Springfield Medical 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	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 Springfield Medical Practice on 8 December 2015. The overall rating for this service is good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Learning from incidents was shared with relevant staff at meetings relevant to their roles and responsibilities.
- Information about how to complain was easy to understand an available in practice leaflets and on the practice website.
- Information was provided to help patients understand the care available to them. Patients told us they were treated kindly and respectfully by staff at the practice. Their treatment options were explained to them so they were involved in their care and decisions about their 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 (PPG).
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff told us and records showed that training appropriate to their roles had been carried out. Staff training needs had been identified and planned for the following year.
- 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.

However there are areas where improvements are needed.

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

- Ensure that recruitment procedures are followed and applied consistently for all staff.

Summary of findings

- Suitable arrangements should be established to ensure that all processes are maintained when absences occur such as sickness or annual leave.
- Establish an agenda to ensure that significant events, complaints are routinely discussed or reviewed in meetings to provide an audit trail that demonstrates the learning and sharing of information.

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.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, people 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.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Risks to patients were assessed and well-managed, although we found that references had not been obtained before a member of staff had started working at the practice.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness. They produced and issued clinical guidelines to ensure that every NHS patient gets fair access to quality treatment.
- Data showed mixed results for patient outcomes when compared with results at both local and national levels. Action plans were in place with some actions already taken to address these areas where underperformance had been identified.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits had been carried out in order to demonstrate 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.

Summary of findings

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice lower than others for several aspects of care. Action had been taken in response to the data to ensure patients' experiences of the practice improved.
- 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.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.
- The practice supported patients to have a forum where they could learn and share ideas that promoted their health. There was an active patient participation group (PPG) at the practice that directed its own agenda and focused on topics that mattered to patients. PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Patients said they found making an appointment with a GP that gave them continuity of care had improved with the changes the practice had made to the appointments system. There were urgent appointments available the same day.
- Extended hours were available to benefit patients unable to attend during the main part of the working day.
- The practice had good facilities and was well equipped to treat patients and meet their needs. A hearing loop was not available at the time of the inspection although the practice had plans in place to install this in the New Year. Repairs were needed to the patients' toilet in the waiting area.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised.
- The practice received few complaints and the practice responded quickly when issues were raised. Learning from complaints was shared with staff.

Are services well-led?

Good

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

Summary of findings

- It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff knew about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There were processes in place to monitor and improve quality and identify risk, although arrangements needed to be made to ensure continuity of systems and processes was maintained when staff were off work or not available.
- Staff had received inductions and attended staff meetings. Staff told us they were supported to develop their skills to improve services for patients.
- The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents
- The practice proactively sought feedback from staff and patients, which it acted on. The practice had an active patient participation group (PPG) which was positive about their role in working with the practice to respond to patients feedback and make improvements where needed.

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

This 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.
- It was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice maintained a register of all patients in need of palliative care and offered home visits and rapid access appointments for those patients with complex healthcare needs.
- The practice held regular multidisciplinary integrated care meetings where all patients on the palliative care register were discussed.
- The practice had a lower than national average of older patients in its population and this was reflected in some of the quality data results. However, the practice had commenced reviews of patients to address this. This included screening for dementia and ensuring that coding of conditions was correctly applied.
- Flu vaccination rates for the over 65s were 68.82%, which was below the national average of 73.24%. The rates for those groups considered to be at risk however were 65.96% which was above the national average of 52.29%.

People with long term conditions

Good

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

- GPs and the practice nurse had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicine needs were being met.
- For those patients with the most complex needs, the GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

- The quality monitoring data (QOF) for 2014/2015 showed that the percentage of patients with hypertension (high blood pressure) having regular blood pressure tests was 84.4% which was higher than the local average of 83.3% and the national average of 83.6%.

Families, children and young people

Good

This practice is rated as good 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 accident and emergency (A&E) attendances.
- Childhood immunisation rates for the vaccinations given overall were slightly lower for the under two year olds and higher for five year olds than the local clinical commissioning group (CCG) averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 68.4% to 94.7% which were mostly below the CCG rates of 78.8% to 96.1% (six out of eight). Childhood immunisation rates for the vaccinations given to five year olds ranged from 97.2% to 100% which were all above the CCG rates of 83.8% to 95.2% (ten out of ten).
- Patients diagnosed with asthma, on the register who had an asthma review in the last 12 months 80.2% which was higher than the local average of 76.3% and the national average of 75.3%.
- 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.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Good

This practice is rated as good 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.

Summary of findings

- The practice was proactive in offering online services as well as a full range of health promotion and screening services that reflected the needs of this age group. The practice nurse had oversight for the management of a number of clinical areas, including immunisations, cervical cytology and some long term conditions.
- The practice offered extended opening hours for appointments on a Wednesday evening and patients could also book appointments up to 12 weeks in advance or order repeat prescriptions online.

