

# Evelyn 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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	8
What people who use the service say	14

### Detailed findings from this inspection

Our inspection team	15
Background to Evelyn Medical Centre	15
Why we carried out this inspection	15
How we carried out this inspection	15
Detailed findings	17
Action we have told the provider to take	32

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at the Evelyn Medical Centre on 26 May 2016. Overall the practice is rated as requires improvement.

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

- There was a system in place for the reporting and recording significant events. Learning was applied from events to enhance the delivery of safe care to patients, although the practice was not always clearly documenting any agreed actions as being completed.
- There were a number of issues highlighted within the daily operation of the practice dispensary, and the management of medicines and prescriptions within the practice. This included: the monitoring of prescription forms within the practice; the management of emergency medicines; checking procedures by dispensary staff; the requirement for

dispensary staff to have regular competency checks, and to read and sign standard operating procedures (SOPs); and performing regular balance checks on controlled drugs.

- Some risks to patients were assessed and well managed. However, the practice needed to strengthen its approach in identifying and managing ongoing and emerging risks, and ensure appropriate documentation was in place to support this.
- Governance processes were not always sufficiently robust. For example, meetings were not always routinely documented; action plans were not updated thereby providing limited evidence of the improvements made; complaints and significant events reviews provided limited documented evidence that agreed actions had been finalised.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. A programme of clinical audit reviewed patient care and ensured actions were implemented to improve services as a result.
- The practice planned and co-ordinated patient care with the wider multi-disciplinary team to deliver

# Summary of findings

effective and responsive care to keep vulnerable patients safe. This approach had impacted positively on the number of unplanned hospital admissions and attendance at the out of hours' service.

- The practice was committed to staff training and development and the practice team had the skills, knowledge and experience to deliver high quality care and treatment. The practice had an effective appraisal system in place.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. The practice analysed and acted on feedback received from patients.
- 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 any complaints received.
- Patients said they generally found it easy to make an appointment with a GP and urgent appointments were available the same day.
- The practice had good facilities and was well-equipped to treat patients and meet their needs.
- The practice developed robust contingency planning arrangements, and were particularly effective in managing adverse winter weather conditions to ensure continuity of care for their patients. This was important due to the rural location within the High Peak.
- There was a clear leadership structure and staff told us that they felt supported by management. GPs had lead roles and provided advice and support to colleagues to enhance patient care.
- The practice reviewed the skill mix and headcount of their team to meet their patients' needs. For example, they directly employed a community matron and care co-ordinator. A recent new practice nurse post and the appointment of a new salaried GP provided more capacity to meet increasing demands on the service. However, staffing within the dispensary had been affected by a vacancy and this had impacted on the delivery of this service. A new dispensary assistant was due to commence in the near future.

We saw the following area of outstanding practice:

- The practice had a higher percentage of older patients compared to local and national averages. The practice had taken measures to ensure they provided

responsive services to meet these patients' needs. This included developing a range of in-house services to prevent people travelling long distances to access them. This was aided by the provision of a local transport service to help patients get to the surgery. The practice also provided comprehensive support to residents at a local care home.

The areas where the provider must make improvement are:

- Ensure prescription forms are secure when in use in the practice and that accurate prescription logs are maintained.
- Strengthen processes to ensure that risk to patients and staff are effectively managed with supporting documented evidence. This should include ensuring an up to date fire safety risk assessment is available; controlling unauthorised access to consulting rooms; and the arrangements to cover the dispensary are safe and robust.
- Ensure robust governance processes are in place including the documentation of meetings; reviewing and updating any action plans and practice infection control procedures; and ensuring that complaints and significant events reviews clearly show that agreed actions have been finalised.

The areas where the provider should make improvement are:

- Review operational arrangements within the dispensary to ensure that: dispensed items are checked by a second person to minimise the risk of dispensing errors; that dispensary staff have regular competency assessments; that regular Controlled Drug balance checks are carried out; that staff using Standard Operating Procedures read and sign these.
- Review the monitoring arrangements and recording of cleaning schedules.
- Maintain an audit trail to demonstrate actions taken in response to safety alerts, and the receipt of new guidance, for example National Institute for Health and Care Excellence (NICE).
- Regularly review all policies and procedures to ensure they are accurate and up-to-date.

**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?

- There was a system in place for reporting and recording significant events, and learning was applied from incidents to improve safety in the practice. However, completed actions were not always documented, which made outcomes unclear.
- A number of concerns were identified in relation to the operation of the practice dispensary, and the general management of medicines and prescriptions within the practice.
- Some risks to patients and the public had been identified with systems in place to control these. However, some ongoing and emerging risks were not formally identified with control measures in place to manage these effectively. Action plans had not always been updated (for example, for the control of legionella) to provide assurance that any identified issues had been addressed.
- The practice had a designated infection control lead who undertook regular audits. However, some infection control policies required review, and the monitoring of cleaning arrangements were not robust.
- The practice had embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- The practice adhered to written recruitment procedures to ensure all staff had the skills and qualifications to perform their roles, and had received appropriate pre-employment checks.
- Patients on high risk medicines were monitored on a regular basis and actions were taken to review any medicines alerts received by the practice, to ensure patients were kept safe.
- The practice had systems in place to deal effectively with medical emergencies.
- Staffing levels were sufficient to respond effectively to patients' needs, and the practice acted to keep this under review. Recent staffing difficulties within the dispensary had impacted on service provision, although a new dispensary assistant was due to commence shortly.
- The practice had good contingency planning arrangements. For example, they were able to ensure continuity of service during extreme weather conditions despite their rural location.

Requires improvement



# Summary of findings

## Are services effective?

Good



- The practice adhered to local and NICE guidance, for example when treating patients for the management of long-term conditions.
- Data showed patient outcomes were generally above average for the locality. The practice had achieved an overall figure of 100% for the Quality and Outcomes Framework 2014-15. This was 1.9% above the CCG average and 5.3% above the national average. The exception reporting rate at 6.7% was low (local 11%; national 9.2%).
- Clinical audits demonstrated quality improvement, and we saw examples of full cycle audits that had led to improvements in patient care and treatment.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- All staff had received inductions, and had received a performance review in the last 12 months which included a review of their training needs.
- The practice had a strong commitment to staff development at all levels and encouraged opportunities for individuals to enhance their skills within a supportive environment.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs, in order to deliver care more effectively. This was supported by weekly meetings attended by a wide range of health and care professional staff.
- The practice had low rates of emergency and unplanned hospital admissions.
- Staffing requirements were kept under review to ensure the needs of patients could be effectively fulfilled. For example, the practice directly employed a community matron and a care co-ordinator. They were also recruiting a new salaried GP.

