

# Springfield Primary Care Centre




## Quality Report

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

### Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services responsive to people's needs?	Good	

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	5

### Detailed findings from this inspection

Our inspection team	6
Background to Springfield Primary Care Centre	6
Why we carried out this inspection	6
How we carried out this inspection	6
Detailed findings	8

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Springfield Primary Care Centre on 14 September 2016. The overall rating for the practice was requires improvement. Breaches of legal requirements were found relating to the Safe and Responsive domains. The provider did not have an effective system or process to make sure they assessed and monitored the service provided. For example, there was not an effective system in place for managing safety alerts. There was no second thermometer for all vaccine and medicine fridges in the practice. Also the practice did not ensure that persons employed by them received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. For example: all staff records did not have details of up-to-date mandatory training, for example basic life support. Additionally the practice was not responsive to patient access and involvement in relation to the GP Patients' survey responses.

After the comprehensive inspection, the practice submitted an action plan, outlining what they would do to meet the legal requirements in relation to the breach

of regulation 17 (Good governance) and regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The full comprehensive report can be found by selecting the 'all reports' link for Springfield Primary Care Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was a document-based review carried out on 3 August 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 14 September 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as Good

Our key findings were as follows:

- All staff had completed basic life support training; we saw certificates for all staff members to demonstrate this.
- The practice had purchased a second thermometer for the medicine refrigerator. We saw photographic evidence. We also saw the health care assistant checked calibration monthly.

# Summary of findings

- The chaperone policy had been reviewed in May 2017, we saw certificates for “chaperone and consent” training for all staff who undertook chaperone duties.
- The practice had reviewed its policy on obtaining references for new staff. We saw a revised policy, and a completed reference form for the one new member of staff who had been recruited since the last inspection.
- Since the initial inspection, the practice had reviewed its protocol for recording details about patients with caring responsibilities and had identified a new search to identify carers. As a result, the number of patients recorded as carers on their clinical system had increased from 4 patients (approximately 0.06%) to 161 patients (approximately 2%). We also saw evidence of how the primary care navigator (a member of staff that provides support for carers) sign posted carers.
- There was a clear system in place to identify safety alerts and action taken as a result of safety alerts. We saw a policy that had been reviewed in October 2016; we saw a comprehensive spread sheet detailing dates, alerts, recommendation and action taken if the alert impacted on patients. We also saw minutes from clinical team meetings where safety alerts were discussed.
- The practice had reviewed the GP patient results; we saw evidence that this was discussed in an all staff meeting. We saw the practice had created their own survey to identify how they could improve patient access, and we also saw an action plan as a result of the GP patient survey and the practice’s own survey.
- There was a clear system for ensuring suitable records of meeting discussions, action points and outcomes were accessible to all staff. We saw comprehensive minutes, with actions and outcomes stored on the shared drive.

However, there were also areas of practice where the provider should make improvements.

Importantly, the provider should:

- Continue reviewing how to respond to patient access and involvement in relation to the GP Patients survey responses. Whilst GP patient survey had improved after the inspection, the most recent data demonstrated the figures had declined.

**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.

- All staff had completed basic life support training; we saw certificates for all staff members to demonstrate this.
- The practice had purchased a second thermometer for the medicine refrigerator. We saw photographic evidence; we also saw that the health care assistant checked calibration monthly.
- The chaperone policy had been reviewed in May 2017, we saw certificates for “chaperone and consent” training for all staff who undertook chaperone duties.
- The practice had reviewed its policy on obtaining references for new staff. We saw a revised policy and a completed reference form for the one new member of staff who had been recruited since the last inspection.
- There was a clear system in place to identify safety alerts and action taken as a result of safety alerts. We saw a policy that had been reviewed in October 2016; we saw a comprehensive spread sheet detailing dates, alerts, recommendations and action taken if the alert had an impact on patients. We also saw minutes from clinical team meetings where safety alerts were discussed.

Good



### Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice had reviewed the GP patient survey results; we saw evidence that this was discussed in an all staff meeting. We saw the practice had carried out its own survey to determine how it could improve patient access, consequently the practice changed the appointment system including providing more online appointments and adding more routine appointments. We also saw an action plan as a result of the GP patient survey results and the practice's own survey. Whilst GP patient survey results had improved after the inspection, the most recent data demonstrates the figures had declined.

Good



# 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 provider had resolved the concerns for safe and responsive identified at our inspection on 14 September 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People with long term conditions

The provider had resolved the concerns for safe and responsive identified at our inspection on 14 September 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### Families, children and young people

The provider had resolved the concerns for safe and responsive identified at our inspection on 14 September 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



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

The provider had resolved the concerns for safe and responsive identified at our inspection on 14 September 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People whose circumstances may make them vulnerable

The provider had resolved the concerns for safe and responsive identified at our inspection on 14 September 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



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

The provider had resolved the concerns for safe and responsive identified at our inspection on 14 September 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



# Springfield Primary Care Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.

## Background to Springfield Primary Care Centre

Springfield Primary Care Centre is a small practice located between Stockwell and Clapham North, in the London Borough of Lambeth. The practice list size is approximately 6650. The practice population is diverse, with a large number of patients from Spain and Portugal. Life expectancy for males in the practice is 76 years and for females 81 years. Both of these are in line with the Lambeth CCG and national averages for life expectancy. The practice population is in the third most deprived decile in England. The practice has a higher than average number of male and female patients aged between 24 and 44 years. The practice has lower than average numbers of both male and female patients aged 50-85 years old.