People whose circumstances may make them vulnerable

Good

This 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 patients with a learning disability. For example, the practice had carried out annual health checks and offered longer appointments for patients with a learning disability.
- Staff had received training and knew how to recognise signs of abuse in vulnerable adults and children who were considered to be at risk of harm.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- 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.
- Patients were provided with information about how to access various support groups and voluntary organisations. For example, through leaflets available in the waiting area and on the practice's website.

People experiencing poor mental health (including people with dementia)

Good

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

- The practice held a register of patients living in vulnerable circumstances including those patients with dementia.
- The percentage of patients diagnosed with dementia whose care has been reviewed for 2014/2015 was 100% which was higher than the national rates of 84%.

Summary of findings

- The GPs and the practice nurse understood the importance of considering patients' ability to consent to care and treatment and dealt with this in accordance with the requirements of the Mental Capacity Act 2005.
- The practice invited patients to attend for an annual health check. Longer appointments were arranged for this and patients were seen by the GP they preferred. The annual reviews took into account patients' circumstances and support networks in addition to their physical health.
- The practice had given patients experiencing poor mental health information about how to access various support groups and voluntary organisations.
- It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for patients with mental health needs and dementia.

Summary of findings

What people who use the service say

We reviewed the most recent data available for the practice on patient satisfaction. The national GP patient survey results published on 2 July 2015 showed mixed results for the practice compared with local and national averages. There were 450 surveys sent to patients and 74 responses which represented a response rate of 16.4%. Results showed a mixed response in relation to the following:

- 58.5% of patients found it easy to get through to this practice by phone which was below the Clinical Commissioning Group (CCG) average of 72.3% and a national average of 73.3%.
- 94% of patients found the receptionists at this practice helpful which was above the CCG average of 85% and a national average of 87%.
- 77.4% of patients were able to get an appointment to see or speak to someone the last time they tried which was below the CCG average of 80.2% and a national average of 85.2%.
- 98.2% of patients said the last appointment they got was convenient which was above the CCG average of 90.2% and a national average of 91.8%.
- 76.3% of patients described their experience of making an appointment as good which was above the CCG average of 70.6% and a national average of 73.3%.
- 23.4% of patients said they usually waited 15 minutes or less after their appointment time to be seen which was below the CCG average of 57.2% and the national average of 64.8%.
- 18.7% of patients felt they did not normally have to wait too long to be seen which was well below the CCG average of 52.7% and a national average of 57.7%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received eight comment cards, six of which were positive about the standard of care received. Patients commented that the practice staff were very caring and always treated them with respect; that staff were friendly and always pleasant; that staff seemed to know what they were doing; and that the GPs were brilliant. Two patients commented that they often waited excessive times for their appointment and that they had not been told when the GPs were running late.

During the inspection we spoke with eight patients and with a patient on the telephone. Two of the patients we spoke with were also members of the patient representative group (PPG). A PPG is a group of patients registered with the practice, who worked with the practice team to improve services and the quality of care. The patients we spoke with and the views expressed on the comment cards told us that patients received excellent care from the GPs and the nurse and could always get an appointment when they needed one.

Areas for improvement

Action the service SHOULD take to improve

- Establish an agenda to ensure that significant events, complaints are routinely discussed or reviewed in meetings to provide an audit trail that demonstrates the learning and sharing of information.
- Ensure that recruitment procedures are followed and applied consistently for all staff.
- Suitable arrangements should be established to ensure that all processes are maintained when absences occur such as sickness or annual leave.

Springfield Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP, a practice manager and practice nurse specialist advisors, and an expert by experience, accompanied by an interpreter. An expert by experience is a person who has experience of using this particular type of service, or caring for somebody who has.

Background to Springfield Medical Practice

Springfield Medical Practice provides primary medical services for patients in residential suburban areas of Birmingham which includes Moseley, Tyseley, Sparkhill, Hall Green, Acocks Green, Shirley, Solihull and Olton. It has two GP partners, (one female and one male) and two sessional GPs (one female and one male) The practice has a large number of patients who are under 18 years of age (21.6%) compared to the England average of 14.8%. It also has a lower than national average of older patients over the age of 65 years (8.8%) compared to the England average of 16.7%.

The GPs are supported by a practice manager, a practice nurse, a health care assistant (HCA), a supervisor, and administrative and reception staff. There were 3153 patients registered with the practice at the time of the inspection.

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

Springfield Medical Practice is an approved training practice for doctors who wish to be become GPs. A trainee GP is a qualified doctor who is training to become a GP through a period of working and training in a practice. Only approved training practices can employ trainee GPs and the practice must have at least one approved GP trainer.

The practice nurse has trained as a mentor for nursing students. The practice has engaged in the apprenticeship programme and currently has an apprentice who works with the reception team.