## Are services caring?

Good



- We observed a strong and visible patient-centred culture. Staff treated patients with kindness and respect, and maintained confidentiality throughout our inspection. Clinicians called in patients personally to help put them at ease.
- Patients we spoke with during the inspection, and feedback received on our comments cards, indicated they were treated with compassion, dignity and respect and felt involved in decisions about their care and treatment.

# Summary of findings

- The practice had recently received the Derbyshire Dignity Campaign Award, which recognised high standards of patient care including privacy, respect and the recognition of carers.
- Data showed that patients generally rated the practice above or in line with local and national averages in respect of care. For example, 98% said the GP was good at treating them with care and concern compared to the CCG average of 91%, and the national average of 85%.
- Two members of the reception team had been assigned as the practice carers' leads to assist in the identification and support of those patients with a caring responsibility.
- Feedback from community based health care staff and care home staff was consistently positive with regards to the high standards of care provided by the practice team.

## Are services responsive to people's needs?

Good



- Comment cards and patients we spoke with during the inspection were generally positive about their experience in obtaining a routine appointment. This was supported by the national GP survey in January 2016, in which 89% patients described their experience of making an appointment as good. This was in comparison to a CCG average of 77% and a national average of 73%.
- Urgent appointments were available on the day. The practice offered an extended hours' surgery on one evening each week until 8pm. Patients could book a routine appointment up to three months in advance.
- The practice hosted a range of services on site which made it easier for their patients to access locally. This included a physiotherapy service; a podiatry service; and a Citizens Advice Bureau session to assist with benefits advice.
- The practice implemented improvements and made changes to the way it delivered services as a consequence of feedback from patients.
- The premises provided modern and clean facilities and were well-equipped to treat patients and meet their needs. The practice accommodated the needs of patients with disabilities, including access to the building through automatic doors.
- The practice provided care for residents at a local care home. We spoke with a manager at the home who informed us that the practice was highly responsive to their patients' needs. Urgent visits were undertaken on the day as required, and weekly visits by both a named GP and the community matron ensured patients were reviewed regularly.

# Summary of findings

- Information about how to complain was available and the practice responded quickly when issues were raised. Learning from complaints was shared with staff to improve the quality of service.
- If patients at reception wished to talk confidentially, or became distressed, they were offered a more private area to ensure their privacy.

## Are services well-led?

- The partners had a vision to deliver high quality care and promote good outcomes for patients. Practice values underpinned the practice's work with a focus upon patient-centred care, quality, openness, and continuous staff development.
- The systems in place to enable the provider to have effective oversight of risk, enabling issues to be identified, assessed and mitigated, were not fully effective. For example, in respect of up-to-date risk assessments; evidence of completed actions in relation to incidents and complaints; the recording of minutes at meetings; and the completion of action plans.
- The partners worked collaboratively with the CCG and with other GP practices in their locality.
- The partners reviewed comparative data provided by their CCG and ensured actions were implemented to address any areas of outlying performance.
- There was a clear leadership structure with the delegation of some autonomy to individual teams. Staff felt supported by management, and the practice held regular staff meetings.
- The practice had developed a range of policies and procedures to govern activity, although some of these required updating to reflect current guidance and systems.
- The practice proactively sought feedback from patients, which it acted on to improve service delivery. We saw evidence of recent practice surveys including their views on the dispensary service.
- The practice had a loyal and supportive Patient Participation Group (PPG). This group engaged well with the practice, although we did not see clear evidence of them influencing and driving improvements within the practice.

## Requires improvement



# 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

**Requires improvement**



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

- The practice had higher numbers of older people registered with them compared to the national average (for example 27.7% of patients were over 65, compared against a local average of 21.7% and the national average of 17.1%). The practice ensured that their services were tailored to meet the needs of their older patients.
- The practice provided personalised care for all their patients, and each person was allocated a named GP responsible for the co-ordination of their care. The rural location meant that the practice team knew patients and their families very well, and this helped them to deliver responsive care and provide additional support if this became necessary.
- The practice held weekly primary health care team meetings to discuss any vulnerable older people with identified concerns. This facilitated planning and the co-ordination of care to best meet their patients' needs, and helped avoid unnecessary hospital admissions.
- The practice had developed a number of in-house services to prevent older patients from travelling to hospitals in Sheffield or Chesterfield. The services included electrocardiograms (ECGs) to check the heart's rhythm and activity; 24 hour ECGs; and 24 hour blood pressure recordings (tests that monitor activity during a full day's activities).
- The practice worked closely with other professionals to plan and deliver patient care. For example, patients were referred to social care, the community rehabilitation team, the falls clinic, and continence support services when required. Referrals were facilitated via a single point of access.
- The patient bus service provided a unique facility for patients, particularly the elderly, vulnerable, and those without transport, to access surgery appointments.
- Longer appointment times were available and home visits were available for those unable to attend surgery.

# Summary of findings

- A GP and a community matron provided weekly visits to a local 48 bed care home. The practice responded to any urgent patient needs on the same day. Staff at the care home told us that they had a very good relationship with the practice and were highly satisfied with the service provided to patients.
- The district nursing team provided a weekly clinic on site for any patients with circulatory problems of the lower limbs including leg ulcers, varicose veins, and eczema.
- Uptake of the flu vaccination for patients aged over 65 was 73.1% which was in line with local (73.9%) and national (70.5%) averages.

## People with long term conditions

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

- QOF achievements for clinical indicators were higher than CCG and national averages. For example, the practice achieved 100% for diabetes related indicators, which was above the local and national averages of 96.7% and 89.2% respectively. This was achieved with a low exception reporting rates across the ten individual indicators for diabetes.
- The practice undertook annual reviews for patients on their long-term conditions registers.
- There were nurse-led clinics available to support patients with diabetes, asthma and chronic obstructive airways disease. A named lead GP for specific long-term conditions provided support and advice for nurses in their roles.
- The practice community matron undertook home visits to monitor those patients with a long-term condition who could not attend the practice due to frailty.
- The practice-employed care co-ordinator worked with other services and agencies to plan and deliver patient care, particularly for those patients being discharged following a hospital admission.
- The community diabetic liaison nurse attended the practice every three months and provided support to the practice's lead nurse for diabetes for more complex patients.
- The practice provided INR monitoring at the practice and within patient's homes. INR testing measures the length of time taken for the blood to clot to ensure that patients taking particular medicines were kept safe.

**Requires improvement**



# Summary of findings

## Families, children and young people

**Requires improvement**



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

- The health visitor attended the practice primary health care team meeting once a month to discuss any child safeguarding concerns. The cases discussed were documented in the patients' electronic record during the meeting.
- The health visitor provided a 'drop-in' baby clinic once a month at each site. The midwife held an ante-natal clinic every two weeks at the Evelyn Medical Centre site.
- Childhood immunisation rates were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92.3% to 98% (local average 95.2% to 98.9%).
- Emergency consultations were available for any ill children. Telephone advice was offered to parents when required.
- Appointments were available twice a week for the fitting of long acting reversible contraceptives. Drop-in sexual health and family planning clinics were held weekly, and the practice offered easy access to emergency contraception. Close liaison took place with the local school to provide urgent access when required.
- The practice provided baby changing facilities, and there was a small play area for younger children. The practice welcomed mothers who wished to breastfeed on site, and promoted this at the baby clinics.

