

Springfield Medical Centre

Inspection report

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Date of inspection visit: 20 August 2018

Date of publication: 04/10/2018

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

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This practice is rated as Good overall. The service was first inspected in November 2015 and rated good overall. It was inspected again in February 2018 and rated inadequate overall.

The key questions at this inspection are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Springfield Medical Centre on 20 August 2018. The inspection was carried out to follow up on breaches of regulations identified during our previous inspection in February 2018. Patients were potentially at risk of harm because systems were not operated effectively manage risks. There were some processes in place for disseminating NICE guidance but there was no evidence of discussion of NICE guidance within the practice. Data from the Quality and Outcomes Framework showed patient outcomes were below local and average such as those for diabetes. There were limited mechanisms in place to review performance and quality of the care delivered to patients.

At this inspection we found:

- The practice had made significant improvements since our previous inspection to improve the service.
- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice had made improvements to its risk management process to keep patients safe, including those for dealing with high risk medicines and patient safety alerts.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that

care and treatment were delivered according to evidence-based guidelines. Minutes of clinical meetings we looked at showed National Institute for Health and Excellence (NICE) guidance was shared and discussed.

- The practice monitored achievement for the Quality and Outcomes Framework (QOF) and had made improvements where identified. Most recent data supplied by the practice showed that QOF achievement was in line with local and national averages.
- Staff involved and treated patients with compassion, kindness, dignity and respect. The practice had worked to improve in areas identified in the national GP patient survey for satisfaction scores for consultations with GPs.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- Governance processes were strengthened and we saw action plans in place to review performance and improve quality of the care delivered to patients.
- There was evidence of continuous learning and improvement.

The areas where the provider **should** make improvements are:

- Encourage patients to join the Patient Participation Group (PPG) in the practice to reflect a range of patient population groups.
- Continue to identify ways in which the uptake of childhood immunisation for under five-year olds could be further improved
- Continue to identify ways to improve cancer screening, particularly for breast screening.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service.

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

Please refer to the detailed report and the evidence tables for further information.

Population group ratings

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

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a second and third (in a shadowing capacity) CQC inspector and a GP specialist adviser.

Background to Springfield Medical Centre

Springfield Medical Centre provides primary medical services from a registered location at 301 Main Street, Nottingham, NG6 8ED. Further information about Springfield Medical Centre can be found on the practice's website .

The practice provides primary medical services under a General Medical Services contract to approximately 2700 patients in a residential area of Nottingham. The practice's services are commissioned by Nottingham City Clinical Commissioning Group (CCG).

The practice is registered with the CQC as a partnership of two GPs (one male and one female). However, one of the GP partner now worked as a regular locum and another partner was being added. The practice told us that they had applied to the CQC to reflect this recent change. The team also consisted of another regular locum GP (male) who covered the main GP when they were on leave. There was a practice nurse and and healthcare assistant (both female) along with a team of administration staff. The practice manager (female) and the business manager (male) had defined roles on the day to day management of the service.

The provider is registered to provide the following regulated activities:

- Maternity and midwifery services;
- Diagnostic and screening procedures;
- Treatment of disease, disorder or injury;
- Surgical procedures.

The area served by the practice is in the most deprived decile, meaning it falls into the most deprived 10% of areas nationally. The level of income deprivation affecting children is significantly higher than local and national averages. The level of income deprivation affecting older people is marginally higher than the local average and significantly higher than the national average.

The practice is open between 8am and 6.30pm Monday to Friday and weekend extended hours appointments are available through hub working arrangements. When the service is closed out of hours services are provided through the NHS 111 service.

Are services safe?

At our previous inspection on 21 February 2018, we rated the practice as inadequate for providing safe services. Policies and procedures in place to govern health and safety, including the health and safety policy and the safeguarding policies needed to be reviewed and improved. Actions to manage and mitigate risks had not been taken. Arrangements in place to respond to emergencies needed to be improved. Systems and processes for the monitoring of patients being prescribed high risk medicines were not being operated effectively. Systems and processes in place for receiving and acting on alerts related to patient safety were not being operated effectively.

These arrangements had significantly improved when we undertook a follow up inspection on 20 August 2018. The practice is now rated as good for providing safe services.