The practice opens from 9am to 1pm and 2pm to 6.30pm on a Monday, Tuesday, Wednesday and Friday with appointments available from 9am to 12.30pm and 4pm to 6.30pm on these days. The practice offers extended hours appointments every Wednesday until 8pm for pre-bookable appointments. The extended hours appointments are to help patients who find it difficult to attend during regular hours, for example due to work commitments. The practice is open from 9am to 1pm on a Thursday each week and closed for professional development during the afternoon. The practice is closed at the weekends.

Additional extended hours appointments are offered by My Healthcare, a hub service provided by a number of local practices. Appointments are available for early mornings, evenings and weekends.

Appointments with the nurse are available on Monday, Wednesday and Thursday mornings from 9.30am to 1.00pm; from 2pm to 5pm on Tuesday afternoons; from 2pm to 4pm on Wednesday afternoons; and from 6.30pm to 8pm on Wednesday evenings once a month for pre-bookable appointments only. An additional clinic is planned to commence on 9 January 2016 for anticoagulation (treatment to reduce the likelihood of blood clot formation).

Detailed findings

Home visits are also available for patients who are too ill to attend the practice for appointments. There is also an online service which allows patients to order repeat prescriptions and book appointments. Booking of appointments can also be made up to twelve weeks in advance.

The practice does not provide an out-of-hours service but has alternative arrangements in place for patients to be seen when the practice is closed. For example, if patients call the practice when it is closed, an answerphone message gives the telephone number they should ring depending on the circumstances. Information on the out-of-hours service is provided to patients and is available on the practice's website and in the patient practice leaflet. The out of hours service is provided by Primecare.

The practice treats patients of all ages and provides a range of medical services. This includes disease management such as asthma, diabetes and heart disease. Other appointments are available for service such as maternity care and family planning.

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. This inspection was planned to check whether the provider was 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.

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

How we carried out this inspection

Before our inspection of Springfield Medical Practice we reviewed a range of information we held about this practice and asked other organisations to share what they knew. We contacted NHS Birmingham South Clinical Commissioning Group (CCG), Healthwatch and the NHS England area team to consider any information they held about the practice. We reviewed policies, procedures and other information the practice provided before the inspection. We also supplied the practice with comment cards for patients to share their views and experiences of the practice.

We carried out an announced inspection on 8 December 2015. During our inspection we spoke with a range of staff that included two GPs, a locum GP who was previously a trainee GP at the practice, the practice manager, the practice nurse, and reception and administration staff. We also looked at procedures and systems used by the practice. During the inspection we spoke with eight patients and with a patient on the telephone. Two of the patients we spoke with were also members of the patient representative group (PPG). A PPG is a group of patients registered with the practice, who worked with the practice team to improve services and the quality of care.

We observed how staff interacted with patients who visited the practice, how patients were being cared for and talked with carers and/or family members. We 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 asked the following five questions:

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

The practice had systems in place to ensure the safety of staff and patients.

- There was an open and transparent approach towards reporting and recording significant events. The practice told us that where patients were affected by significant events they would inform them and apologise to them. Patients would also be told about actions the practice had taken to improve care.
- Staff were aware of their responsibility to raise concerns and knew how to report incidents and near misses. They told us they would inform the practice manager of any incidents that occurred. There was also an incidents record book available for reception staff to log any incidents. These were then discussed with the practice manager and GPs. Changes were made where applicable following further discussions. The practice had carried out a review of significant events for the period November 2014 to May 2015. Four incidents had been recorded for this period and we saw that action had been taken in response to these. This had included taking advice and guidance from other agencies where needed.
- We reviewed safety records, incident reports and minutes of meetings where these were discussed. The GPs told us that information and learning was shared with relevant staff to make sure action was taken to improve safety within the practice. We saw from minutes of practice meetings that there was no set agenda so it was not always clear whether significant events had been routinely discussed or reviewed that provided an audit trail of completed processes. For example, we looked at a range of minutes of meetings held from 2014 and during 2015. Discussion topics ranged from housekeeping to admin and immunisation clinics with significant events featured on one occasion as any other business. The clinical team at the practice was small and the GPs told us they continually discussed events between them but always put plans in place and took action to prevent problems from happening again. Staff confirmed that meetings were held when incidents occurred.
- Safety was monitored using information from a range of sources, including best practice guidance from the National Institute for Health and Care Excellence (NICE) and local commissioners. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children from the risk of abuse that reflected relevant legislation and local requirements. Staff told us that all policies were accessible to them and clearly outlined who staff should contact for further guidance if they had any concerns about a patient's welfare. Minutes confirmed that the practice held regular multi-disciplinary meetings attended by a health visitor, a senior family support worker, a school nurse, the practice nurse and both partner GPs. Staff demonstrated they understood their responsibilities and all had received training relevant to their role, which included higher level training for both GP partners.
- The computer system highlighted those patients who were considered to be at risk of harm or who were on the vulnerable patient register. Not all the staff we spoke with however were aware of this system.
- A notice was displayed in the waiting room and in treatment rooms, advising patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and they had received a disclosure and barring check (DBS). DBS checks identified whether a person had a criminal record or was 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 had taken the decision that DBS checks would be completed for all staff and applications had been submitted for these prior to the inspection. When chaperones had been offered a record had been made in patients' notes and this included when the service had been offered and declined. Patients we spoke with confirmed they were aware of the chaperone facility and that there was a poster in the waiting room that offered this service. The chaperone policy was available to staff as hard copy and on the practice's computer.

