative staff had undertaken stage one and stage two of the medicines coordinator programme. These staff were using their knowledge and training to support

the clinical team through tasks such as syncing medications to cause less confusion for patients and sending reminders to all patients who were overdue their medication review.

- 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 practice nurse 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. All staff had received an appraisal within the last 12 months.
- 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 and in-house training.

### 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 what the practice referred to as 'poorly patient' meetings, palliative care meetings and safeguarding children and adult meetings.

The practice was supported by a care coordinator who was attached to their practice and employed by the community health trust. The practice worked with their care coordinator to ensure multidisciplinary support was provided to patients who required it in a timely manner. The care coordinator worked closely with the GPs and

# Are services effective?

(for example, treatment is effective)

community health and social care staff including district nurses, social workers and the wider community team to understand and meet the needs of the most vulnerable patients. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Feedback from the care coordinator was positive about the level of engagement with the practice. We also spoke with a district nurse who worked regularly with the practice and was positive about their engagement and interactions with 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 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.

Data from QOF indicated that the practice's uptake for the cervical screening programme was 84%, which was in line with the CCG average of 84% and above the national average of 82%. Reminders were offered for patients who did not attend for their cervical screening test. 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. For example, the practice uptake rate for breast cancer screening was 75% compared with the CCG average of 76% and the national average of 72%.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates (2014/15) for the vaccinations given to under two year olds ranged from 94% to 98% against a local average range of 94% to 98%. For five years olds the practice rates ranged from 94% to 100% against a local average range of 91% to 98%.

The practice had identified that they had a higher than average number of young children registered with the practice, especially those under five years. The practice had 8.2% of its population aged 0-4years compared to the CCG and national average of 5.9%. In response to this and to immunisation uptake figures in 2012/13 which were below the CCG average and having recruited a full nursing team, the practice decided to set up Gresleydale Tots Clinic. This evolved into a drop in session for babies and parents for peer support, self-weighing and access to immunisation services. The service was run weekly and was supported by the health visiting service. Immunisation uptake for the last quarter showed that the practice achievement for all immunisations ranged from 95% to 100%. This service as supported by the health visiting service which could be accessed by patients who were not registered at the practice.

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.

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.
- 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 six 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, concerned and helpful. Patients also said they felt listened to by staff and they were treated with dignity and respect.

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

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

- 79% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 86% and the national average of 85%.
- 83% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 90% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 79% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%.

The practice was above average for its satisfaction scores on consultations with nurses. For example:

- 98% of patients said the nurse gave them enough time compared to the CCG average of 93% and the national average of 92%.
- 96% 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 slightly below local and national averages:

- 82% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

A recent practice survey demonstrated that 100% of respondents found reception and administrative staff very helpful or fairly helpful.

Results from internal and external patient surveys were discussed with practice staff and with the patient participation group (PPG). Findings were used to identify areas for future improvement.

The practice manager had registered as a dignity champion to support the practice in dealing with all patients with dignity and respect. The reception staff within the practice had been given a customer care objective to become dignity champions and to make personal dignity pledges.

The practice was keen to ensure support was in place for patients who were at risk of suffering from poor health or social isolation. The practice had implemented measures to support these patients including:

- In March, the practice had agreed to take part in Derbyshire County Council's Healthy Homes Project with the aim of supporting vulnerable patients on low incomes and living with long term conditions or disabilities. The practice wrote to 100 eligible patients on behalf of the council to inform them of a free service available to improve their living conditions. Six patients responded to this; resulting in five patients having a home assessment. Assessments led to a range of services being arranged for these patients including loft insulation and a new boiler for a vulnerable patient. The care coordinator was also following up with other patients.

## Are services caring?

- The practice manager had trained as a walk leader and there was a practice based walking group which had been the first one in the area when it was set up. Walks ran weekly.
- Chair based exercise classes were run from the practice by the practice manager who had trained as an instructor. These were attended by an average of 10 people each week and aimed to increase mobility and reduce social isolation.

### 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, made to feel at ease and well supported by staff. They also told us they were 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 showed the majority of patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. However, some results were below local and national averages. For example:

- 76% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 71% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 82%.
- 88% 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.

### 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's computer system alerted GPs if a patient had caring responsibilities. The practice had identified 103 patients as carers which was equivalent to 1% 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. The practice had a dedicated carers champion and they were working to plan events and displays to increase the identification of carers. For example, the practice told us they were planning to organise a carers' coffee morning.

Staff told us that if families had experienced bereavement, they were sent a sympathy card on behalf of the practice. This card was followed by a telephone call or a visit if appropriate. Information about support available to patients who had experienced bereavement was provided where required. The practice undertook death audits and discussed deaths in their 'poorly patient' meetings. Where appropriate staff had attended the funerals of patients.

The practice was enrolled with the Gold Standards Framework's Going For Gold Programme and had undertaken all of the requisite training. This programme centred around the continued improvement of care for patients nearing the end of the lives. The practice told us they planned to apply for their accreditation in January 2017.

We were told about examples of staff within the practice supporting patients to meet their needs. For example, a patient with a learning disability was seen 4 times before they would consent to blood test, which was done outside of normal surgery hours to ease anxiety.

# 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 was planning an extension to their premises to provide additional clinical capacity.

The practice had identified that they had a higher than average number of young children registered with the practice, especially those under five years. The practice had 8.2% of its population aged 0-4years compared to the CCG and national average of 5.9%. In response to this and to immunisation uptake figures in 2012/13 which were below the CCG average and having recruited a full nursing team, the practice decided to set up Gresleydale Tots Clinic. This evolved into a drop in session for babies and parents for peer support, self-weighing and access to immunisation services. The service was run weekly and was supported by the health visiting service. Immunisation uptake for the last quarter showed that the practice achievement for all immunisations ranged from 95% to 100%. This service as supported by the health visiting service which could be accessed by patients who were not registered at the practice.