Safety systems and processes

The practice had clear systems to keep people safe and safeguarded from abuse.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics. The practice used two regular locum GPs who also covered absence of the lead GP. The lead GP ran another surgery nearby, we were told that staff from that site could be used in the event of staff shortages.
- There was an effective induction system for temporary staff tailored to their role. Most staff were longstanding and the practice used two regular locum GPs who were familiar with the practice.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis. The practice told us that staff were trained in this.
- When there were changes to services or staff the practice assessed and monitored the impact on safety. The business manager took a lead role on ensuring management of non-clinical risks and they were able to demonstrate effective management of risks.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols. We looked at the referral process and saw that all referrals were reviewed by the practice manager to ensure they were actioned. All clinical staff were trained in the process to ensure that in the event that the secretary was unable to process referrals, clinical staff could complete the process.

Appropriate and safe use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

Are services safe?

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks. There was a system to ensure that emergency equipment and emergency medicines were checked regularly to ensure they were fit for purpose.
- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and acted to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. The practice had developed a protocol for prescribing of high risk medicines. Patients were involved in regular reviews of their medicines.

Track record on safety

The business manager was responsible for the management of risks and had ensured relevant risk assessment had been carried out by external professionals where relevant.

- There were comprehensive risk assessments in relation to safety issues. For example, an external agency had carried out a health and safety risk assessment and areas for improvement had been actioned. Furthermore, the business manager carried out quarterly assessments to ensure any other risks were being effectively managed.

- The practice monitored and reviewed safety using information from a range of sources.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts. The practice had a system in place for managing safety alerts, including those received from the Medicines and Healthcare Regulatory Agency (MHRA). Individual clinical staff received safety alerts as well as the practice manager. However, the practice manager maintained oversight of the process. The practice had developed a log to document the relevant alerts received and the actions taken. We saw examples of searches undertaken on the patient record system following recent alerts. The practice was able to demonstrate that relevant alerts were discussed in meetings to ensure awareness from relevant staff members.

Please refer to the evidence tables for further information.

Are services effective?

At our previous inspection on 21 February 2018, we rated the practice as inadequate for providing effective services. There were areas where performance was significantly below local and national averages; for example, in relation to the control of diabetes and depression. The practice was unable to demonstrate how quality improvement activities led to improved care delivery.

These arrangements had significantly improved when we undertook a follow up inspection on 20 August 2018. We rated the practice and all of the population groups as good for providing effective services.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. We saw evidence of audits following which National Institute for Health and Excellence (NICE) guidance was disseminated to clinical staff.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- The practice had recently implemented regular clinical meetings to discuss individual cases and to ensure care was delivered in accordance with clinical guidelines.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of their medicines.
- The practice achieved 100% for indicators related to osteoporosis which was above the CCG and national average (there were only two patients on the list).
- The practice had 12 patients registered with rheumatoid arthritis. Data we looked at showed that 10 patients (83%) had a review in the last 12 months.

- The practice had vaccinated 54% of the eligible patients for flu in this group and 16% of patients had declined an invitation for vaccination. We saw evidence of an action plan in place to improve vaccination rates for this age group.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate some improvement in its achievement for hypertension related indicators. The practice achievement for 2016-17 was 74% which was below the national average of 80%. The practice showed us achievement for 2017-18 (unpublished data) which showed an achievement of 76%. Although this was below the 80% target, the practice had processes in place to make further improvements.
- Achievement for diabetes related indicators for 2016-17 was 51% which was 31% below the local average and 40% below the national average. Data provided by the practice for 2017-18 (unpublished and unverified data) showed that significant improvements had been achieved with an overall achievement of 85%.

Families, children and young people:

Are services effective?

- Childhood immunisation uptake rates for 2016-17 were below the target percentage of 90%. Unpublished and unverified data provided by the practice for 2017-18 showed childhood immunisation for all under two-year olds was 97%.
- The practice told us that vaccinations for under five-year olds remained an issue and required the vaccination of five children to reach the required target. The practice was able to demonstrate actions taken by the practice to follow up of these patients and attributed this to a small number of transient families.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- The practice referred patients who failed to attend appointments for immunisations to the health visiting team/ local safeguarding team as appropriate.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. Annual health reviews were offered to these patients.
- The practice offered annual health checks to patients with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule. The practice had carried out a splenectomy (removal of spleen) audit which identified a number of patients that required immunisations and antibiotic prophylaxis. Patients who undergo this procedure are at high risk of infection.

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

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

- The practice's uptake for cervical screening was for 2016-17 was 67%, which was below the 80% coverage target for the national screening programme. The practice was able to demonstrate improvement and data we looked at for 2017-18 (unpublished and unverified) showed that it had achieved uptake of 77%.
- The practice's uptake for bowel cancer screening was 43% which was below the CCG average of 52% and the national average of 55%. On the day of the inspection we were told improvements to bowel and breast screening had been achieved. The practice told us that this had been confirmed by the CCG but was unable to get the data to confirm this.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medicines.
- Data we looked at showed 85% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was comparable to local and national averages.
- Previously we identified that the practice's achievement for depression was 0% and there was no clear rationale as to the reason for this low achievement. During this inspection we saw the practice's achievement was 88%. The practice explained this was due to a coding error which had now been addressed.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.

