

The New Springwells Practice

Quality Report

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

Ratings

Overall rating for this service

Outstanding 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive to people's needs?

Outstanding 

Are services well-led?

Outstanding 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The New Springwells Practice on 18 January 2016. Overall the practice is rated as outstanding.

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

- The leadership, governance and culture of this practice are used to drive and improve the delivery of high quality patient centred care.
- The practice has high levels of staff satisfaction.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- Risks to patients were comprehensive and well embedded.
- Feedback from patients about their care was consistently and strongly positive.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.
- 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.

Summary of findings

- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- Governance and performance management arrangements are proactively reviewed.

We saw areas of outstanding practice including:-

- The practice carried out a thorough analysis of significant events. These were reviewed at monthly clinical governance meetings. This ensured that all staff understood what actions had been taken to apply learning from each event. We saw a positive culture in the practice for reporting and learning from medicines incidents and errors. Incidents were logged efficiently and then reviewed promptly.
- We found that the practice had made patient needs and preferences central to its systems in place to ensure flexibility, choice and continuity of care. For example, a nurse care co-ordinator looks after vulnerable patients, completes care plans and carries out home visits as required. They also liaise with the neighbourhood team to ensure a multi-disciplinary approach to their care needs.
- The practice closely monitored patient demand for appointments and as a result were able to respond to this demand in a short space of time. An extra GP appointment session was held from 7am to 8.30am

in times of high demand. Reception and dispensary staff also worked these extra sessions to ensure that the patients could get their prescriptions for medicines as required after seeing the GP.

- Patients we spoke with told us they were extremely satisfied with the care provided by the practice and said their dignity and privacy was respected. They each told us that the practice was excellent and they felt that all the staff went the extra mile to make sure they were well cared for. Quality and Safety was the practice ethos and all staff worked well together.
- The practice had a vision and strategy in place driven by quality and safety which reflected compassion, dignity and respect. All staff we spoke with felt engaged in this vision and strategy through regular practice meetings and a strong team culture at the practice.

However there were areas of practice where the provider should make improvements:

- Further embed the practice system for the recording of prescription stationary
- Continue to look at ways to increase number of learning disability reviews undertaken.
- Review significant events and complaints to review themes and trends

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- The practice had an open and transparent culture towards safety and had a robust system in place for reporting and recording significant events.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Opportunities for learning from incidents were maximised and changes were made as a result of this. Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and 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.
- The practice had effective procedures to manage infection control and reviewed standards of cleanliness on a regular basis.
- Risks to patients were comprehensive and well embedded.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data showed that the practice was performing highly when compared to practices nationally and in the Clinical Commissioning Group.
- 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 multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as outstanding for providing caring services.

Outstanding



Summary of findings

- We observed a strong patient-centred culture. Feedback from patients about their care and treatment was consistently and strongly positive.
- Feedback from patients was continually positive about the way that staff treated patients. The national patient survey from January 2016 showed that staff were consistently performing well above the national averages in all areas. Data from the National GP Patient Survey showed patients rated the practice higher than others for almost all aspects of care. For example, 99% of patients who responded said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%. 100% of patients who responded 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%.
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. For example,
- Comment Cards we reviewed gave many positive examples to demonstrate how patient's choices and preferences were valued and acted on.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Views of external stakeholders were very positive and aligned with our findings.

Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

- Services were tailored to meet the needs of individual people and were delivered in a way to ensure flexibility, choice and continuity of care.
- The practice had adopted a proactive approach by initiating positive service improvements for patients that were over and above contractual obligations. The practice constantly reviewed the way they accommodated demand for patient appointments and offered extra appointment sessions if demand exceeded the capacity.
- There were innovative approaches to providing integrated person-centred care.

Outstanding



Summary of findings

- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.
- Patients can access appointments and services in a way and at a time that suits them.
- 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 the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders. However a yearly review of complaints had not taken place.

Are services well-led?

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

- Leadership, governance and culture were used to drive and improve the delivery of high quality person centred care.
- The practice had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- The GP partners and practice manager encouraged a culture of openness and honesty.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient feedback forum and medical equipment group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Outstanding



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as outstanding for the care of older people.

