Springbank

Quality Report

Springbank Community Resource Centre
Springbank Way
Cheltenham
Gloucestershire
GL51 0LG
Tel: 01242 507111
Website: www.springbank-surgery.nhs.uk

Date of inspection visit: 3 October 2016
Date of publication: 06/12/2016

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

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Springbank on 3 October 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Ensure the system for the monitoring of expiry dates of consumables such as needles and syringes are reviewed.
- Continue to improve health outcomes for patients with long term conditions.
- Continue to implement measures to improve patients' experience and satisfaction including patients' involvement and decisions about their care.

Summary of findings

- Improve the uptake for childhood immunisation.

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?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

However,

- We noted that there were no systems to monitor expiry dates of consumables and found that two needles had recently expired. These were replaced immediately.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were below average for this practice compared to the national average. However, the published data was not a true reflection of patients' outcomes as the current provider took over the service towards the end of the reported period.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

Summary of findings

- Data from the national GP patient survey showed patients rated the practice lower than others for several aspects of care. However, published data related partially to the previous provider and did not accurately reflect the current provider's performance.
- The provider was aware of the low satisfaction scores and had implemented a number of measures in collaboration with the patient participation group to improve patient experience.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible. However, there was an overwhelming amount of patient information in the waiting area.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group to secure improvements to services where these were identified. The practice participated in a Gloucester scheme called 'Choice Plus', which provides additional GP appointments for patients with acute/ on the day problems at various locations in the county. We were told that this was rarely used as the provider had adjusted its appointment system to enable more appointments to be available on the day at the practice.
- The practice provided additional routine appointments between January and March for all patients to respond to winter pressures. As part of the programme, patients diagnosed with chronic obstructive pulmonary disease (COPD) were able to have a review of their health needs to avoid unnecessary hospital admissions. COPD is the name for a collection of lung diseases, including chronic bronchitis and emphysema.
- The practice took part in a local social prescribing initiative whereby patients with non-medical issues, such as financial debt or social isolation could be referred by a GP to a single hub for assessment as to which alternative service might be of most benefit. The provider told us they had successfully arranged for the social prescribing coordinator to hold a weekly clinic at the practice so that the service was available on site.

Summary of findings

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it. The provider gave us several examples of how they had adjusted their services to promote good outcomes for the local population.
- There was a clear leadership structure and most staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

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

Good

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

- The practice offered proactive, personalised care to meet the needs of the older patients in its population and had a range of enhanced services, for example in influenza, pneumococcal and shingles immunisations.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice supported seven patients living in local care homes and visited these patients on a fortnightly basis to carry out annual reviews, medicine reviews and end of life planning.
- All patients over the age of 75 were invited or visited for a comprehensive assessment, including long term chronic disease management, assessment for frailty and dementia screening and individualised care planning.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and ran clinics for: diabetes, asthma and chronic obstructive pulmonary disease (COPD). Longer appointments of 30 minutes were given for these clinics. Patients at risk of hospital admission were identified as a priority.
- The practice had tailored its appointment system to enable patients with multiple long-term conditions to be seen in a single appointment.
- Performance since April 2016 to date for overall diabetes related indicators was 77%.
- Diabetes was managed by a dedicated team at the practice with both the practice nurses and GPs with this area of expertise. Six monthly reviews with the nursing team were carried out with referral on to a GP if needed. All patients in this group were invited to an annual retinal screening appointment.
- Longer appointments and home visits were available when needed.

Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young patients.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young patients who had a high number of A&E attendances. The practice ran specific immunisation clinics once a week.
- Patients told us that children and young patients were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding five years was 80% which was comparable to both the CCG average of 84% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses. Meetings with the health visitors were held monthly to review children on the "at risk register".
- The practice offered a family planning and sexual health service with a fully qualified sexual health nurse and a GP with specialised interest in women's health and family planning who assessed patient need, initiated treatments and offered ongoing monitoring.
- The practice was a C-card centre (a scheme designed to increase the access and availability to free condoms and chlamydia screening for young people under 25).
- The practice was a young person friendly practice and held weekly drop-in clinics for young people who needed treatment or advice about sexual health, contraception or general health.