## Working age people (including those recently retired and students)

**Requires improvement**



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

- The practice offered on-line booking for appointments and requests for repeat prescriptions.
- The dispensing service allowed those patients on the practice dispensing list to collect medicines directly from the surgery, and provided a seamless service.
- Extended hours' consultations were available one evening each week until 8pm to accommodate the needs of working people.

# Summary of findings

- The practice offered same-day return calls which had a high uptake within this population group. These calls provided advice; highlighted those patients who needed to be seen for a face-to-face consultation; or the issue of a prescription.
- The practice offered health checks for new patients and NHS health checks for patients aged 40-74.
- The practice promoted health screening programmes to ensure patient well-being. For example, the practice had achieved a rate of 81.4% cervical screening for eligible women which was in line with the local average of 84.1%, and the national average of 81.8%.
- The practice referred patients to health trainer sessions for support and advice including weight management, smoking cessation, and alcohol consumption.
- The practice had a number of registered health professionals within their practice population. This was a group who potentially did not access care with minor concerns due to their own knowledge, and the practice aimed to encourage these individuals to uptake routine health screening on a more regular basis.

## People whose circumstances may make them vulnerable

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

- The practice had undertaken an annual health review in the last 12 months for 67% of patients with a learning disability.
- Due to its location in the High Peak, the practice did not routinely encounter some vulnerable groups, which would be a more prominent feature in larger urban communities. However, the practice had identified the farming community as a group who tended not to engage routinely with health care, and often left concerns until they become more significant in nature. The practice was mindful of this and was trying to engage better with this group, for example, by recruiting staff from the local farming community.
- The practice provided high quality end of life care. Patients with palliative care needs were reviewed at the weekly primary care health team meeting. Community based health care staff informed us that the GPs were very

**Requires improvement**



# Summary of findings

committed to these patients, and ensured that they had access to the right care, medicines, and had effective plans in place to support both their own and their families well-being.

- Longer appointments and home visits were offered to vulnerable patients when required.
- The practice was awarded the Royal College of General Practitioners (RCGP) Disability Care Award in 2008. They were nominated for this award by a patient with a disability and the monies received were used to fund automatic entrance doors, to benefit other patients with mobility problems.
- The practice hosted an alcohol counselling service on site.

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

**Requires improvement**



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

- The practice achieved 100% for mental health related indicators in QOF, which was 1.9% above the CCG and 7.2% above the national averages, with exception reporting rates generally in line with averages.
- 93.8% of patients with poor mental health had a documented care plan during 2014-15. This was marginally higher than the CCG average and 5.5% higher than the national average. The GPs provided continuity of care for patients throughout any acute episodes to ensure patients were treated most effectively.
- 82.5% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months. This was in line with local and national averages with slightly lower exception reporting rates at 5% (compared to 8.3%).
- The practice referred and signposted patients to talking therapies for patients with mental health problems. Access to cognitive behavioural therapy (CBT) was available on site. CBT is a technique used to empower patients to resolve problems by changing their thinking and behaviours.
- The practice had applied for 'Dementia Friends' status to improve their awareness of dementia, and the support available to patients and their carers.

## Summary of findings

- A community psychiatrist nurse worked with the practice, and often attended multi-disciplinary meetings. The practice had established close links with the community mental health team for older people.

# Summary of findings

## What people who use the service say

The latest national GP patient survey results were published in January 2016. The results showed the practice was performing in line with, or above local and national averages. A total of 236 survey forms were distributed and 127 were returned, which was a 54% completion rate of those invited to participate.

- 90% of patients found it easy to get through to this surgery by phone compared to a CCG average of 77% and a national average of 73%.
- 87% of patients were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 88% and a national average of 85%.
- 89% of patients described their experience of making an appointment as good compared to a CCG average of 77% and a national average of 73%.
- 97% of patients found the receptionists at this surgery helpful compared to a CCG average of 89% and a national average of 87%.
- 59% of patients usually waited 15 minutes or less after their appointment time to be seen compared to a CCG average of 71% and a national average of 65%.
- 95% of patients said they would recommend this surgery to someone new to the area compared to a CCG average of 84% and a 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 43 comment cards and many patients

commented about the high standards of care received from the GPs and the nurses. Patients commented that they were treated in a dignified manner and were given sufficient time to discuss their health problems. Patients also said that the reception team were very helpful and courteous and treated them with respect. However, three cards included some negative feedback relating to the dispensary; the appointment system; and the perceived negative attitude received from one of the team members.

All of the seven patients we spoke with during the inspection said that they were treated with dignity and respect by the practice staff, and that the practice was always clean and tidy. Patients reported a high level of satisfaction regarding their consultations. They stated that they were provided with sufficient consultation time; given explanations about their condition and the treatment options available; and were informed about their medicines and why they were needed. Patients were aware they could request a chaperone during their consultation, and one patient told us that they had received good support from the practice following a bereavement.

Some patients raised an issue in relation to scheduled appointments running late. Most patients were unaware that a longer appointment could be booked for more complex issues, which could help to alleviate appointments being delayed for others.

# Evelyn 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, a CQC Pharmacy Inspector, and an Expert by Experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

## Background to Evelyn Medical Centre

Evelyn Medical Centre provides care to approximately 5,922 patients over 90 square miles in the Hope, Hathersage, Edale and Castleton areas within the Derbyshire Peak District. It has a branch surgery based in Hathersage. The surgery provides primary care medical services via a General Medical Services (GMS) contract commissioned by NHS England and North Derbyshire Clinical Commissioning Group (CCG). The practice operates from a purpose-built building constructed in 1990.

The practice is run by a partnership of three GPs (two males and one female), and employ a part-time salaried male GP. In addition, the practice has a part-time female GP funded through Sheffield University. This GP works as a clinical lecturer at the university who provide funding for 50% of this post to work in a GP practice to support the educational role.

The practice directly employs a community matron and a care co-ordinator. The nursing team also comprises of three practice nurses, and three health care assistants. The

clinical team is supported by a practice manager and assistant practice manager, and a team of ten administrative and reception staff. The practice also employs a team of four cleaning staff.

Evelyn Medical Centre dispenses medicines to 4,057 (69%) of its registered patients. This service is only available for patients who reside a mile or more from a local pharmacy. The practice has a dispensing manager and one dispensary assistant (a second assistant post was being recruited.).