Good

Are services safe?

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy in place with a risk assessment completed in February 2015. A health and safety poster was displayed in the reception office. All electrical equipment and clinical equipment was checked to ensure it was safe to use. We saw evidence that the last check had been carried out on 15 June 2015. Staff confirmed these checks were carried out routinely. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection prevention and control (IPC) and legionella (a bacterium which can contaminate water systems in buildings). The practice had up to date fire risk assessments in place and a fire drill had been held on 6 December 2015. Staff explained to us what they were to do in the event of a fire alarm and confirmed they had completed fire training.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be visibly clean and tidy. There was an infection control protocol in place and staff had received up to date training. Regular infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, infection control audits had been carried out in March and December 2015. Action had been taken to address those issues identified, such as fixing hand wash dispensers to walls and the installation of sanitary waste bins.
- There were suitable arrangements in place for managing medicines, including emergency medicines and vaccinations to ensure patients were kept safe. This included obtaining, prescribing, recording, handling, storing and security of medicines. Regular medicine audits were carried out by the GP partners at the practice to ensure prescribing was in line with best practice guidance for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.
- We looked at files for different staff roles including those for a GP (sessional), a nurse and two reception staff to see whether recruitment checks had been carried out in line with the practice's recruitment policy and legal requirements. We found that most appropriate recruitment checks had been undertaken as required. For example, proof of identity, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS). We found however, that the practice had not followed their recruitment procedures as they were waiting for a reference for a member of reception staff who had started working at the practice some two months previously. This was discussed with the practice and they confirmed that all employment checks would be in place before staff took up their posts at the practice in future. We saw that processes were also in place for the employment of locum GPs to ensure appropriate checks were carried out.
- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs. There was a rota system in place for the different staff groups to ensure that enough staff were available each day. Staff confirmed they would also cover for each other at holiday periods and at short notice when colleagues were unable to work due to sickness.

Arrangements to deal with emergencies and major incidents

We saw that the practice had a comprehensive emergency procedure policy in place. Staff had access to an instant messaging system on the computers in all of the consultation and treatment rooms which alerted other staff to any emergency. There were also panic alarms in reception should assistance be needed in the waiting area.

- All staff received annual basic life support training and there were emergency medicines and equipment available in the treatment room. There was also a first aid kit and accident book available. Emergency medicines and oxygen were easily accessible to staff in a secure area of the practice and all staff knew of their location. These included those for the treatment of cardiac arrest (where the heart stops beating), a severe allergic reaction and low blood sugar. All the medicines we checked were in date and fit for use.
- A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. The plan had recently been updated and copies were kept in the reception area, on the practice's computer system and the GPs confirmed they kept a copy at home. Risks identified included power failure, loss of telephone system, loss of computer system, and loss of clinical supplies. The

Good

Are services safe?

document also contained relevant contact details for staff to refer to which ensured the service would be maintained during any emergency or major incident. For example, contact details of local suppliers to contact in the event of failure, such as heating and water suppliers. We saw there was a procedure in place to protect computerised information and records in the event of a computer systems failure.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment.

- There were systems in place to ensure all clinical staff were kept up to date. Clinical staff had access to best practice guidance from NICE and used this information to develop how care and treatment was delivered to meet patients' needs. The practice monitored that these guidelines were followed through audits and random sample checks of patient records.
- The GP partners responded to all alerts including NICE guidance received by the practice. This included carrying out patient searches and sharing recommendations where these were applicable with the clinical team. The GP partners gave us examples of changes that they had made to their practice in response to national guidance. This included for example, changes in recommended prescribed medicines for some long term conditions.

Management, monitoring and improving outcomes for patients

The practice participated in the Quality and Outcomes Framework (QOF). The QOF is a voluntary incentive scheme for GP practices in the UK intended to improve the quality of general practice and reward good practice.

The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results for the practice were 95.1% of the total number of points available, with 4.5% exception reporting. Exception reporting relates to patients on a specific clinical register who can be excluded from individual QOF indicators. For example, if a patient is unsuitable for treatment, is newly registered with the practice or is newly diagnosed with a condition.

Data from 2014/2015 showed:

- Performance for diabetes related indicators such as patients who had received an annual review including foot examinations was 93.6% which was above the national average of 88.35%.
- Patients with hypertension (high blood pressure) having regular blood pressure tests was 84.4% which was above the national average of 83.6%.
- Patients with mental health concerns such as schizophrenia, bipolar affective disorder and other psychoses with agreed care plans in place were 90.7% which was above the national average of 88.3%.
- The proportion of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 100% which was above the national average of 84%.