Working age people (including those recently retired and students)

Good

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

Summary of findings

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. All patients were invited either to hypertension (high blood pressure) annual screening or if over the aged of 40 to a cardiovascular health screening assessment.
- We were told that the practice would be offering extended hours every Tuesday from 6.30pm to 7pm from the 4 October 2016.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability. Practice data showed that all patients with a learning disability on the register had a health check.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- Practice data as at October 2016 showed that 88which was above both the clinical commissioning group (CCG) average of 86% and the national average of 84%.
- Practice data for the overall performance for mental health related indicators as at October 2016 was 88%.
- The practice was pro-active in identifying patients who were at risk of developing dementia. For example, all patients attending long-term condition reviews were asked about memory issues

and if there were any concerns, the nurses would complete an assessment using a nationally recognised template. Patients who had a positive result would be offered appropriate screening and would be referred to the relevant services.

- There was a mental health worker who held weekly clinics at the practice.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia. Patients and carers were invited to attend an annual review with a practice nurse who was experienced in mental health assessments.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. One hundred and sixty-five survey forms were distributed and 58 (a 35% completion rate) were returned. This represented approximately 3% of the practice's patient list. However, these results contain aggregated data collected from July to September 2015 and January to March 2016. The current provider had taken over this practice in December 2015 and therefore, the published data was not a whole representation of the current provider's performance.

- 79% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 83% and national average of 73%.
- 76% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 89% and national average of 85%.
- 68% of patients described the overall experience of this GP practice as good compared to the CCG average of 89% and national average of 85%.
- 61% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 84% and national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received two comment cards which were both positive about the standard of care received. Patients commented that they have received an excellent service from all staff at the practice.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. One of those patients commented that they had noticed an improvement in the service provided since the new provider had taken over. They commented that there were more regular GPs available and that there was an improvement in continuity of care. However, most patients commented that they sometimes had to wait a while after their appointment times to be seen.

We looked at the NHS Friends and Family Test for July 2016, where patients are asked if they would recommend the practice. The results showed 90% of respondents would recommend the practice to their family and friends.

Springbank

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 adviser and a second CQC inspector.

Background to Springbank

Springbank is a GP partnership located on the ground floor within the Springbank Community Resource Centre in Cheltenham. The practice shares the premises with a dental practice, a pharmacy and other community services including offices. The practice has one consulting room and two treatment rooms. The reception staff also covers the dental practice and there is one waiting area which is used by both Springbank and the dental practice. There is level access to the premises and automatic doors to the main entrance.

The practice has an Alternative Provider Medical Services (APMS) contract which had been taken over in December 2015 by the current provider. (An APMS contract is a locally negotiated contract open to both NHS practices and voluntary sector or private providers e.g. walk-in centres). The practice provides its services to approximately 2,100 patients at the following location:

Springbank Community Resource Centre,

Springbank Way,

Cheltenham,

Gloucestershire,

GL51 0LG.

The partnership providing services at this practice has six GP partners and four salaried GP (six female and four male) which is equivalent to seven and a quarter whole time equivalent GPs. The clinical team include a nurse consultant, three nurse practitioners, five practice nurses and a pharmacist. Five of those GPs provide regular GP sessions (one GP covers every day of the week) at the practice and one them is the overall lead. The nurse consultant, nurse practitioner and three practice nurses undertake chronic disease, family planning, sexual health and treatment room clinics at the practice. These clinical staff work across the provider's three sites where services are provided across Cheltenham. The practice management and administration team includes a practice manager, a lead administrator and five customer services assistants. There is also an executive manager who has overall management oversight for all of the provider's practices.