The practice is a teaching practice for both medical and nursing students. Evelyn Medical Centre hosts third year medical and nurse student placements, and supports the 'early years' GP training programme. The practice was previously a training practice supporting GP registrar placements, and had plans to reinstate this in the longer term.

The registered practice population are predominantly of white British background. The practice is ranked in the lowest decile for deprivation status, and is generally considered an area of high affluence, with a deprivation index of 10.3 (England average is 26.6). The major local employment is within farming and tourism, with a small number of workers based at a local cement works. The practice age profile has higher numbers of patients aged over 50. For example 27.7% of the practice populations are aged 65 and above, compared to the CCG average of 21.7%, and the national average of 17.1%.

The practice opens from 8am until 6.30pm Monday to Friday. Scheduled GP morning appointments times are available from approximately 9am to 11.30am, and afternoon surgeries run approximately from 2.30pm to 5.30pm (these times vary slightly each day). The practice closes on one Wednesday afternoon on eight occasions during the year for staff training. Extended hours opening is available on a Monday evening until 7.30pm.

# Detailed findings

The practice has opted out of providing out-of-hours services to its own patients. When the practice is closed patients are directed to Derbyshire Health United (DHU) via the 111 service. Urgent care could be obtained via the minor injuries unit at Buxton, or the out of hours' service based in either Sheffield or Chesterfield, when the practice is closed

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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.

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

## How we carried out this inspection

Before our inspection, we reviewed a range of information that we hold about the practice and asked other organisations including Healthwatch, NHS England and NHS North Derbyshire CCG to share what they knew.

We carried out an announced inspection on 26 May 2016 and during our inspection:

- We spoke with staff including GPs, the practice manager, the assistant practice manager, a practice nurse and members of the reception and administrative team. In addition, we spoke with a manager at a local care home, a health visitor and a district nurse regarding their experience of working with the practice team. We also spoke with seven patients who used the service, and two members of the practice patient participation group.
- We observed how people were being cared for from their arrival at the practice until their departure, and reviewed the information available to patients and the environment.
- We reviewed 43 comment cards where patients and members of the public shared their views and experiences of the service.
- We reviewed practice protocols and procedures and other supporting documentation including staff files and audit reports.

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

There was a system in place for reporting and recording significant events.

- Staff told us they would usually inform either the practice manager, or assistant practice manager, of any incidents that occurred. A form was available to report incidents and this was readily accessible to staff.
- The practice carried out an analysis of significant events and reviewed non-clinical incidents at staff meetings which were held each month. Clinical events were reviewed by the GPs and action was taken immediately to protect patients when this was required. However, the practice was not routinely documenting that agreed actions had been completed, to provide evidence that issues arising from the incident had been fully resolved.
- The practice team undertook an annual review of all incidents to ensure wider learning and consider any further actions that could be taken to enhance patient safety and experience.
- When there were unintended or unexpected safety incidents, people received support, information, an apology, and were told about any actions taken to prevent the same thing happening again.

A total of 32 significant events had been recorded by the practice team over the preceding 12 month period. Learning points were identified to improve safety in the practice. For example, a member of the wider community health team had taken the wrong vaccine from a practice fridge and administered this to a patient. The practice took immediate action to rectify this, and contacted the patient and arranged for them to receive the correct vaccination. There was no harm to the patient as a result of the error, but the patient was given a full and truthful explanation about what had happened, and received an apology.

The practice had a process to review and cascade medicines alerts received via the Medicines Health and Regulatory Authority (MHRA). When this raised concerns about specific medicines, searches were undertaken to check individual patients and ensure effective action were taken to ensure they were safe, for example, a review of prescribed medicines. The practice had developed a

protocol for this process. However, the practice were unable to provide any documentary evidence, including audits, that alerts had been addressed or evidence of the actions that had been taken to minimise risks to patients.

### Overview of safety systems and processes

The practice had defined systems and procedures in place to keep people safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to staff. The policies outlined who to contact for guidance if staff had concerns about an individual. There were lead clinicians for safeguarding both children and adults, who had received training at the appropriate level (level 3) in support of these roles. A nurse was the adult safeguarding lead and brought extensive experience from a previous role which supported this; a GP provided the nurse with mentorship for this role. The health visitor attended the practice primary health care team meeting once a month to discuss any child safeguarding concerns. The cases discussed were documented in the patients' electronic record during the meeting. The health visitor did not have access to this information as a different computer system was used by the community health team, and no minutes were produced from this meeting. However, we spoke to the health visitor who informed us that this had not created any difficulties and things worked extremely well. The health visitor informed us that the GPs were accessible to discuss any concerns, and that they were highly responsive in addressing any concern that were raised. Practice staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- A notice in the reception and the consulting rooms advised patients that a chaperone could be made available for examinations upon request. The health care assistant or practice nurse would usually act as a chaperone, but members of the reception and administration team had undertaken training in support of this role, and could also provide this service if required. Staff who undertook chaperoning duties had received a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from

# Are services safe?

working in roles where they may have contact with children or adults who may be vulnerable). Patients we spoke with on the day of the inspection were aware that they could ask for a chaperone to accompany them during consultations, if they so wished. One patient told us that the GP always asked them if they would like a chaperone to be present for the consultation.

- We observed that the practice was tidy and maintained to good standards of cleanliness and hygiene. A health care assistant was the appointed infection control lead role and we were informed that links had been established with the local infection control and prevention team for advice. There were some infection control policies in place, although some of these had not been updated for five years. Practice staff had received infection control training, and received some information as part of new staff inductions. Annual infection control audits were undertaken, most recently in October 2015, and we saw evidence that action was taken to address any improvements identified as a result. The practice employed their cleaning staff. Whilst there was a written schedule of cleaning tasks, we did not see any evidence that these checks were being recorded, and the arrangements for monitoring cleaning standards were informal. Documentation of clinical waste consignment notes was disorganised.
- We reviewed four staff files and found that recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.
- The practice had a safe system to manage incoming correspondence to ensure that any actions, such as a change to a patient's medicines, were completed promptly. Staff clearly understood the process in place and we saw that all correspondence was up to date on the day of our inspection.

## Medicines management

- We checked arrangements for managing medicines at the practice. Prescriptions were dispensed for patients who lived more than one mile from a pharmacy and this was appropriately managed.
- Staff showed us Standard Operating Procedures (SOPs) which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). These had been reviewed annually, but not always signed by the staff using them

so the practice could not be assured staff were working in line with these policies. Dispensing staff were aware prescriptions should be signed before being dispensed and a procedure was in place to ensure this occurred. We observed that prescriptions ready to be collected were signed. The practice used a barcode scanning system which was used to provide dispensing accuracy assurances.