- National reported Quality and Outcomes Framework (QOF) data to 2014/15 showed that the practice had performed very well in relation to providing care and treatment for the clinical conditions commonly associated with this population group.
- Older patients made up 23% of the practice's patient population.
- Staff were highly committed to meeting the needs of the patients. The practice had a nurse care co-ordinator who provided support to patients at risk of an unplanned hospital admission and losing their independence. Patients were also signposted to help and support.
- The care for patients at the end of life was in line with the Gold Standard Framework. This meant practice staff worked, as part of a multi-disciplinary team and with out-of-hours providers to ensure a consistent approach to care and a shared understanding of the patient's wishes.
- The clinical team carried out weekly visits to four local care homes.
- Staff had completed care plans for 3% of patients who had been assessed as being at risk.
- 99.8% of patients who had four medicines or more had received a medicine review in the last year.

Outstanding



People with long term conditions

The practice is rated as outstanding for the care of people with long-term conditions.

- National reported Quality and Outcomes Framework (QOF) data to 2014/15 showed that the practice had performed very well in relation to providing care and treatment for the clinical conditions commonly associated with this population group.
- Staff had been proactive in identifying those patients who had long term conditions.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments were available when needed.
- A nurse care-co-ordinator carried out home visits to those who were unable to attend the practice.

Outstanding



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.
- GP or nurses carried out home visits and medication reviews were arranged for patients who found it difficult to leave their homes.

Families, children and young people

The practice is rated as outstanding for the care of families, children and young people.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- The practice offered a full range of immunisations for children at a weekly immunisation clinics. The practice had performed well in delivering childhood immunisations. For example
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 86%, which was above 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.
- The practice were signed up to the C-Card Scheme and all staff have been trained. This scheme enables the practice to give free contraception, for example, condoms to young people aged 13-24.
- Staff were knowledgeable about child protection and proactive in raising concerns with the safeguarding lead.

Outstanding



Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.

Outstanding



Summary of findings

- 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.
- Late appointments were offered on a Tuesday evening for patients who work. Extra early morning sessions were carried out in times of high demand for appointments.
- 86.2% of patient 40-74 had received a NHS Healthcheck.

People whose circumstances may make them vulnerable

The practice is rated as outstanding for the care of people 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 as required.
- The practice invited patients with a learning disability for annual reviews but the number of patients who accepted the invite remained low. The practice continue to look at different ways to get patients to attend, for example, in 2016 the practice plan to do a flu clinic session for patients with a learning disability which will include a review.
- A nurse care-co-ordinator carried out vulnerable patient reviews and visited the four care homes covered by the practice.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. For example, Addaction.
- 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.

Outstanding



People experiencing poor mental health (including people with dementia)

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

Outstanding



Summary of findings

- 92.86% of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their record in the last 12 months was 92/86% which was higher than the national average of 88.47%.
- 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.
- The practice in conjunction with the Clinical Commissioning Group (CCG) and uses the CANTAB tool for early identification of dementia.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national patient survey results were published on 7 January 2016. The results showed the practice was performing well above in most areas compared to local and national averages. 234 survey forms were distributed and the practice had a return rate of 51%.

- 96% find it easy to get through to this surgery by phone compared with a CCG average of 75% and a national average of 73%.
- 93% find the receptionists at this surgery helpful compared with a CCG average of 88% and a national average of 87%.
- 73% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 59% and a national average of 59%.
- 96% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 86% and a national average of 85%.
- 95% say the last appointment they got was convenient compared with a CCG average of 93% and a national average of 92%.

- 89% describe their experience of making an appointment as good compared with a CCG average of 74% and a national average of 73%.
- 82% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 66% and a national average of 65%.
- 78% feel they don't normally have to wait too long to be seen compared with a CCG average of 60% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 51 comment cards which were all positive about the standard of care received. Comments cards we reviewed told us that the service was excellent with time given to listen. Treated by professionals with compassion and understanding. Staff were caring and helpful and treated patients with dignity and respect.

We spoke with one patient during the inspection. They were happy with the care they received and thought that staff were approachable, committed and caring.

Areas for improvement

Action the service **SHOULD** take to improve

- Further embed the practice system for the recording of prescription stationary.
- Continue to look at ways to increase number of learning disability reviews undertaken.
- Review significant events and complaints to review themes and trends

Outstanding practice

- The practice carried out a thorough analysis of significant events. These were reviewed at monthly clinical governance meetings. This ensured that all staff understood what actions had been taken to apply learning from each event. We saw a positive culture in the practice for reporting and learning from medicines incidents and errors. Incidents were logged efficiently and then reviewed promptly.
- We found that the practice had made patient needs and preferences central to its systems in place to ensure flexibility, choice and continuity of care.