The general Index of Multiple Deprivation (IMD) population profile for the geographic area of the practice is in the fourth most deprivation decile. The prevalence of patients with a long standing health condition is 53% compared to the local clinical commissioning group average of 55% and the national average of 54%. Patients living in more deprived areas and with long-standing health conditions tend to have greater need for health services. An area itself is not deprived: it is the circumstances and lifestyles of the people living there that affect its deprivation score. Average male and female life expectancy for the practice is 77 and 83 years, which is comparable to the national averages of 79 and 83 years respectively.

The practice is open between 8am and 6.30pm on Mondays to Fridays. Appointments are available from 8.30am to 11.45am and 3pm to 5.45pm with a GP; 8.30am to 1pm and 2pm to 6.30pm with nurses. The practice will start providing extended hours from Tuesday 4 October 2016, every Tuesday from 6.30pm to 7pm with both GPs and nurses.

Detailed findings

Out of hours cover is provided by South Western Ambulance Service NHS Foundation Trust and can be accessed via NHS 111.

This is the first inspection of Springbank.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 3 October 2016. During our visit we:

- Spoke with a range of staff including two GPs, the nurse consultant, a practice nurse, the practice manager, the lead administrator, two customer services assistants and the executive manager.
- We also spoke with five patients who used the service and received written feedback from two members of the patient participation group.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data this relates to the most recent information available to the CQC at that time from the practice and is unverified. Published information from the GP patient survey is not a whole representation of the provider's performance as this contains aggregated data collected from July to September 2015 and January to March 2016. The current provider took over the practice in December 2015.

Good

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, when one of the customer services assistants found that a referral had not been sent and was still in the reception tray for processing, the member of staff highlighted this and took appropriate actions to ensure the referral was sent immediately. The practice reviewed daily administrative procedures and ensured staff were reminded to check the reception tray every day and action all administrative tasks for that day.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. We noted that the practice had made an appropriate safeguarding referral and had a flow chart for staff to follow when making referrals and following up on safeguarding issues. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had either received a Disclosure and Barring Service (DBS) check or had an appropriate risks assessment in place. (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).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice had recently employed a pharmacist to provide support with prescribing monitoring and reviewing medicines for patients with long-term conditions. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Two of the nurses who regularly work at the practice had qualified as

Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from one of the GPs for this extended role. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presenting for treatment.

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. However, we noted that there were no systems for checking the expiry dates of consumables, and found that two needles had recently expired. These were replaced immediately.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and 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.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent data available provided by the practice showed that 69% of the total number of points available had been achieved in April for the year 2015/16 and 78% as at 3 October 2016.

This practice had previously been an outlier for overall QOF achievement (or other national) clinical targets. However, current data we saw from the practice did not suggest they are still an outlier.

Practice data from October 2016 to date showed that:

- Performance to date for overall diabetes related indicators was 77% compared to 51% in April 2016.
- Practice data for the overall performance for mental health related indicators was 88% compared to 75% in April 2016.

Since taking over the practice, the provider had introduced a number of measures to improve health outcomes for the practice population. For example, specialist nurse led clinic by the nurse consultant for respiratory conditions and diabetes were undertaken twice a week to improve outcomes for patients with chronic obstructive pulmonary disease (COPD is a chronic lung disease) and diabetes. The lead GP had a special interest in diabetes and the practice had funded one of the practice nurses who worked regularly at the practice to complete a specialist diabetes course. The practice realised that there was a high number of younger patients and introduced specialist family planning clinics with a nurse and GP where patients could have implants and coils fitted.

Data provided by the practice showed that there were improvements in outcomes for patients with long term conditions. For example:

- The practice overall achievement in COPD up to October 2016 was 83% compared to 34% in January 2016.
- Achievement for cancer related domains up to October 2016 was 100% compared to 45% in January 2016.
- Overall achievement for dementia up to October 2016 was 88% compared to 10% in January 2016.