The practice is based over two floors. Facilities include eight consultation rooms, two treatment rooms and two patient waiting rooms (one on the ground floor, one on the first floor). Patients with mobility problems are always seen on the ground floor. The premises are wheelchair accessible and there are facilities for wheelchair users including a lift and accessible toilets and a hearing loop. Other facilities include baby changing facilities and wheelchair accessible toilets.

The staff team comprises of two GP partners one male and one female partner, and one female salaried GP. One partner works seven sessions a week, the other partner and salaried GP each work six sessions a week. Other staff include one practice nurse, a health care assistant, five receptionists, three administration staff, and a practice manager.

The practice is open between 8.00am to 6.30pm Monday to Friday. It offers extended hours from 6.30pm to 8.00pm on Tuesdays. Appointments are available to patients from 8.30am to 6.10pm Monday to Fridays. Appointments are also available during the extended hours from 6.30pm to 7.45pm. When the practice is closed patients are directed (through a recorded message on the practice answer machine) to contact the local out of hour's service. Information relating to out of hour's services is also available on the practice website. This includes details of the local walk in service and pharmacy services.

The practice is registered as a partnership with the Care Quality Commission (CQC) to provide the regulated activities of treatment of disease, disorder or injury; diagnostic and screening; maternity and midwifery services and surgical procedures. The practice has an Alternative Provider Medical Services (APMS) contract (APMS contracts are provided under Directions of the Secretary of State for Health. APMS contracts can be used to commission primary medical services from traditional GP practices).

## Why we carried out this inspection

We undertook a comprehensive inspection of Springfield Primary Care Centre on 14 September 2016 under Section

# Detailed findings

60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. The full comprehensive report following the inspection on 14 September 2016 can be found by selecting the 'all reports' link for Springfield Primary Care Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

During the comprehensive inspection carried out on 14 September 2016 we found that the practice did not have an effective system in place for managing safety alerts. There was no second thermometer for all vaccine and medicine fridges in the practice. Not all staff had received role appropriate training including basic life support. The GP patient result survey access was below local and national averages.

This inspection was carried-out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 14 September 2016 had been made.

We undertook a follow up desk-based focused inspection of Springfield Primary Care Centre on 3 August 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal

## How we carried out this inspection

We carried out a document-based focused inspection of Springfield Primary Care Centre on 3 August 2017. This involved reviewing evidence:

- Looked at policies, procedures and action plans.
- Reviewed staff certificates.
- Looked at photographic evidence.
- Reviewed systems in place to identify action taken as a result of safety alerts.
- Looked at minutes.
- Reviewed updated templates, for example references obtained.

# Are services safe?

## Our findings

At our previous inspection on 14 September 2016, we rated the practice as requires improvement for providing safe services as the practice did not have an effective system or process to make sure they assessed and monitored the service provided. For example:

- the practice did not have an effective system in place for managing safety alerts;
- there was no second thermometer for all vaccine and medicine fridges in the practice.; and
- not all staff had received role appropriate training including basic life support.

These arrangements had improved when we undertook a follow up inspection on 3 August 2017. The practice is now rated as good for providing safe services.

### Safe track record and learning

- We saw evidence that safety alerts and updates were cascaded to clinical staff and a clear system was in place to demonstrate any action that was taken as a result; for

example an EMIS search was conducted for patients who used valproate and teratogenicity (medications primarily used to treat epilepsy and bipolar disorder) and patients had alerts added to their notes for a review and discussion.

### Overview of safety systems and process

- Appropriate recruitment checks were undertaken prior to employment. The practice provided us with a new reference form used to contact referee prior to employment. The practice was able to demonstrate the form had been used as one staff member had been recruited since the September 2016 inspection
- The practice had purchased a second thermometer for the medicine refrigerator. We saw photographic evidence; we also saw the health care assistant checked calibration monthly.

### Arrangements to deal with emergencies and major incidents

- All staff received annual basic life support training and we saw certificates to confirm this.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

At our previous inspection on 14 September 2016, we rated the practice as requires improvement for providing responsive services as the GP patient result survey access was below local and national averages. These arrangements had improved when we undertook a follow up inspection on 3 August 2017; The practice is rated as good for providing responsive services.

### Access to the service

The practice was open between 8.00am to 6.30pm Monday to Friday. It offered extended hours from 6.30pm to 8pm on Tuesdays. Appointments were available to patients from 8.30am to 6.10pm Monday to Fridays. Appointments were also available during the extended hours from 6.30pm to 7.45pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. GP Patient Survey published July 2016. This contains aggregated data collected from July-September 2015 and January-March 2016.

- 79% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 78% and the national average of 76%.

- 64% of patients said they could get through easily to the practice by phone compared with the clinical commissioning group (CCG) average of 78% and the national average of 73%.
- 80% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 75% and the national average of 76%.
- 91% of patients said their last appointment was convenient compared with the CCG average of 90% and the national average of 92%.
- 58% of patients described their experience of making an appointment as good compared with the CCG average of 72% and the national average of 73%.
- 57% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 53% and the national average of 58%.

The most recent results had shown a decline in some areas.

The practice had identified that some of the GP patient results averages were lower compared to local and national averages in relation to accessing the practice. So the practice carried out its own survey to determine how it could improve patient access, had discussions at their all staff meeting consequently the practice changed the ratio of same day appointments and pre bookable slots to meet patient demands.