For example, a nurse care co-ordinator looks after vulnerable patients, completes care plans and carries out home visits as required. They also liaise with the neighbourhood team to ensure a multi-disciplinary approach to their care needs.

- The practice closely monitored patient demand for appointments and as a result were able to respond to this demand in a short space of time. An extra GP appointment session was held from 7am to 8.30am

Summary of findings

in times of high demand. Reception and dispensary staff also worked these extra sessions to ensure that the patients could get their prescriptions for medicines as required after seeing the GP.

- Patients we spoke with told us they were extremely satisfied with the care provided by the practice and said their dignity and privacy was respected. They

each told us that the practice was excellent and they felt that all the staff went the extra mile to make sure they were well cared for. Quality and Safety was the practice ethos and all staff worked well together.

- The practice had a vision and strategy in place driven by quality and safety which reflected compassion, dignity and respect. All staff we spoke with felt engaged in this vision and strategy through regular practice meetings and a strong team culture at the practice.

The New Springwells Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor, a CQC Pharmacist and a practice nurse specialist advisor.

Background to The New Springwells Practice

The New Springwells Practice is a practice which provides primary medical services to approximately 6,200 patients. The practice dispenses medicines to patients who live more than a mile from the practice.

At the time of our inspection the practice employed two GP partners (male), one salaried GP (male) and two GP Registrars (female), a Practice Manager, two deputy practice managers, two nurse practitioners, five practice nurses, ten dispensers, a medicine delivery driver and reception and administration staff.

The New Springwells Practice is a teaching practice (Teaching practices take medical students and training practices have GP trainees and F2 doctors).

The practice has a General Medical Services Contract (GMS). The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

The practice has one location registered with the Care Quality Commission (CQC) which is: - The New Springwells Practice, Springwells, Billingborough, Sleaford, Lincs. NG434 0QQ

The New Springwells Practice is open from Monday 8am to 6.30pm Monday to Friday. Patients can book appointments by phone, online or in person. The practice has bookable appointments from 8.40am to 12.15 and 2.30pm to 5.30pm.

Appointments could be booked up to four weeks in advance.

Extended hours are available on Tuesday evenings between 6.30pm and 7.30pm. These appointments were particularly useful to patients with work commitments.

The practice is located within the area covered by NHS SouthWest Lincolnshire Clinical Commissioning Group (SWLCCG). The CCG is responsible for commissioning services from the practice. A CCG is an organisation that brings together local GP's and experience health professionals to take on commissioning responsibilities for local health services.

NHS South West Lincolnshire Clinical Commissioning Group (SWLCCG) is responsible for improving the health of and the commissioning of health services for 128,000 people registered with 19 GP member practices and the surrounding villages.

The practice had a website which we found had an easy layout for patients to use. It enabled patients to find out a wealth of information about the healthcare services provided by the practice.

We inspected the following location where regulated activities are provided: -

The New Springwells Practice, Springwells, Billingborough, Sleaford, Lincs. NG434 0QQ

The New Springwells Practice had opted out of providing out-of-hours services (OOH) to their own patients. The OOH

Detailed findings

service is provided by Lincolnshire Community Health Services NHS Trust. There were arrangements in place for services to be provided when the practice is closed and these are displayed on the practice website.

Why we carried out this inspection

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

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

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 18 January 2016.

During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- We observed the way the service was delivered but did not observe any aspects of patient care or treatment.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

- We spoke with four members of the patient feedback forum (PFF) and the medical equipment group. The PFF is a group of patients who have volunteered to represent patients' views and concerns and are seen as an effective way for patients and GP surgeries to work together to improve services and to promote health and improved quality of care.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

People are protected by a strong comprehensive safety system with a focus on openness, transparency and learning when things go wrong. The practice had a highly effective system in place for reporting and recording significant events.