- Staff shortages meant dispensed items did not always receive a second check by a member of staff, increasing the risk to patients from dispensing errors. This was not in line with the practice's SOPs. The practice had identified this risk and recruitment was progressing to improve staffing provision in the dispensary.
- Stocks of Controlled Drugs (CDs, medicines that require extra checks and special storage arrangements because of their potential for misuse) were stored securely and SOPs set out how they were managed. These were followed by the practice staff. Balance checks of controlled drugs had not been carried out regularly due to staff shortages. There were appropriate arrangements in place for destruction of CDs.
- The practice had signed up to the Dispensing Services Quality Scheme (DSQS), which rewards practices for providing high quality services to patients of their dispensary. There was a named GP responsible for the dispensary, and members of staff involved in the dispensing process had received appropriate training. Staff told us they received annual appraisals but not regular competency assessments. We saw evidence of audit by the dispensary team and that areas for improvement from a recent DSQS audit had been actioned.
- Staff carried out medicines reviews in line with DSQS guidelines, records were kept; any actions taken were evident on patient's records. The practice also made reasonable adjustments for patients who struggled to manage their own medicines, for example providing monitored dosage systems.
- Staff kept a 'near-miss' record (a record of errors that have been identified before medicines have left the dispensary) and we saw dispensing errors were also appropriately recorded. These were discussed at dispensary team meetings, and learning shared with the whole practice team to prevent recurrence. Staff told us

## Are services safe?

they responded appropriately to national patient safety alerts but we saw no records of the action taken in response to these. There was a system in place for the management of high risk medicines.

- We checked medicines stored in the treatment rooms, doctors bag, and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. Oxygen and a defibrillator were available for use at the practice and were easily accessible. There was a procedure in place to ensure emergency medicines were fit for use. Some emergency medicines were stored in the resuscitation box, and the remainder were available within the practice dispensary. Vaccines were administered by nurses and healthcare assistants using directions that had been produced in line with legal requirements and national guidance.
- Medicines requiring refrigeration were stored appropriately and we saw evidence of learning from a recent significant event involving a faulty temperature logger.
- Blank prescription forms were kept securely prior to them being distributed to clinic rooms. However, we saw that when in use they were not always stored securely. Practice staff were unable to locate prescription logs on the day of our visit. These were provided after the inspection, however when we reviewed these they did not give a clear audit trail of distribution of prescriptions in the practice.

### Monitoring risks to patients and staff

Some risks to patients were assessed, although there was no obvious process to update these when new risks were identified.

- There was a health and safety policy available and there were some brief risk assessments in place to monitor safety of the premises such as needlestick injuries, oxygen storage and the control of substances hazardous to health. These had not been reviewed and contained some information which was out of date.
- New issues such as staffing shortages in the dispensary had not been formally risk assessed with control measures being put in place. We observed that consulting rooms were not locked when not in use, and we did not see any evidence of control measures being considered to prevent unauthorised access.

- The practice was unable to provide a documented fire safety risk assessment on the day of the inspection. An assessment from 2004 was provided after the inspection with evidence of three reviews in the subsequent 12 year period. There was limited evidence that the arrangements in place were sufficiently robust. Staff had received fire training in June 2015, and the practice had undertaken evacuations to ensure staff were aware of the procedure to follow in the event of a fire.
- Electrical equipment was checked to ensure the equipment was safe to use, although the practice were unable to locate the certificate to verify this. Medical equipment had been regularly checked to ensure it was working effectively.
- The practice had received a formal risk assessment to control legionella in 2013 (legionella is a term for a particular bacterium which can contaminate water systems in buildings). However, the practice was unable to provide documented evidence that they had completed the work identified within the action plan produced following the risk assessment. We were assured that extensive work had been completed, although this was not evidenced. Ongoing monitoring arrangements, such as the regular running of infrequently used taps and water outlets, lacked robust documentation.
- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs. We were provided with examples of how the team worked flexibly to ensure adequate cover was available at all times. Demand to see a GP was closely monitored and if more capacity was required, additional GP appointments were provided to address this. Locum GPs were used at times to provide continuity of the service when GPs were absent. An additional salaried GP was due to commence their role in June 2016 to increase capacity. However, recent recruitment issues had affected the smooth running of the dispensary, and arrangements for cover had not always been robust.

### Arrangements to deal with emergencies and major incidents

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

## Are services safe?

- There was an instant messaging system on the computers in all the consultation and treatment rooms and patient areas, which alerted staff to any emergency.
- All staff had received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available.
- Most emergency medicines were easily accessible to staff in a secure area of the practice and staff knew of their location. All the medicines we checked were in date, but not all of the recommended medicines were located in one place as the doctor's kept these in their own bags for use when visiting in the community. Most medicines were stored in the emergency resuscitation box, and the remainder were available within the dispensary.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The practice had developed robust measures to accommodate service continuity throughout extreme winter conditions. The plan was reviewed regularly with the most recent update in August 2015. A copy of the plan was kept off site in case access to the premises was not possible.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines, and local guidance, for example, in relation to prescribing. Whilst action was taken as necessary, there was no documentation to evidence this had been completed.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 100% of the total number of points available. This had been achieved with a low level of exception reporting rates at 6.7%, compared to a local average of 11% and national average of 9.2%. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

QOF data from 2014-15 showed:

- Performance for diabetes related indicators was 100% which was above the CCG average of 96.7% and the national average of 89.2%. Exception reporting for diabetes related indicators was 10.8% which was slightly below the CCG average of 13.4% and was the same as the national average.
- 83.6% of patients with hypertension had regular blood pressure tests which was similar to the CCG average of 85.3%, and the same as the national average.
- Performance for mental health related indicators was higher than local and national averages at 100% (98.1% and 92.8% respectively). Exception reporting levels for these indicators were significantly lower at 4.1% (local 14.5%; national 11.1%).
- Performance for dementia related indicators was 100% compared to the CCG average of 97.8% and the national average of 94.5%. Exception reporting for dementia related indicators was 5.5% which was below the CCG average of 8.8% and the national average of 8.3%.

Practice held data, which has not yet been verified, demonstrated that QOF performance had been maintained for 2015-16.

There was evidence of quality improvement including clinical audit.

- There had been four clinical audits undertaken in the last year. Three of these were completed full cycle clinical audits where changes were implemented and monitored with positive outcomes for patients. One of these audits reviewed two-week suspected skin cancer referrals before and after a GP attended specialist dermatology training. The second cycle showed that the identification of appropriate cases had improved with an overall conversion rate increasing from 9% to 17%. The conversion rate is the number of referrals, which had an actual diagnosis of a malignancy.
- The practice carried out medicines audits to ensure prescribing was cost effective, and adhered to local guidance. For example, the practice had reviewed compliance in the prescribing and monitoring of a particular high-risk medicine. The repeat audit demonstrated improvements including a coded indication in 100% of cases for the prescribing and monitoring of the medicine (this had improved from 80% coding for monitoring in 2013). The practice also engaged well with their local CCG medicines management team and we saw a full cycle audit on atrial fibrillation (an irregular heart rhythm) that had been completed.
- The practice participated in local benchmarking activities. For example, the practice undertook a review of data provided by their CCG including referral rates and hospital admissions.