There was a system in place for completing clinical audits. Clinical audits are quality improvement processes that seek to improve patient care and outcomes through systematic review of care and the implementation of change. It included an assessment of clinical practice against best practice such as clinical guidance, to measure whether agreed standards were being achieved. The process required that recommendations and actions were taken where it was found that standards were not being met.

- We saw that a range of audits had been completed. These showed that action had been taken and the audits had been repeated to monitor improvements. This included audits for cervical screening with the initial audit in 2014 and a re-audit carried out in 2015. The practice had worked to improve screening results through the appointment of a dedicated member of the admin/reception team who was assigned to monitor attendance and follow up those patients who failed to attend for screening. This approach saw an increase from 20% of eligible patients attending for screening in 2014 to 38% patients in 2015.
- The two GP partners each led in specialist clinical areas such as sexual health, diabetes, heart disease, chronic obstructive pulmonary disease (COPD) (lung diseases) and mental health. The practice nurse supported this work, which allowed the practice to focus on the specific conditions. The GPs attended educational

Good

Are services effective?

(for example, treatment is effective)

meetings facilitated by the Clinical Commissioning Group (CCG), attended regular clinical skill update courses and engaged in annual appraisal and other educational support.

The practice participated in applicable local audits, national benchmarking, accreditation, and peer review. Findings were used by the practice to improve services to patients. For example, an audit carried out for the period October 2014 to March 2015 identified patients who were prescribed a particular medicine for their condition. The audit had been in response to recent guidance which advised alternative prescriptions for these patients. Eleven patients were identified and medicine reviews had been carried out. Of those reviewed five patients required changes and were prescribed alternative medicines in keeping with the guidance recommendations. A re-audit was carried out in November 2015 and results showed that two patients had been prescribed the specific medicine by specialists. The practice reviewed these medicines with the patients and as a result alternatives were prescribed.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- 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 these learning needs and to cover the scope of their work. This included ongoing support during sessions, meetings, appraisals, clinical supervision and facilitation. Some staff had received an appraisal within the last 12 months and plans were in place for those staff yet to receive an annual appraisal.
- Staff received training that included safeguarding, fire procedures, basic life support and mental health awareness. Staff had access to and made use of e-learning training modules and in-house training. We saw evidence that the practice nurse had completed training in immunisation updates August 2015, cervical screening April 2015, infection control and the management of vaccines in October 2015, and diabetes and obesity in May 2015. The practice nurse told us they had also completed a mentorship course to provide support for student nurses at the practice in the future.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets was also available.

- We looked at the system in place for managing receipt of test results and correspondence regarding patients. We found a significant number of letters had not been processed in a timely way. We discussed this with the GP partners who assured us they would have been alerted to any abnormal tests results or letters of concerns separate from any general correspondence. We were also assured that following the inspection the two GP partners would clear the backlog to address the outstanding letters. Following the inspection we received confirmation that all letters and test results had been processed and were fully up to date.

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, when they were referred, or after they were discharged from hospital. We saw evidence that meetings were held regularly with link professionals such as health visitors, midwife and district nurses and that care plans were routinely reviewed and updated. For example, from minutes of meetings held throughout 2015 we saw that discussions had included concerns about safeguarding adults and children, as well as those patients who needed end of life care and support.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance.

- Clinical staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

Good

Are services effective?

(for example, treatment is effective)

- When providing care and treatment for children and young patients assessments of capacity to consent were also carried out in line with relevant guidance. We saw evidence of written consent given by a patient in advance of minor surgery that confirmed this.
- Where a patient's mental capacity to consent to care or treatment was unclear the GPs or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- The GPs and practice nurse understood the need to consider Gillick competence when providing care and treatment to young patients under 16. The Gillick test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

Health promotion and prevention

The practice nurse or the health care assistant carried out health checks for all new patients registering with the practice, to patients who were 40 to 70 years of age and also some patients with long term conditions. The NHS health check programme was designed to identify patients at risk of developing diseases including heart and kidney disease, stroke and diabetes over the next 10 years. The GPs and practice nurse showed us how patients were followed up within two weeks if they had risk factors for disease identified at the health check and described how they scheduled further investigations. The GPs and practice nurse told us they would also use their contact with patients to help maintain or improve mental, physical health and wellbeing. For example, by promoting the benefits of childhood immunisations with parents or by carrying out opportunistic medicine reviews.