In addition:

- Extended hours services were offered each Monday morning and on one Saturday morning per month with GP and nurse access. This facilitated access for working patients and for patients with children who attended school.
- 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.
- 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.
- Appointments could be booked online and prescriptions reordered.

- There were facilities for patients with a disability including dedicated parking, automatic doors, accessible toilets and a lowered reception desk. Corridors and doors were accessible to patients using wheelchairs.
- The practice was aware of the accessible information standard and there was information about this displayed in the waiting area. This information encouraged patients to let the practice know of any adjustments they required to information provided.
- A full range of contraceptive services were offered within the practice including coil fitting. There was a section on the practice website dedicated to contraception.
- In recognition of there being no male GPs within the practice the practice were planning to develop a men's health section on their website and one of the partners had undertaken additional training in men's health.
- Services were hosted within the practice to help meet the needs of patients including the Citizens Advice Bureau and the Diabetes and You structured education programme.
- The practice was a designated 'safe space' for people with a learning disability.
- Counselling was provided in the practice via a referral from a GP.

### Access to the service

The surgery was open between 8am to 6.30pm Monday to Friday. Extended hours were offered on Monday mornings from 7.30am and one Saturday morning each month from 8am to 12pm. Surgery times varied but were usually from 9am to 12pm each morning and from 3pm to 5.30pm each afternoon.

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.

- 80% of patients were satisfied with the practice's opening hours compared to the clinical commissioning group average of 77% and the national average of 76%.
- 76% of patients said they could get through easily to the practice by phone compared to the CCG average of 72% 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 usually able to get appointments when they required them and that urgent

# Are services responsive to people's needs?

(for example, to feedback?)

appointments were available if needed. Appointment could be booked online and up to one month in advance if required. A review of the appointments system demonstrated that there were three appointments available for booking the following day. The practice aimed to keep the waiting for appointments to under seven days with anyone who had an emergency need being seen on the day. Routine pre-bookable appointments were available four to six weeks in advance. Telephone appointments were also available.

There were effective arrangements in place to monitor patient access to appointments. Audits and reviews of the appointments systems had been undertaken over a number of years which had enabled the practice to ensure they could accurately plan staffing and appointment availability to meet demand. 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

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 15 complaints and concerns in the last 12 months including verbal complaints. We reviewed a range of complaints and found that these 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 and welcomed the support of independent advocates at these meetings.

Meetings were held regularly to review complaints and an annual review of all complaints received was undertaken. This enabled the practice to identify any themes or trends and all relevant staff were encouraged to attend. Lessons learned from complaints and concerns and from trend analysis were used to improve the quality of care staff were informed of outcomes.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice aims were to improve the health of people living in the area and to work with community services to achieve this. The aims were shared with patients on the practice's website.
- Staff were engaged with the aims and values of the practice to deliver high quality, accessible patient care.

The practice had a three year plan in place which had been developed in 2015. This focussed on a number of areas for improvement including:

- Collaborative working
- The use of information technology and information management systems
- Future planning

We saw that regular business meetings were held within the practice to plan developments and review progress.

### Governance arrangements

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

- There was a clear staffing structure and 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 specific policies were implemented and were available to all staff. Policies were available electronically or as hard copies and staff knew how to access these. The practice had recently invested in a new information management system and was transferring all its policies to this system to facilitate staff access to these and to ensure timely and to ensure policies were regularly updated.
- 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. For example, audits of appointments and access were reviewed on a regular basis and adjustments made where required.
- 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.
- Weekly management/partnership meetings were held within the practice. This ensured that partners 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 partners 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. Staff told us the partners and management were approachable and always took the time to listen to all members of staff.

- Regular meetings were held within the practice for all staffing groups. In addition to the weekly partnership/management meetings, there was a rolling programme of meetings including nursing meetings, clinical meetings and wider staff meetings which involved all staff.
- The practice had whole team meetings and training sessions on a quarterly basis and also used these as an opportunity to have staff sway days. For example, a recent training sessions and meeting had been followed by a staff team building session at a dry ski slope.
- 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 the partners and management within the practice. Staff felt involved in discussions about how to run and develop the practice and the partners

# Are services well-led?

Good 

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

encouraged staff to identify opportunities to improve the service delivered by the practice. Staff gave examples of improvements they had suggested through their appraisal process.

- Staff surveys were undertaken annually within the practice and demonstrated that the majority of staff felt well supported in their work. For example, 83% of respondents said they felt satisfied with the support they had received from senior colleagues in the last six months. In addition the survey showed that 95% of staff felt their views and suggestions were respected. An action plan had been developed as a result of the survey and improvements included increased opportunities for staff to learn and develop and team building sessions being planned.

The provider 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 partners encouraged a culture of openness and honesty. The practice 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 practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and compliments, concerns and complaints received.
- The PPG was active and had a core group nine members who met monthly at the surgery. The PPG undertook patient surveys and submitted proposals for improvements to the practice management team. For example the PPG had raised funds to provide raised chairs for the waiting area. In addition the PPG took forward patient suggestions to the practice management team which were acted upon such as the installation of a water machine in the waiting area.
- The PPG and practice were very positive about their working relationship. The practice felt supported by the PPG and the PPG told us there was a high level of engagement from clinical and non-clinical staff with representatives often attending their meetings. The PPG felt supported by the practice to build and develop external relationships with other PPGs and in attending NHS events. The practice's PPG had founded the Derbyshire Network which comprised groups from all five Derbyshire clinical commissioning group areas and covering a catchment of 91 practices.
- The practice 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 management.