### Effective staffing

- The practice had developed induction programmes for all newly appointed staff. This incorporated relevant topics for new staff, and we saw evidence of completed and signed induction programmes in staff files.
- The practice ensured role-specific training with updates was undertaken for relevant staff e.g. administering vaccinations and taking samples for the cervical screening programme.
- There was encouragement and a commitment to develop and support staff to enhance their skills and knowledge. Staff had received an appraisal within the last 12 months, and these were undertaken jointly by

# Are services effective?

## (for example, treatment is effective)

the practice manager and one of the GP partners. We spoke to members of the team who informed us of how learning opportunities had been discussed during the appraisal and funded (or funding was sourced), and supported by the practice. For example, two staff had been supported to complete level three national vocational qualifications (NVQs) which had led to undertaking new roles. This included the care co-ordinator who had previously worked as a receptionist and health care assistant. In addition, a GP had been supported with time to undertake a PhD qualification.

- Staff received training that included safeguarding, fire safety awareness, and basic life support. Staff had access to and made use of e-learning training modules and in-house training. The practice had protected learning time on eight afternoons each year in which in-house training was arranged for the practice team. GPs also attended learning events organised by their CCG on three of these afternoons. The practice also encouraged attendance at external training events to avoid isolation due to their rural location.
- Nurses had support for the revalidation process (revalidation is the method by which some health professionals renew their registration, and is built on continual learning and practice. The purpose is to improve public protection by making sure that individuals remain fit to practice throughout their career). The practice provided protected learning time to support the process, and a local practice nurse forum was under development.

### Coordinating patient care and information sharing.

- The information needed to plan and deliver care and treatment was available to clinicians in a timely and accessible way through the practice's electronic patient record system. This included care plans, medical records, and investigation and test results.
- The practice team worked collaboratively with other health and social care professionals to assess the range and complexity of patients' needs, and plan ongoing care and treatment. Weekly primary health care team meetings took place with representation (as required) from a wide range of professionals including district nurses, the community psychiatric nurse for older patients, social services, voluntary services, and the community palliative nurse. Although no minutes were produced from these meetings, a GP recorded any

discussions and agreed action points directly into the patient's record during the meeting. There was also an entry on the computer listing the names of the patients discussed and the members of the team who were in attendance for the meeting. The care co-ordinator checked each week that all actions were completed.

- The practice used a health and social care summary document for vulnerable patients to record key information. This could be accessed if the patient was seen by other professionals when the practice was closed.
- The practice worked with the CCG's medicines management team who attended the practice regularly to offer advice and support on prescribing issues.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. Staff were able to say how this applied in individual cases, and the actions they would take. For example, staff followed guidelines, as set out by the Department of Health (DOH), to assist clinicians in deciding whether or not to give sexual health advice to young people without parental consent.
- Where a patient's mental capacity to consent to care or treatment was unclear, the clinician assessed the patient's capacity and, recorded the outcome of the assessment. Care home staff informed us how GPs had contributed towards best interest assessments for their residents.
- Consent forms were completed for any invasive procedures including coil fittings and minor surgical procedures.
- Patients were invited to attend with a carer or companion if they so wished, and appropriate consent was obtained to share any information.

### Supporting patients to live healthier lives

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

# Are services effective?

(for example, treatment is effective)

- 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 referred some patients to a health trainer to provide advice on healthier lifestyles, including diet, alcohol consumption, and social issues including debt management and isolation. The health trainer was able to signpost patients to ongoing community based support programmes, including services to help patients stop smoking.

The practice's uptake for the cervical screening programme was 81.3%, which was in line with the local CCG average of 84.1%, and national average of 81.8%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening and uptake was generally in line with local and national averages, although the percentage of females aged 50-70 screened for breast cancer in the last three years was significantly higher.

An audit undertaken in 2015 had demonstrated that the practice had a higher proportion of two week suspected cancer referrals compared to the national average. However, the audit indicated that 93% of these referrals were appropriate in accordance with NICE guidance. The diagnosis rate at 23% of referred cases was higher than the national average of 11%, indicating an effective process for the identification and referral of suspected malignancies.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92.3% to 98% (local average 95.2% to 98.9%) and five year olds from 93.2% to 97.7% (local average 96.5% to 99.1%).

The practice provided health checks for new patients and NHS health checks for patients aged 40–74. A total of 146 patients (83%) offered this assessment in the last 12 months had attended the practice to receive this check. 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

### Respect, dignity, compassion and empathy

A caring and patient-centred approach was demonstrated by all staff we spoke with during the inspection. We observed that members of staff were courteous and helpful to patients and treated them with dignity and respect.

Consultation and treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard. Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations and treatment.

The rural setting of the practice provided the opportunity to deliver a high level of personalised care to patients. Many staff lived within the local community and understood the needs of patients and their families. This meant the team were able to respond effectively in times of crisis, and provide appropriate support to help keep patients safe and well. The practice had received the Derbyshire Dignity Campaign Award in 2016, which recognised high standards of patient care including privacy, respect and the recognition of carers. Patients we spoke with told us they were listened to and supported by staff, and felt they were treated with compassion, dignity and respect by clinicians. Results from the national GP patient survey in January 2016 showed the practice was above local and national averages for its satisfaction scores on consultations with doctors and nurses. For example:

- 97% of patients said the GP was good at listening to them compared to the CCG average of 92% and national average of 89%.
- 95% of patients said the GP gave them enough time compared to the CCG average of 90% and national average of 87%.
- 100% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%.
- 98% of patients said the last GP they spoke to was good at treating them with care and concern which was above the CCG average of 91%, and significantly above the national average of 85%.
- 72% of patients said they usually got to see or speak to a preferred GP compared to a CCG average of 61% and the national average of 59%.

- 97% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and national average of 87%.

A manager of a local care home informed us that their residents were extremely well-cared for by the practice. They said that residents were treated as individuals and their needs were respected and addressed. We also spoke with a health visitor and a member of the district nursing team who reported that the GPs and the whole practice team were patient-centred, and always did their best for their patients. All the community based staff we spoke with stated that the GPs were approachable, accessible and respectful of their opinions.

We were provided with examples of how individual patients' needs were assessed and met. For example, the practice arranged for additional input from a care agency when it was identified that a vulnerable adult was experiencing difficulty in taking their prescribed medicines.

The practice supported 'early years teaching groups' to help medical students meet patients and discuss their conditions, to help their understanding of how this impacts on individual lifestyles.