- There was a designated lead GP for 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.
- We saw that the practice had been proactive in logging all significant events that had occurred.
- The practice carried out a thorough analysis of the significant events. These were reviewed at monthly clinical governance meetings. This ensured that all staff understood what actions had been taken to apply learning from each event. The practice did not hold a review of significant events meeting on an annual basis. We saw a positive culture in the practice for reporting and learning from medicines incidents and errors. Incidents were logged efficiently and then reviewed promptly. We saw that actions were taken to minimise the chance of similar errors occurring again for example the way prescriptions were stored while awaiting collection had been changed to ensure that patient confidentiality was maintained.
- Lessons were shared to make sure action was taken to improve safety in the practice. For example, incorrect patient booked in for blood test. All staff had information governance updates. Same name protocol added to the practice policy folder.
- Staff were able to give us examples of significant events and described the learning that had taken place.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.
- National Patient Safety alerts were cascaded to all clinicians and a hard copy was kept for reference.

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 that reflected relevant legislation and local requirements and 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 GP for safeguarding who met with the Health visitor and midwife. A comment card we reviewed told us that team working is very evident and contributions from each team member is welcomed. Comprehensive minutes were produced from these meetings and circulated to the relevant staff. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. We saw that the practice was proactive in contacting other agencies or GP practices when patients moved away to ensure children were protected. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. For example, all the GPs were trained to 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 received a Disclosure and Barring Service check (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).
- 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 practice had appropriate written procedures in place for the production of prescriptions and dispensing of medicines that were regularly reviewed and accurately reflected current practice. The practice was signed up to the Dispensing Services Quality Scheme to

Are services safe?

help ensure processes were suitable and the quality of the service was maintained. Dispensing staff had completed appropriate training and some were undertaking further qualifications. A new member of the team told us she was being supported to work towards her dispensing qualification. We saw records to show that dispensing competencies were discussed in detail with each member of the team at their annual appraisal.

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescriptions were securely stored, however not all prescription stationery was tracked through the practice in line with national guidance.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed four 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.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were comprehensive and well embedded.

- 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. The practice had a policy which set out the number of staff required to run a safe and effective service.

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 fit for use.
- 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.

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 peoples' 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 published results were 99.1% of the total number of points available, with 9.3% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

For example:

- The performance for diabetes related indicators was 98.8% which was 7.2% above the CCG average and 9.6% above the national average.
- The performance for asthma related indicators was 100% which was 2.2% above the CCG average and 2.6% above the national average.
- The performance for patients with hypertension was 100% which was 0.6% above the CCG average and 2.2% above the national average.
- The performance for patients with COPD was 100% which was 3.2% above the CCG average and 4% above the national average.

- The dementia diagnosis rate was 100% which was 4% above the CCG average and 5.5% above the national average.
- Clinical audits demonstrated quality improvement. The practice had a programme of audits that had taken place, for example, infection control, patient access, dispensary system. There had been three clinical audits completed in the last two years, one of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits and national benchmarking. The findings were used by the practice to improve services. We saw records of practice meetings that noted the actions taken in response to a review of prescribing data. For example, data for antibacterials prescribed such as cephalosporin's, quinolones and co-amoxiclav in 2014 showed 15.02% which was the highest compared with other practices in the CCG area, they prescribed a higher proportion of antibiotics associated with antibiotic resistance and adverse reactions. The use of these groups of antibiotics was discussed at the clinical governance meeting, and a follow up audit in 2015 showed that prescribing had been brought into line with the local antibiotic policy. For example, 15.2% in 2014 down to 8.46%. This improvement took them from the highest practice in 2014 to 2nd lowest practice in 2015 in the CCG.
- There was a system in place for the management of high risk medicines such as warfarin, methotrexate and other disease modifying drugs, which included regular monitoring in accordance with national guidance. Appropriate action was taken based on the results. We looked at four anonymised patient records which confirmed that the procedure was being followed.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It 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. Staff administering vaccinations and taking

Are services effective?

(for example, treatment is effective)

samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations 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 during sessions, one-to-one meetings, appraisals, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.
- As the practice was a training practice, doctors who were training to be qualified as GPs had longer appointments to see patients. They also had access to a senior GP throughout the day for support.

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. Information such as NHS patient information leaflets were also available.
- 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 services 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. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

- The practice was part of a neighbourhood team in which members of health and social care teams work together to co-ordinate care to allow people to live more independently and manage their care more effectively.
- Robust processes were in place to care for patients who needed end of life care. The practice had a register and 100% of the patients had received at least one review. We saw evidence of six weekly meetings in which members of the multi-disciplinary team met to discuss every patient on the register. Care plans were update. The minutes were detailed and included any changes in circumstances. Patients on end of life care were given the lead GPs mobile number to contact out of hours as required.