- The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 80.74% which was slightly below the national average of 81.88%. We saw records that showed two out of 51 samples taken during the last year had been inadequate, which was well within the acceptable range of 2%.
- The practice had worked to promote screening for patients and a lead member of staff was responsible for contacting patients who had not attended for their cervical screening test. The practice had seen improvements in the attendance rate for the current year which had improved from 20% to 38% of patients attending. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.
- Childhood immunisation rates for the vaccinations given were overall slightly lower for the under two year olds and higher for five year olds than the local clinical commissioning group (CCG) averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 68.4% to 94.7% which were mostly below the CCG rates of 78.8% to 96.1% (six out of eight). Childhood immunisation rates for the vaccinations given to five year olds ranged from 97.2% to 100% which were all above the CCG rates of 83.8% to 95.2% (ten out of ten).
- Flu vaccination rates for the over 65s were 68.82%, which was below the national average of 73.24%. The rates for those groups considered to be at risk were however 65.96%, which was above the national average of 52.29%.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We spent time talking with patients throughout the inspection and observed how staff engaged with them. All staff were polite, friendly and helpful to patients both attending at the reception desk and on the telephone. We observed that patients were treated with dignity and respect.

- Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff told us that when patients wanted to discuss sensitive issues they would offer them a private room to discuss their needs. There was a poster in the waiting room which informed patients of this facility.

We received eight comment cards, six of which were positive about the standard of care received by patients at the practice.

- Patients commented that the practice staff were very caring and always treated them with respect; that staff were friendly and always pleasant; the staff seem to know what they are doing; and that the GPs were brilliant. Two patients had commented that they often waited excessive times for their appointment and that they had not been told when the GPs were running late. We discussed this with the GPs who told us they always gave patients the time they needed for their appointments and that this sometimes meant they were late for other appointments.

We spoke with nine patients and they confirmed the positive comments given in the comment cards.

- The patients we spoke with and the views expressed on the comment cards told us that patients received excellent care from the GPs and the nurse and could always get an appointment when they needed one.

Results from the national GP patient survey published 2 July 2015 showed that overall the practice scored positive results in relation to patients' experience of the practice and the satisfaction scores on consultations with doctors and nurses. For example:

- 88.3% of patients said the GP was good at listening to them which was above the Clinical Commissioning Group (CCG) average of 87.6% and national average of 88.6%.
- 87.3% of patients said the GP gave them enough time which was above the CCG average of 85.1% and national average of 86.6%.
- 95.1% of patients said they had confidence and trust in the last GP they saw or spoke to which was above the CCG average of 94.6% and in line with the national average of 95.2%.
- 86.1% of patients said the last GP they spoke to was good at treating them with care and concern which was above the CCG average of 84% and national average of 85.1%.
- 87.3% of patients said the last nurse they spoke to was good at treating them with care and concern which was below the CCG average of 88.3% and national average of 90.4%.
- 93.7% of patients said they found the receptionists at the practice helpful which was above the CCG average of 85.1% and national average of 86.8%.

Care planning and involvement in decisions about care and treatment

Patients told us that health issues were discussed with them and 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.

- Patients gave us examples of how the practice communicated with them. For example, patients who had attended the practice for blood tests told us the practice responded to the results and would send for them if there were any concerns from the results. Patients confirmed they were involved in making appointments with the hospital and that they were encouraged to choose which hospital they preferred to attend. Patients commented that they felt well cared for.

Results from the national GP patient published on 2 July 2015 survey showed below national and local averages from patients to questions about their involvement in planning and making decisions about their care and treatment. For example:

Good

Are services caring?

- 84.5% said the last GP they saw was good at explaining tests and treatments which was below the CCG average of 85.9% and the national average of 86%.
- 76% said the last GP they saw was good at involving them in decisions about their care which was below the CCG average of 81.6% and the national average of 81.4%.

We saw that care plans were in place for patients with a learning disability, and patients who were diagnosed with asthma, dementia and mental health concerns.

GPs demonstrated knowledge regarding best interest decisions for patients who lacked capacity. They told us that they always encouraged patients to make their own decisions and obtained their agreement for any treatment or intervention even if they were with a carer or relative. The nurse told us that if they had concerns about a patient's ability to understand or consent to treatment, they would ask their GP to review them.

The practice was able to evidence joint working arrangements with other appropriate agencies and professionals. We saw minutes of multidisciplinary meetings held to discuss patients' palliative care and end of life needs. The meetings were attended by district nurses, palliative care nurses, practice manager, both GP partners and the practice nurse. Quarterly children and young people safeguarding meetings were held which were attended by a health visitor, a school nurse, a senior family support worker and members of the practice's clinical team.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Communication with patients was also enabled by GPs and many members of the staff team who were multi-lingual.

Patient and carer support to cope emotionally with care and treatment

There were notices and leaflets available in the patient waiting room which explained to patients how to access a number of support groups and organisations.

The practice's computer system alerted the GPs if a patient was also a carer. There was a practice register of all patients who were carers and the practice supported these patients by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them. The practice manager told us the practice was looking to establish a carers champion at the practice and how to support carers in a more structured way. It was planned to discuss this at the next patient participation group (PPG) meeting scheduled for 22 December 2015.