### Care planning and involvement in decisions about care and treatment

Patients told us that they were involved in decision making about the care and treatment they received, and feedback on the patient comment cards we received aligned with these views.

Results from the national GP patient survey showed results were higher than local and national averages in relation to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 98% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 91% and national average of 86%.
- 93% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 82%.

### Patient and carer support to cope emotionally with care and treatment

## Are services caring?

The practice identified patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers, and those at risk of developing a long-term condition.

Notices in the patient waiting room told patients how to access a number of support groups and organisations, and a range of literature was available for patients.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1.5% of the practice list as carers, and identified new carers upon registration. Leaflets and posters directed carers to the support services available to them, and a wide range of information was available for carers on the practice website. Carers were identified as part of the annual flu vaccination programme, and 78% of those on the carers' register had received the flu vaccination this year. The practice had appointed two members of the team to

become 'Carers' Champions' to identify carers and provide support. Some communication had previously taken place with the local Carers Association but an effective working relationship had not been established.

The practice worked to high quality standards for end of life care to ensure that patient wishes were clear, and that they were involved in the planning of their own care. The practice periodically reviewed patient deaths to ensure that optimal care had been delivered and to consider any learning. District nursing staff told us that GPs sometimes did joint visits with them to facilitate effective planning and support for patients and their families. When GPs had been involved in the provision of end of life care, they would normally contact relatives or carers to offer condolences, and signpost them to appropriate services such as counselling, if 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, due to the rural area, patients were able to access a local transport service for a minimal charge to bring them into the practice, and take them home after they had been seen.
- The practice provided a dispensary service for 69% of their registered patients, ensuring easy and rapid access to medicines for patients residing across a large rural area. A weekly prescription delivery service was provided, and this provided an opportunity for any concerns to be fed back to the practice.
- GPs referred patients internally to GP colleagues with a special interest or expertise in managing specific presentations – for example, one GP was the designated dermatology champion.
- The recruitment of a new salaried GP ensured that patients had access to a female GP each day of the week.
- Due to the location in the heart of the High Peak, the area was subject to adverse weather conditions in winter, which made travel arrangements problematic. The practice had a contract in place for snow clearance and gritting, and also worked with others locally to ensure service continuity. This included Peak Park Rangers helping to transport patients and staff.
- The premises were purpose built and offered a pleasant environment for patient. The branch surgery at Hathersage was completed in 2003 and was co-located alongside a dentist, an optician and a physiotherapy service, forming a small health service provider community.
- The waiting area contained a wide range of information on services and support groups. Notice boards were well-maintained and included relevant information including the prevention of falls. A folder was available containing lots of useful details about services at the practice, and other general information to ensure patients were well-informed.
- A television was available in the waiting area with subtitles displayed. The practice was looking to change this to a screen that displayed information that would be useful to patients, further to feedback received via a patient survey.
- The layout of the reception area made it difficult to ensure patient confidentiality but staff did their best to manage this sensitively, and moved patients to a quiet area or free consulting room if necessary for private discussions.
- The practice hosted a number of services on site to facilitate better access for patients. This included a physiotherapy; the Citizens Advice Bureau; and podiatry. The practice welcomed other professionals to use their rooms to see individual patients in a familiar environment – for example, patients with alcohol dependency could be seen on site by a member of the county alcohol advisory service.
- Patients were referred to the local swimming pool for 'aquafit' sessions to help physical mobility and to encourage patients to learn to swim. Medical students on placement at the practice as part of the early years training programme prepared a poster to promote this service. Pool staff were given some information on common medical conditions, and provided with exercise regimes to help with future referrals.
- The practice had supported the introduction of a district nurse-led leg care clinic to provide proactive care and treatment for circulatory disorders of the lower limbs. This enabled patients to access care locally and the service was valued by those who had used it.
- 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 required to be seen urgently.
- The practice provided care for 48 residents at a local care home. We spoke with the home manager who informed us that the practice was highly responsive to their patients' needs. A named GP and the community matron visited this home individually each week to review patients to ensure they were well cared for. Medicines for care home residents were reviewed every six months by a joint visit from the named GP and CCG medicines management team.

# Are services responsive to people's needs?

## (for example, to feedback?)

- Patients could book appointments and order repeat prescriptions on line.
- The premises provided good accessibility for patients in wheelchairs, or those with limited mobility. Automated entrance doors were in situ and a disabled toilet was available. Patient services were accessed on the ground floor. A hearing loop was available, although we found that this was not routinely used, and staff were not fully aware of how to operate this.
- A patients' library was available in the reception area. Books and DVDs on a range of health conditions were available for loan.
- The practice produced a quarterly patient newsletter to provide information on practice issues and promote any messages – for example, the spring 2016 edition gave information on how to access travel vaccinations; and a reminder for patients to update their contact details when any changes occurred.
- Translation services were available for patients whose first language was not English. A leaflet for access to support for bereavement for Asian patients was available and this was printed in Hindi.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. The practice closed on one Wednesday afternoon eight times each year for staff training.

GP morning appointments times were available from approximately 9am to 11.30am, and afternoon surgeries ran approximately from 2.30pm to 5.30pm (these times varied slightly each day). Extended hours appointments with GPs and nurses were available on Monday evening until 8pm, primarily for working patients who could not attend the surgery during normal opening hours. The dispensary also remained opened to accommodate the extended hours. When the practice was closed on a bank holiday which fell on a Monday, the extended session was re-scheduled for the Wednesday evening to accommodate those patients who required a later appointment. Urgent appointments were available for people that needed them.

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

- 90% of patients said they could get through easily to the practice by phone which was higher than the CCG average of 77% and the national average of 73%.
- 78% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 75%.

On the day of our inspection, we saw that the next available routine GP appointment was available in just over two weeks' time. However, the appointment system was very flexible and new appointments were released each day. If patients could not be given an appointment at the time of request, and it was inappropriate for them to wait too long, the names were added to a book which was reviewed by the GPs during a daily meeting between the GPs on duty and senior administrative staff. The GP could then arrange for the patient to be seen at a convenient time. Patients we spoke with on the day said they were usually able to get appointments when they needed them.

### Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- The practice's complaints policy and procedures were generally in line with recognised guidance and contractual obligations for GPs in England. The procedure required some updates to reflect current processes, and whilst this information was available, it had not been combined into one concise document for reference.
- The practice manager was the designated person who dealt with complaints in the practice. One GP was identified as the complaints lead.
- We saw that information was available to help patients understand the complaints system in the waiting area and on the practice website.

We looked at ten complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints, and action was taken as a result to improve the quality of care. However, the actions taken and the learning applied were not always clearly documented. We saw an example of how learning had been undertaken following a complaint which had arisen regarding waiting to see a GP beyond the allocated appointment time. This was due to

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

delays with a previous patient consultation. Reception staff were reminded to book longer appointments for patients with more complex needs to try and minimise surgeries running late.