Are services effective?

- The practice was aware of its Quality and Outcomes Framework (QOF) achievements and where improvements were required. QOF is a system intended to improve the quality of general practice and reward good practice.
- The practice manager took an active role in the monitoring of QOF targets. These were discussed during the monthly staff and clinical meetings. We saw evidence on the appointment system where instructions were added for the benefit of reception staff so that they could remind patients of their review. The practice manager reviewed the appointment system to ensure that those patients who required further reviews or a check-up were offered these by staff.
- We saw evidence of action plans in place to improve areas of low QOF achievement. For example, the practice had action plans in place to improve achievement of immunisations and cancer screening. The practice had carried out an analysis of its flu and pneumonia vaccinations for various at-risk groups for 2016 and 2017 and was able to demonstrate improvement. For example, vaccination rates for over 65 year olds for 2016 was 66%. For 2017 the practice had achieved 80%.
- Published data for QOF 2016-17 showed that the practice had achieved 85% of the total number points available. This was below the local clinical commissioning group (CCG) average of 93% and national average of 96%. Data provided by the practice for 2017-18 showed that the practice had made some improvements with an overall QOF achievement of 91%. However, this was unpublished and unverified data.
- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. We saw evidence where audits had demonstrated improvement to care.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had

received specific training and could demonstrate how they stayed up to date. On the day of the inspection we saw that the practice nurse had been overdue for their update training for cervical screening by six months. The nurse explained that this was an oversight and confirmed that they were booked on the next available course. Following the inspection, the practice had submitted documentary evidence that training had been completed.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained for most staff. Staff were encouraged and given opportunities to develop. We received positive feedback from staff who told us that they were supported.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals, clinical supervision and revalidation. The practice nurse was involved in clinical audits and had regular meetings with the lead GP. They also confirmed that they were attended the monthly clinical meetings.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment. For example, annual reviews for mental health patients were carried out and reception staff were involved in engaging with the patients.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who had relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when

Are services effective?

they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies. Care plans we looked at contained relevant information.

- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers. We saw carers had been offered flu vaccinations and health checks. During the previous year the patient record system indicated that 41% of carers had been vaccinated. The practice planned to improve on these figures this year and had developed an action plan for this.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for

example through social prescribing schemes. There was a care co-ordinator in place (CCG scheme) who held regular clinics and any patients requiring further support were referred to them.

- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity. Data we looked at showed that 77% of eligible patients were offered stop smoking advice/referral to a specialist.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately. We saw evidence of written consent for minor surgery.

Please refer to the evidence tables for further information.

Are services caring?

At our previous inspection on 21 February 2018, we rated the practice as requires improvement for providing effective services. There were areas where patient satisfaction was significantly below local and national averages. A low number of carers identified by the practice.

We saw evidence where the practice had made improvements and it is now rated as good for providing caring services.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The most recent GP patient survey results (published August 2018) were in line with local and national averages for questions relating to kindness, respect and compassion. However, the practice had identified areas where further improvements could be made from the previous survey (published July 2017). The practice had carried out an in-house patient survey so that specific areas for improvement could be better understood. The practice used questions from the national GP patient survey specifically around quality of consultations. Feedback on the quality of consultation for each clinical staff member was sought. We saw evidence that where improvement areas were identified an action plan was developed to achieve better outcomes.
- Comment we received were positive about the staff. Patients said that the reception staff were friendly and the GPs and nurses were respectful and demonstrated good communication.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.)

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.
- The practice's GP patient survey results were in line with local and national averages for questions relating to involvement in decisions about care and treatment. The practice had carried out its own patient survey using questions from the national GP survey for specific clinical staff. Results were mostly positive. The practice identified and put in place actions where improvements were needed.

Privacy and dignity

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues, or appeared distressed reception staff told us that they could offer them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

Please refer to the evidence tables for further information.

Are services responsive to people's needs?