Staff told us that if families had experienced bereavement the designated GP telephoned them and often visited to offer support and information about sources of help and advice. Leaflets giving support group contact details were also available to patients in the waiting room.

Feedback from patients showed that they were positive about the emotional support provided by the practice. Comments included that staff were kind, pleasant and caring. Patients told us that staff had been considerate when they needed help and provided them with support.

From minutes of the practice's multi-disciplinary meetings we saw that all professionals were proactive in supporting population groups such as older patients, patients experiencing poor mental health and families at risk of isolation to receive both practical and emotional support when needed.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We found the practice was responsive to patients' needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs of patients.

The practice had a high number of patients under the age of 18 compared with the national averages (21.6% compared with 14.8%), and low numbers of older patients. For example, patients who were 65 years of age registered with the practice was 8.8% compared with the national average of 16.7%. The population group of patients over 75 years of age registered with the practice was 4% compared with the national average of 7.6%.

The practice took part in regular meetings with NHS England and worked with the local clinical commissioning group (CCG) to plan services and to improve outcomes for patients in the area.

Services were planned and delivered to take into account the needs of different patient groups to ensure flexibility, choice and continuity of care. For example:

- Longer appointments were available for patients with specific needs or long term conditions such as patients with a learning disability and patients with drug or alcohol related health problems. Clinics for longer appointments were held on two afternoons per week.
- GPs made home visits to patients whose health or mobility prevented them from attending the practice for appointments.
- Extended appointment times were available on Wednesday evenings from 4.30 to 8pm which was helpful for those patients who had work commitments. On-line services were available for appointments, repeat prescriptions and patient access to their notes. Additional extended appointments were available through those practices who were members of the My Healthcare Hub where appointments were available early mornings, evenings and weekends for patients unable to attend for appointments during normal surgery times.
- Urgent access appointments were available for children and those with serious medical conditions. GPs told us that urgent appointments were available every day and confirmed that patients would always be seen.
- Information was available to patients in the practice leaflet and on the website on the out of hours service provided by Primecare.
- Annual reviews were carried out with patients who had long term conditions such as diabetes and lung diseases, for patients with learning disabilities, and for those patients who had mental health problems including dementia. Patients told us that when they had their medicines reviewed time was taken to explain the reasons for the medicines and any possible side-effects and implications of their condition. The GPs and the nurse told us they shared information with patients to help them understand and manage their conditions. Patients we spoke with confirmed this.
- Regular multidisciplinary meetings were held with key partners to support patients with their palliative care needs.
- The practice offered routine ante natal clinics, childhood immunisations, travel vaccinations, and cervical smears.
- A minor surgery service was provided by the practice which included joint injections.
- There were disabled facilities available to assist those patients whre needed. However, there was no hearing loop available for patients who had difficulty hearing and the patient toilet needed attention. The practice told us they had plans in place for the installation of a hearing loop and were waiting for an installation date. The toilet off the waiting room had facilities for patients with disabilities. We found however that the toilet needed attention because there was no soap available and the soap dispenser was broken; there were no paper towels available; there was no sanitary bin; a raised toilet seat was available but this was lying on the floor and had not been fixed into position; and the window blind behind the toilet was broken. We discussed this with the GP partners during the inspection. They told us the toilet was also used by people waiting at the bus stop outside the practice and often the condition of the toilet reflected this. Action was being taken to address these issues and sanitary bins for example were due to be installed after Christmas.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- Translation services were available to patients should they need this. Many of the staff at the practice were multilingual and were able to support patients whose first language was not English.

Access to the service

The practice treated patients of all ages and provided a range of medical services. This included a number of disease management clinics such as asthma, diabetes, epilepsy, thyroid and heart disease.

- Comprehensive information was available to patients about appointments on the practice website. This included details on how to arrange urgent appointments, home visits and order repeat prescriptions. Booking of appointments could be made up to twelve weeks in advance.
- Home visits were available for patients who were too ill to attend the practice for appointments.
- The practice opened from 9am to 1pm and 2pm to 6.30pm on a Monday, Tuesday, Wednesday and Friday with appointments available from 9am to 12.30pm and 4pm to 6.30pm. The practice offered extended hours appointments every Wednesday until 8pm for pre-bookable appointments. The extended hours appointments were to help patients who found it difficult to attend during regular hours, for example due to work commitments. The practice was open from 9am to 1pm on a Thursday each week and closed for professional development during the afternoon. The practice was closed at weekends.
- Extended hours appointments were also provided by My Healthcare Hub. This service was provided by a group of five local practices who worked together to provide out of hours services for patients that included early mornings, evenings and weekends. Appointment times were available on weekday mornings from 7am to 8am and from 5.30pm to 7pm each evening. On-line services were accessible to patients for access to their medical notes. My Healthcare Hub was run by GPs and information was managed and shared with full access to records to enable full care provision for patients. They also operated a Roving GP Scheme where home visits were made to patients who were too ill to attend the practice for appointments.
- Appointments with the nurse were available on Monday, Wednesday and Thursday mornings from 9.30am to 1.00pm; from 2pm to 5pm on Tuesday afternoons; from 2pm to 4pm on Wednesday afternoons; and from 6.30pm to 8pm on Wednesday evenings once a month for pre-bookable appointments only. An additional clinic was planned to commence on 9 January 2016 for anticoagulation (treatment to reduce the likelihood of blood clot formation).