# Are services well-led?

Requires improvement 

(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 vision to deliver high quality care and promote good outcomes for patients.

- The practice had produced a mission statement and developed core practice values, although not all staff we spoke with understood how their roles contributed to this. The values included a focus on compassionate and patient centred care; quality; openness and transparency; and continuous staff development.
- The practice did not have a written strategy document. However, the partners and practice manager were able to articulate the future planning arrangements being explored. This included how the practice worked more collaboratively with other practices, and succession planning.
- The practice held a partners' meeting which usually took place monthly. This reviewed key business issues including the premises, accounts, commissioning information, and staff matters. These meetings followed an agenda, but were not formally documented. In addition, short business meetings were held weekly between the practice manager and two full-time GP partners to deal with any urgent matters.
- The partners engaged with their CCG and were supportive of any developments.

### Governance arrangements

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

- There was a clear staffing structure. Staff were aware of their own roles and responsibilities. GPs had clinical lead areas of responsibility including dermatology and musculoskeletal medicine, and acted as an expert resource for their colleagues.
- The practice had kept the skill mix of their team under review, and directly employed a community matron and care co-ordinator. This gave the practice greater flexibility and communication in managing their more complex patients. The practice was in the process of recruiting a new salaried GP, and additional practice nurse hours had recently been introduced to increase capacity to see patients.

- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained. This included analysis of referral and prescribing data.
- A programme of clinical audit and benchmarking against other local practices was used to monitor quality and to make improvements.
- The practice engaged with their CCG, and the practice attended GP federation meetings and the practice managers' forum to work collaboratively and share best practice. One partner supported the CCG on quality visits to other practices as a clinical adviser; chaired the locality GP meetings; and was a member of the CCG's Primary Care Development Group.

However, some of the systems were not fully effective and did not support the provider in demonstrating robust governance arrangements:

- Arrangements for identifying, assessing and monitoring risks were not sufficiently robust. The practice did not have effective systems to ensure where new areas of risk emerged, these were assessed with mitigating actions to minimise their occurrence or impact. For example, in respect of reduced staffing capacity within the practice dispensary. A comprehensive fire safety risk assessment was not available.
- The systems in place to provide documented evidence required strengthening. For example, meetings were not always documented including PPG meetings; evidence of action plans being progressed or completed were not written down (for example, in relation to the legionella risk assessment); the practice had not produced a written strategy or business plan.
- Whilst a comprehensive range of practice policies were in place, some of these, including infection control policies, required updating.

### Leadership and culture

- There was a leadership structure in place, and each team (administration, nursing, dispensary, and medical) had a leader and was encouraged to manage with some autonomy. However, the manager of the dispensary was unable to focus upon managerial responsibilities due to the pressures created by a vacancy in the team. The practice had recruited a new dispensary assistant which would alleviate this situation.

# Are services well-led?

Requires improvement 

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

- The partners and practice management demonstrated they had the experience and capability to run the practice effectively and ensure high quality care. Staff told us there was an open and 'no-blame' culture within the practice and said the partners and practice manager were approachable, and always took the time to listen to all members of staff. Staff told us that they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
  - Support was provided to the branch surgery site with one of the GP partners in attendance each day. Reception staff rotated between sites to cover Hathersage each morning, and reported any issues back to the practice management. Regular communication was maintained between the two sites.
  - Staff told us the practice held monthly practice team meetings. These were usually held when the practice closed for one afternoon, eight times during the year. The GPs would often attend training events organised by their CCG on these afternoons, but were usually available for part of the afternoon and be able to contribute to the meetings. Minutes of this meeting were documented.
  - The practice had a low turnover of staff, and the staff we spoke with told us that it was a good place to work, and the team supported each other to complete tasks. Occasional social events throughout the year helped support a strong team spirit within the practice.
  - Staff said they felt respected, valued and supported, by the partners and managers in the practice. We were provided with examples of how staff had been supported to develop within their roles. For example, the care co-ordinator had previously worked as receptionist, phlebotomist and health care assistant, and had been supported to develop into the new role by the practice.
- received as part of the Families and Friends Test (FFT). The FFT is a simple feedback card introduced in 2013 to assess how satisfied patients are with the care they received.
- The practice had undertaken their own patient survey during 2016. There had been 60 responses and the practice had considered the feedback received from patients. One proposed action from this was to replace the television with a screen displaying health information, and details of how the practice worked including details on complaints and chaperoning. This was due to be discussed with the PPG.
  - The practice had undertaken a recent survey to determine patient satisfaction with the dispensary service. There had been 82 responses provided and the practice were working to address the issues identified, which included being mindful of patient confidentiality, and offering to move patients into a quiet area if required. Information was not on display to inform patients how the practice was responding to the feedback received.
  - The PPG met bi-monthly, and had a membership of approximately 33 people with approximately 12 members who regularly attended meetings. Whilst information was available to encourage new members to join the group, there was limited information to support the work and achievements of the PPG and there were no recent minutes available from meetings. The PPG were extremely loyal and supportive of the practice. However, meetings tended to focus more upon information sharing, and we saw limited evidence that the PPG was influential in driving forward any changes in the practice, or championing the patient voice. The PPG told us that the practice did not discuss learning applied from complaints with them, although they were open and sought their views on other issues. The PPG had suggested that some higher chairs were required in the waiting area, and the practice had agreed to address this.
  - Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.
  - The practice acknowledged their role in supporting their local community, and they told us how this was an important aspect of their work. For example, the practice manager had organised life support training for

## 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 patient surveys and on the NHS Choices website; via complaints received; and responses

# Are services well-led?

Requires improvement



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

members of the village having identified that defibrillators were available in the local community, but there was no active training to support the use of the equipment.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward-thinking and engaged in schemes to

improve outcomes for patients in the area. For example, the 'aquafit' project was to undergo a formal evaluation via a research project led by a medical student, with supervision from the GP employed via Sheffield University.

Evaluation of the 'early years' training sessions had provided excellent feedback, and demonstrated the learning and value that this provided for medical students.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

#### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

**Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment**

We found that the registered provider had not ensured that prescription forms were secure when in use in the practice, and accurate prescriptions logs had not been maintained.

We found that the registered provider had not fully assessed, mitigated and managed risks to service users receiving care and treatment. This included risk assessments specific to health, safety and welfare.

#### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

**Regulation 17 HSCA (RA) Regulations 2014 Good governance**

We found that the registered provider did not always: maintain accurate and contemporaneous records in respect of the documentation of meetings; reviewing and updating action plans and practice infection control procedures; and ensuring that complaints and significant events reviews clearly showed agreed actions had been finalised.