There was evidence of quality improvement including clinical audit.

- There had been three clinical audits undertaken in the last eight months, one of these was a completed audit cycle where the improvements made were implemented and monitored. For example, the practice identified patients who have had or are at risk of stroke and ensured they were on appropriate medicines and have had a review. The practice also ensured that the timeframe for a medicines review for these patients were made clear on their prescriptions and that nurses undertaking chronic disease clinic were involved in the findings so that they could assist in flagging up patients who were overdue a review.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. For example, recent action taken as a result included providing a combined clinic for patients with long term conditions so that patients could be seen in a single appointment.

Information about patients' outcomes was used to make improvements such as: introducing specialist long term condition clinics to ensure patients are followed up appropriately and their health needs are met.

Effective staffing

Good

Are services effective?

(for example, treatment is effective)

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. The practice had funded one of the practice nurses to complete a specific course in diabetes. Most of the nurses working at the practice were trained in both respiratory conditions and diabetes. One of the nurse prescribers was also trained in coil fitting.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

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.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service or referred to the social prescribing coordinator.
- Smoking cessation advice was available from the nursing team.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 84% and the national average of 82%. Practice records showed that they had identified 72 additional eligible patients since January 2016. There were failsafe systems in place to ensure results were received for all samples sent

Good

Are services effective?

(for example, treatment is effective)

for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The patient uptake for the bowel screening service in the last two and a half years was 53% compared to the CCG average of 63% and national average of 58%. The practice also encouraged eligible female patients to attend for breast cancer screening. The rate of uptake of this screening programme in the last three years was 64% compared to the CCG average of 76% and national average of 72%. The current provider took over the practice in December 2015 and the published data was not an accurate reflection of the practice's performance under the current provider.

Childhood immunisation rates for the vaccines given during January 2016 to September 2016 showed that 41% of children under 12 months old, 59% of children under two years old and 53% of children under five years old had received the required vaccines. This data does not include children in these age groups that had immunisations previously.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

The two patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We received written feedback from two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published in July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was however, below average for its satisfaction scores on consultations with GPs and nurses. These results contain aggregated data collected from July to September 2015 and January to March 2016. The current provider had taken over this practice in December 2015 and therefore, the published data was not a whole representation of the current provider's performance. For example:

- 86% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 86% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.
- 84% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%.
- 70% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were below local and national averages. For example:

- 76% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 76% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 82%.
- 81% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 85%.

The provider was aware of the low satisfaction scores and had implemented a number of measures in collaboration with the PPG to improve patient experience. For example, reception staff have had additional training and been allocated different roles, the appointment times had been increased to 12 minutes to allow more time with GPs and nurses and the information screen in the waiting area

Good

Are services caring?

updated patients who were waiting if the GPs or nurses were running late. The practice also carried out annual surveys to monitor their performance and we saw there was an action plan in place to drive improvement.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. The practice had a multi-lingual check in screen for patients and we saw that consent forms were also available in Polish.
- Information leaflets were available in easy read format. However, there was an overwhelming amount of patient information in the waiting area.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 41 patients as carers (2% of the practice list). The practice had a dedicated carers' board in the waiting room. Carers were offered annual health checks and could be referred to a social prescribing service (a CCG initiative to identify appropriate services to patients with specific needs, beyond their medical care). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Good

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. The practice provided additional routine appointments between January and March for all patients to respond to winter pressures. As part of the programme, patients diagnosed with chronic obstructive pulmonary disease (COPD) were able to have a review of their health needs to avoid unnecessary hospital admissions. COPD is the name for a collection of lung diseases, including chronic bronchitis and emphysema.