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 practice were signed up to the C-Card Scheme. This scheme enables the practice to give free contraception, for example, condoms to young people aged 13-24. All the practice nurses are trained to support this scheme. Gillick competencies are used for each young person who attends and uses the C-Card scheme.
- The process for seeking consent was monitored through records audits.

Supporting patients to live healthier lives

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

Are services effective?

(for example, treatment is effective)

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- The practice's uptake for the cervical screening programme was 86%, which was comparable to the CCG average of 80.9 % and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for abdominal aortic aneurysm (AAA), bowel and breast cancer screening. For example, AAA screening for the practice was 89.4% compared to the CCG average of 83.3%.
- Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93% to 96% and five year olds from 85% to 94%.
- Flu vaccination rates for the over 65s were 74.71%, and at risk groups 51.68%. These were also comparable to CCG and national averages.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.



Are services caring?

Our findings

Kindness, dignity, respect and compassion

We saw a strong, visible person-centred culture within the practice. Staff were highly motivated and inspired to offer care that was kind and caring and promoted people's dignity.

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

- Staff and patients told us that all consultations and treatments were carried out in the privacy of a consultation room. We noted that consultation and treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard.
- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.

All of the 51 patient Care Quality Commission comment cards completed by patients 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. A further two comments cards were completed by visiting health care professionals who told us the practice are very good at communicating, helpful and knowledgeable about their patients.

We spoke with four members of the patient feedback forum/medical equipment fund representatives. They told us they were extremely satisfied with the care provided by the practice and said their dignity and privacy was respected. They each told us that the practice was excellent and they felt that all the staff went the extra mile to make sure they were well cared for. Quality and Safety was the practice ethos and all staff worked well together. We observed that staff went to the waiting room and called each patient at their appointment time. Members of the patient feedback forum felt this was another example of staff going the extra mile for their patients. Comment cards we reviewed aligned with these views and highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the January 2016 national patient survey showed a high level of satisfaction of patients with the practice. Patients felt they were treated with compassion, dignity and respect. The practice was well above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 99% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 97% said the GP gave them enough time compared to the CCG average of 86% and national average of 87%.
- 99% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%.
- 95% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.
- 100% 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%.
- 93% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patient feedback from comments cards we reviewed 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.

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

- 95% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 90% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 82%.



Are services caring?

- 97% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.

Staff told us that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1.45% of the practice list as carers. We saw that written information was available to direct carers to the various avenues of support available to them. A comment card we reviewed completed by a health care professional told us that the practice were proactive in their support and work with carers.

Staff told us that if families had suffered bereavement, their usual GP contacted them. A visit to the family or a patient consultation is arranged to meet the family's needs and/or by giving them advice on how to find a support service.



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found that the practice had made patient needs and preferences central to its systems in place to ensure flexibility, choice and continuity of care. The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example,

- The practice offered extended hours on Tuesday evening until 7.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Robust processes were in place to care for patients who needed end of life care. Clinical staff gave out their own personal mobile numbers in order for relatives or members of the multi-disciplinary team to contact them in order to provide continuity of care. This ensured that patient care needs were met during out-of-hours by staff that were known to them.
- Same day appointments were available for children and those with serious medical conditions.
- A nurse care co-ordinator looks after vulnerable patients, completes care plans and carries out home visits as required. They also liaise with the neighbourhood team to ensure a multi-disciplinary approach to their care needs.
- The practice had a well-established delivery service available to any of their patients unable to collect their own prescription. We saw that arrangements were in place to make sure there were full records of prescriptions delivered and staff told us that a cool box was used for medicines which needed to be kept cool.
- There were disabled facilities, a hearing loop and translation services were available.
- The practice closely monitored patient demand for appointments and as a result were able to respond to this demand in a short space of time. An extra GP appointment session was held from 7am to 8.30am in times of high demand. Reception and dispensary staff also worked these extra sessions to ensure that the patients could get their prescriptions for medicines as required after seeing the GP.

Access to the service

The New Springwells Practice is open from Monday 8am to 6.30pm Monday to Friday. Patients can book appointments by phone, online or in person. The practice has bookable appointments from 8.40am to 12.15 and 2.30pm to 5.30pm.