Results from the national GP patient survey published 2 July 2015 showed that patients' satisfaction with how they could access care and treatment was generally below local and national averages. For example:

- 58.5% of patients said they could get through easily to the surgery by phone which was below the CCG average of 72.3% and national average of 73.3%.
- 76.3% of patients described their experience of making an appointment as good which was above the CCG average of 70.6% and national average of 73.3%.
- 23.4% of patients said they usually waited 15 minutes or less after their appointment time which was well below the CCG average of 57.2% and national average of 64.8%.

We saw an action plan had been put in place following consultation with the patient participation group (PPG) to address the feedback from the survey results. A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care. This included offering double appointments to some patients who were likely to need more than 10 minutes for one appointment. This would give the GPs more time with the patient, prevent running over of the allocated appointment time and reduce waiting time for other patients. An audit of patient waiting times for GPs and nurses was undertaken by the practice during 2015 and the results showed the average waiting time as 30 minutes. The PPG report for 2015 showed that the PPG had reported that improvements had been made to the waiting time for patients.

Patients gave positive views about the appointments system. We received eight comment cards and spoke with nine patients all of whom were mainly positive about the improved access to and the availability of appointments at the practice. Patients told us that getting appointments and waiting times had improved and they could always see a GP if the appointment was urgent.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Their complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The practice manager was the designated responsible person who handled all complaints in the practice.

We found that there was an open and transparent approach towards complaints. Accessible information was provided to help patients understand the complaints system on the practice's website and in a complaints leaflet that was made available at the practice. Patients told us that they were aware of the process to follow should they wish to make a complaint, although none of the patients we spoke with or who completed comment cards had needed to make a complaint.

We saw that annual reviews of complaints had been carried out to identify themes or trends. We looked at the review for the year 2014 to 2015. We saw that four complaints had been received in the last 12 months. We found these had been dealt with promptly with responses to and outcomes of the complaints clearly recorded. Overall learning from the annual review of complaints was shared with all staff at the relevant team meetings. We saw minutes of meetings that confirmed this.

Are services well-led?

Good

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

Our findings

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. This told us that the aim of the practice was to deliver high quality health care by a professional, well trained, motivated team in a happy and friendly atmosphere. The practice focused on the prevention of disease by the promotion of healthy living.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had a governance framework in place that 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 programme of continuous clinical and internal audit was used to monitor quality and to make improvements to the services provided by the practice.
- At the time of the inspection we found that there were a significant number of letters that had not been processed by GPs on the practices computer system. Assurances were given to us that there had been no risk to patients as these were routine letters. They told us that any letters about concerns or requiring urgent action were dealt with promptly. The GP partners assured us that the unprocessed letters would be completed by the end of the week, as the delay had been partly due to sickness absence. We discussed the need to ensure that suitable arrangements were in place should a similar situation occur in the future, such as a buddy system. This would ensure processes were maintained and completed promptly and that potential delays were minimised. Following the inspection we received confirmation that all letters had been processed accordingly and screen shots were sent to us to demonstrate this.

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The GPs and practice manager were visible in the practice and staff told us that they were approachable.

- We found the practice to be open and transparent and prepared to learn from incidents and near misses.
- There was a clear leadership structure in place and staff felt supported by management.
- Staff told us that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. Staff told us the partners encouraged them 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, proactively gaining patients' feedback and engaging patients in the delivery of the service.

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care.
- The practice told us they had an excellent working relationship with the PPG and this was confirmed by the members we spoke with. We looked at the PPG annual report for 2015 and some of the actions that had been planned and completed for practice improvements. For example, the PPG had prioritised improved patient access to the GPs and nurse, facilitate better patient experiences. Additional ad- hoc clinics on Wednesday evening and Thursday afternoon were added to the existing clinic times. Telephone appointments were also made available to patients.
- The practice advertised the additional clinics to be held on a Wednesday evening (such as long term conditions clinic) on the website and posters were displayed in the waiting area. GPs, nurses and receptionists informed

Are services well-led?

Good

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

patients of the additional clinics. This was discussed in a PPG meeting and feedback had confirmed that patients were happy with the improved access. The GP Patient Survey 2015 showed that 93% of respondents said that the last appointment they got was convenient.

- The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would feedback and discuss any concerns or issues with colleagues and the practice manager.