- We were told that the practice would be offering extended hours every Tuesday from 6.30pm to 7pm from the 4 October 2016.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice supported seven patients living in local care homes and visited these patients on a fortnightly basis to carry out annual reviews, medicine reviews and end of life planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice participated in a Gloucester scheme called 'Choice Plus', which provides additional GP appointments for patients with acute on the day problems at various locations in the county. We were told that this was rarely used as the provider had adjusted its appointment system to enable more appointments to be available on the day at the practice.
- The practice took part in a local social prescribing initiative whereby patients with non-medical issues, such as financial debt or social isolation could be referred by a GP to a single hub for assessment as to which alternative service might be of most benefit. The provider told us they had successfully arranged for the social prescribing coordinator to hold a weekly clinic at the practice so that the service was available locally.
- The practice had arranged for banners to be placed outside of the community resource centre so that local people were aware of the practice's existence. They had also arranged for leaflets to be distributed to local people so that they were aware of the practice and the services it provided.
- The provider had taken a number of actions to respond to patient experiences and improve satisfaction.

Access to the service

The practice was open between 8am and 6.30pm on Mondays to Fridays. Appointments were available from 8.30am to 11.45am and 3pm to 5.45pm with a GP; 8.30am to 1pm and 2pm to 6.30pm with nurses. The practice had plans to start providing extended hours from Tuesday 4 October 2016, every Tuesday from 6.30pm to 7pm with both GPs and nurses. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was below local and national averages. These results contain aggregated data collected from July to September 2015 and January to March 2016. The current provider had taken over this practice in December 2015 and therefore, the published data was not a whole representation of the current provider's performance

- 59% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and national average of 76%.
- 79% of patients said they could get through easily to the practice by phone compared to the CCG average of 83% and national average of 73%.

The provider had taken a number of actions to improve patient's satisfaction, such as introducing extended hours appointments, increasing the length of appointments and providing additional training to reception staff.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

Good

Are services responsive to people's needs?

(for example, to feedback?)

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

The practice did not operate a triage system as they had changed the appointment system to enable more appointments to be available for patients who needed to be seen on the same day. Patients requiring home visits were allocated to the GP on duty for that day. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system in the waiting area, on the practice's information leaflet and on their website.

We looked at one complaint received in the last 12 months and found that it was satisfactorily handled, 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. For example, when a patient complained that they were unhappy about the attitude of reception staff, the practice investigated the complaint, took actions in line with practice policy and arranged for additional external training for reception staff.

Are services well-led?

Good

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

Our findings

Springbank had been taken over by Church Street Practice in December 2015. As part of the undertaking, one nurse, the practice manager, the lead administrator and some of the customer services assistants also transferred to the new provider. Published information for Quality and Outcomes Framework (QOF) on the performance of the practice under the new provider was unavailable. We were able to review the practice's performance on QOF under the new management from data provided by the practice. Similarly, published data from the GP patient survey contained aggregated data collected from July to September 2015 and January to March 2016 and therefore, was not a whole representation of the current provider's performance.

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Since taking over the practice, the provider introduced a number of measures to improve health outcomes for the practice population. These included introducing a specialist nurse led clinics to review patients with long term conditions and family planning clinics.
- A number of changes were implemented to improve patients' experience and satisfaction which included increasing the number of appointments available on the day, advising patients on the information screen if the GPs and nurses were running late, introducing extended hours appointments and increasing the appointment times to 12 minutes.
- The provider had ensured the practice was led by the partners in the foundation year so that they could implement changes and respond to the needs of their patient population.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Most staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected patients reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings.

Are services well-led?

Good

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

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted that team away days were held annually.
- Most staff said they felt respected, valued and supported, particularly by the partners, the practice manager and the nurse consultant in the practice. Staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met quarterly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG suggested that the services provided by the nurses should be highlighted on the practice's website. We saw that this had been implemented.
- The practice had gathered feedback from staff through staff away days and generally through staff meetings, appraisals and discussion. 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.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example:

The nurse consultant had undertaken an analysis to assess the number of nurses they are likely to lose over the next five years through retirement and had recruited additional nurses to ensure there were no disruptions to the nursing services.