In addition appointments could be booked up to four weeks in advance. Urgent appointments were also available for people that needed them.

Extended surgery hours were available on Tuesday evenings between 6.30pm and 8pm. These appointments were particularly useful to patients with work commitments.

Results from the January 2016 national patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 93% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 75%.
- 96% patients said they could get through easily to the surgery by phone compared to the CCG average of 75% and national average of 73%.
- 73% patients said they always or almost always see or speak to the GP they prefer compared to the CCG average of 59% and national average of 59%.

Comments cards we reviewed aligned with these views.

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 for example, a practice complaint leaflet which summarised the process and a complaints notice in the reception area.
- We looked at two complaints received in the last 12 months and found they were handled in a timely manner with openness and transparency. We saw evidence that lessons had been learnt and action was



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

taken as a result to improve the quality of patient care. For example, all staff went on a customer care course to improve communication. Complaints were discussed at

the monthly clinical governance meeting. Staff we spoke with were able to give examples where lessons had been learnt. However a yearly review of complaints had not taken place.

Are services well-led?

Outstanding



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

Our findings

We saw that the leadership of this practice combined with governance and culture were used to drive and improve the delivery of person-centred care.

Vision and strategy

- The practice had a vision and strategy in place driven by quality and safety which reflected compassion, dignity and respect. All staff we spoke with felt engaged in this vision and strategy through regular practice meetings and a strong team culture at the practice.
- From a patient perspective we found the practice was working extremely well and in keeping with its practice ethos which was to make patients their priority, maintain and preserve patient safety and value their staff. Staff we spoke with told us they felt extremely valued and involved in the maintaining the practice ethos.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. The governance and performance management arrangements were proactively reviewed and reflected best practice. 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. For example, the Quality and Outcomes Framework (QOF) was used to measure its performance as well as results from the national patient survey and family and friends testing.
- A programme of continuous internal audit was used to monitor quality and to make improvements. These included clinical audits.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

- The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. For example the practice was above average for all the outcomes measured in the national patient survey for January 2016. Most were significantly above the clinical commissioning group (CCG) and national averages.
- The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.
- The practice was above average for its Quality Outcomes Framework (QOF) performance for 2014/15 which included attaining 554 points out of a possible 559. This was an achievement of 99.1%. This was higher than both the CCG and national averages.
- 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 knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- We saw examples of where the practice had given the affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.
- There was a clear leadership structure in place and staff felt very well supported by management.
- Staff told us and we saw evidence that the practice held regular team meetings.
- 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 in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners and practice manager in the practice. All staff were involved in discussions about

Are services well-led?

Outstanding



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

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.

- Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. We looked at four staff files and saw that regular appraisals took place which identified areas for development.
- Staff told us and we saw evidence that the practice had held a meeting to discuss what each staff member thought should be in the practice ethos. The outcome was a practice ethos on which each member of the team had contributed too. This further demonstrated that the leadership within the practice valued the contribution made by each member of staff who worked as part of the team.

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 acted on feedback in a positive way with a view to continuous improvement. We saw that each of the 14 comments posted on NHS Choices by patients had been responded to. The practice had scored five out of five stars which is higher than the national average. When there was negative feedback the practice had provided an explanation where appropriate and invited the patient to contact the practice manager to resolve any issues.

- The practice gathered feedback from patients through surveys, family and friends testing and from complaints received. The practice carried out a patient survey in 2013 and have plans to repeat the survey again in 2016.
- There was an active Patient Feedback Forum (PFF) which met regularly every three months. Family and Friends Tests results are collected on a monthly basis. We saw evidence that these comments are reviewed by the Practice Manager on a monthly basis and further discussed at Patient Feedback Forum (PFF) meetings.
- Improvements by the PFF include carpets in three clinical rooms have been replaced with washable laminate flooring and improved signage for the hand sanitizers in the practice.

The practice also has a group of patients and helpers who raise funds for Medical Equipment for the benefit of patients registered with the practice. This group of patients organise social events, raffles and coffee mornings.

Continuous improvement

- There was a strong ethos of continuous improvement at the practice. This was achieved by the provision of leaflets and information boards around the practice which were regularly updated
- The practice was a GP training practice. On the day of the inspection they had one GP registrar. GP Registrars are fully qualified doctors who already have experience of hospital medicine and gain valuable experience by being based within the practice.