

Staffa Health

Inspection report

3 Waverley Street
Tibshelf
Alfreton
DE55 5PS
Tel: 01773309030
www.staffahealth.co.uk

Date of inspection visit: 9,11 and 12 January 2023
Date of publication: 09/02/2023

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 location

Outstanding 

Are services safe?

Good 

Are services effective?

Outstanding 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Outstanding 

Overall summary

We carried out an announced comprehensive inspection at Staffa Health on 9, 11 and 12 January 2023. Overall, the practice is rated as outstanding. We rated the key questions safe, caring and responsive as good and effective and well-led as outstanding.

Following our previous inspection on 17 September 2015, the practice was rated outstanding overall and for the key questions responsive and well-led. It was rated as good for the key questions safe, effective and caring.

The full reports for previous inspections can be found by selecting the 'all reports' link for Staffa Health on our website at www.cqc.org.uk

Why we carried out this inspection

We carried out this inspection in line with our inspection priorities at the time of the inspection. The key questions we inspected were safe, effective, caring, responsive and well-led.

How we carried out the inspection

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included:

- Conducting staff interviews using video conferencing.
- Completing clinical searches on the practice's patient records system (this was with consent from the provider and in line with all data protection and information governance requirements).
- Reviewing patients' records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- A site visit to the main and 2 branch practices.
- An interview with a member of the Patient Participation Group
- Interviews with care homes where the practice provided care and treatment.

Our findings

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services
- information from the provider, patients, the public and other organisations including Healthwatch and Derby and Derbyshire Integrated Care Board.

We found that:

- The practice provided care and treatment in a way that kept patients safe and protected them from avoidable harm.
- There was an effective system in place for reviewing significant events and innovative ways of sharing this learning with staff and patients.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The provider had considered their demographics, the needs of their patient population and disease prevalence. Due to a higher than average older population, the practice had developed a bespoke home visiting team for house bound patients to provide improved continuity and quality of care.

Overall summary

- There was a system in place to monitor and respond to peak times of demand for telephone access and demand for appointments and systems to monitor patient satisfaction with access to appointments and online facilities. Learning from these systems was implemented to improve the overall patient experience.

We rated the key question effective as **outstanding** because:

There was a holistic approach to assessing, planning and delivering care and treatment to patients to improve health outcomes:

- The practice had extended their home visiting service and team to support housebound patients who were unable to attend the practice for a review of their long-term conditions. The provider had reviewed nationally published data which demonstrated the effectiveness of this service in reducing unplanned hospital admissions for vulnerable housebound patients. A representative from Derby and Derbyshire Integrated Care Board informed us that Staffa Health had been pioneers of this model of care which had influenced other service providers both locally and nationally.
- The practice had supported a GP to develop the role of a menopause champion to support staff and patients at the practice.
- The practice's cancer champion sent letters and information leaflets to newly diagnosed patients with cancer and offered a cancer care review with a GP and supportive telephone calls. The champion had established a cancer support network for patients to attend for support or to share their fears and experiences.
- The practice had gained accreditation from the Royal College of General Practitioners (RCGP) for being an active practice, an initiative to address sedentary lifestyles which have negative impacts on the health, social and economic outcomes for individuals and communities. The practice had partnered with Bolsover District Council Physical and Lifestyle services to establish a gymnasium within the Tibshelf Practice where patients prescribed exercise by their GP could attend for 12 supervised training sessions.

We rated the key question well-led as **outstanding** because:

- There was a very strong commitment to supporting staff well-being. For example, wellbeing champions, a menopause champion, yoga and aerobic sessions for staff, a free wellbeing raffle and an acknowledgement by the GP partners of the demands on on-call GPs and an offer to remove this stress for salaried GPs.
- Feedback from the Patient Participation Group (PPG) was extremely positive. There were many examples of where the practice had worked closely with the PPG to improve the service for patients. For example, a carer's plan, improving accessibility for patients with limited IT literacy and analysis of trends in complaints.
- Leaders drove continuous improvement for patients and staff. Staff innovation was encouraged, supported and celebrated by the leaders.
- There was clear evidence of continuous improvement and change. For example, the home visiting service, accreditation for being an active practice, influencing of local engagement processes in carrying out service wide consultations with patients.
- There was a culture of learning, evolving and sharing learning with others.

Whilst we found no breaches of regulations, the provider **should**:

- Embed into practice formal clinical supervision for non-medical prescribers.
- Embed into practice a mechanism to review asthma patients within 48 hours of being prescribed rescue steroids.
- Continue to make improvements to increase the cervical screening uptake within the practice.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Overall summary

Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities and undertook a site visit. The team included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

Background to Staffa Health

Staffa Health is located in Alfreton, Derbyshire at:

3 Waverley Street

Tibshelf

Alfreton

DE55 5PS

There are 2 branch practices at:

19a Heath Road

Holmewood

Derbyshire

S42 5RB

and

189 Birkinstyle Lane

Stonebroom

Derbyshire

DE55 6LD

The provider is registered with the CQC as a partnership to deliver the regulated activities; diagnostic and screening procedures, maternity and midwifery services, family planning, surgical procedures and treatment of disease, disorder or injury.

The practice offers services from both a main practice and 2 branch practices. Patients can access services at all 3 practices. We visited all 3 practices as part of this inspection.

The practice is situated within the Joined-Up Care Derbyshire Integrated Care System (ICS) and delivers Personal Medical Services (PMS) to a patient population of approximately 17,008 people. This is part of a contract held with NHS England.

The practice is part of the South Hardwick Primary Care Network (PCN), a wider network of 9 GP practices that work collaboratively to deliver primary care services.

Information published by Public Health England reports the deprivation ranking within the practice population group is in the 5th decile (5 out of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is predominantly white at 98.3% of the registered patients, with estimates of 0.8% Asian and 0.7% mixed.

The age distribution of the practice population is comparable with the local area however, the number of older people registered with the practice is higher than the national average.

There are 5 GP partners and 7 salaried GPs, 5 advanced clinical practitioners, 5 practice nurses, a community matron, 4 healthcare assistants and phlebotomists, 2 care co-ordinators, 2 clinical pharmacists and a pharmacy technician. The clinical staff are supported by a practice manager, an assistant practice manager and a team of reception and administrative staff.

The practice is open between 8am to 6.30pm Monday to Friday. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Extended access is provided locally by South Hardwick PCN, where early morning, late evening and weekend appointments are available. Out of hours services are provided by Derbyshire Health United (DHU).