At our previous inspection on 21 February 2018, we rated the practice as good for providing responsive services. At this inspection we rated the practice and all of the population groups, as good for providing responsive service.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice offered flu vaccinations and had opened on Saturdays for patient convenience during the previous winter flu campaign.
- The practice provided effective care coordination for patients who were more vulnerable or who have complex needs. They supported them to access services both within and outside the practice. There was a care co-ordinator (a CCG initiative) who held regular clinics and worked with relevant patients to access local sources of support which ranged from clinical to non-clinical services.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice invited over 75's for health checks and to offer further support.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- The practice provided blood testing in house via the healthcare assistant or the practice nurse to monitor people with long term conditions.
- A specialist diabetic nurse held regular clinics at the practice for patients with more complex needs.

Families, children and young people:

- Young families were offered sexual health screening and family planning education.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- The practice had improved its achievement for child immunisation and was working to make further improvements.
- Monthly baby clinics were held within the practice.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and weekend appointments. The practice held Saturday flu clinics during the previous winter flu season.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- An Electrocardiogram (ECG) service was provided by the practice. An ECG is a simple test that can be used to check the heart's rhythm and electrical activity.
- The practice promoted the cervical, bowel and breast screening services and data we looked at showed that the practice had achieved improvements since our previous inspection in February 2018.

Are services responsive to people's needs?

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice held regular multidisciplinary meetings which also focussed on this population group.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- Learning disability health checks were provided.
- The practice held GP led dedicated monthly mental health and dementia clinics where referrals were reviewed (if relevant). Patients who failed to attend were proactively followed up by a phone call from a GP.

Timely access to care and treatment

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- The practice provided an in-house phlebotomy (blood taking) service.
- Waiting times, delays and cancellations were minimal and managed appropriately.

- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- The practice's GP patient survey results were above local and national averages for questions relating to access to care and treatment.
- The practice had carried out an inhouse survey using questions from the national GP patient survey. Analysis of the inhouse survey identified that telephone access could be further improved. As a result, the practice had installed a new telephone system to facilitate better telephone access.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available.
- The complaint policy and procedures were in line with recognised guidance. The practice had received one written complaint and had responded appropriately.
- The practice encouraged verbal complaints and we saw that seven verbal complaints had been recorded in the last 12 months. Records we looked at showed that learning had been identified and discussed with the wider team.

Please refer to the evidence tables for further information.

Are services well-led?

At our previous inspection on 21 February 2018, we rated the practice as inadequate for providing well-led services. Governance arrangements were not always operated effectively to ensure clinical oversight of the provision of regulated activities. Policies, procedures and processes needed to be strengthened to ensure the delivery of safe, high quality care. Arrangements to assess, monitor and mitigate risks across the practice needed to be improved.

These arrangements had significantly improved when we undertook a follow up inspection on 20 August 2018. The practice is now rated as good for providing well-led services.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. For example, we saw action plans were in place to improve achievement in clinical outcomes in areas of underperformance such as cancer screening and childhood immunisations. Leadership teams were able to demonstrate areas of risk and the actions being taken to mitigate those risks.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- The practice had developed a clear vision and mission statement summarising the principles and behaviours it wanted to achieve. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice vision and values were available to staff. They were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population.

- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice. Most staff were longstanding and staff we spoke with told us that they felt supported.
- We saw examples where staff performance was incentivised and rewarded.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the learning and development they need. This included appraisal and career development conversations. All staff had received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care. The management team consisted of the practice manager and the

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business manager with support from the lead GP and the nurse. The practice manager took the lead in areas related to clinical outcomes such as QOF and cancer screening programmes. The business manager was responsible for ensuring management of risks such as health and safety, fire as well as issues related to the maintenance of the premises. They were clear on their responsibilities and could demonstrate understanding of the priorities in their respective areas of responsibilities.

- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control. The practice nurse took on the lead role and carried out quarterly reviews in infection control in the practice.
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety. We saw risks were prioritised and immediate action taken where appropriate.
- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. We saw action plans were in place to address any identified weaknesses.
- The practice submitted data or notifications to external organisations as required. For example, the practice shared information with the health visiting team and the safeguarding team if patients failed to engage. This was regarding childhood immunisations.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- We spoke with members of the Patient Participation Group (PPG) on the day of the inspection. PPG members told us that their views and concerns were encouraged, heard and acted on to shape services and culture. They also told us that the PPG group consisted of five to eight members and wanted to encourage more members to be part of the group to reflect the different patient groups. We did not see any information the practice to encourage patients to join the group in the practice. However, the practice website did contain information encouraging patients to join the PPG.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- The patient participation group was small but active and we saw examples of service improvement as a result of feedback from the group.
- Staff knew about improvement methods and had the skills to use them.

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- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.

Please refer to the evidence tables for further information.