# Springwell House

## Quality Report

Springwell House, Durham Road, North Moor,
Sunderland, Tyne and Wear, SR3 1RN
Tel: 0191 528 3251
Website: www.springwellhousesurgery.nhs.uk

Date of inspection visit: 15 November 2016
Date of publication: 19/01/2017

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 | Requires improvement |
| Are services safe? | Requires improvement |
| Are services effective? | Good |
| Are services caring? | Good |
| Are services responsive to people's needs? | Good |
| Are services well-led? | Requires improvement |

# Summary of findings

## Contents



## Overall summary

**Letter from the Chief Inspector of General Practice**

We carried out a previous inspection of this practice on 16 April 2015 and found a number of concerns. We rated the practice as requires improvement overall and inadequate in the question 'Is the practice safe?' We carried out another inspection on 19 February 2016. The practice had not made sufficient improvements and a continuing breach of legal requirements was found. We placed the practice into special measures, as we continued to rate the practice as inadequate in the question 'Is the practice safe?'

We undertook this comprehensive inspection to check that the practice had improved and to confirm they now met legal requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Springwell House on our website at www.cqc.org.uk.

Overall, the practice is rated as requires improvement.

Our key findings were as follows:

- The practice had taken action to address the concerns raised during our previous inspection in February 2016. They had addressed the concerns related to cleanliness and infection control and appropriate arrangements were now in place. The practice also now ensured temperature sensitive medicines were stored at appropriate temperatures. Regular checks were made on the oxygen and defibrillator within the practice to make sure they were fit for use in the event of an emergency.
- We found the arrangements for governance and performance management did not always operate effectively. The approach to service delivery and improvement was reactive and focused on short term issues.
- There was a system in place for reporting and recording significant events. Although the practice confirmed they were not aware of any reported significant events within the six months, they were unable to verify this because they had lost access to some key management information, when a member of staff left the practice.

# Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice had a system in place for handling complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had a vision to deliver high quality care and promote good outcomes for patients.
- The provider was aware of what they needed to do to demonstrate compliance with the requirements of the duty of candour. However, the practice was unable to give us examples to demonstrate this over the last six months.
- We found there was a limited approach to acting upon the views of people who used service. The practice did encourage feedback from patients and the public. However, they did not use the information they collected to help them improve the quality of service offered.
- At the last inspection in February 2016, we told the provider they should display the latest CQC results within the practice premises. We found these were now prominently displayed.

There were areas where the practice should make improvements. The practice should:-

- Strengthen their governance systems to ensure they are supported to proactively manage and continually improve the quality of the service provided.
- Strengthen their approach to identifying, analysing and learning from complaints, significant events and patient safety alerts to ensure the practice uses these as an opportunity to learn and improve.

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

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

**Are services safe?**

**Requires improvement**

The practice is rated as requiring improvement for providing safe services.

The practice had taken action to address the concerns raised during our previous inspection in February 2016. They had addressed the concerns related to cleanliness and infection control and appropriate arrangements were now in place. The practice also now ensured temperature sensitive medicines were stored at appropriate temperatures. Regular checks were made on the oxygen and defibrillator within the practice to make sure they were fit for use in the event of an emergency.

We also found:

- There had a system in place for reporting and recording significant events. However, the practice reported they were not aware of any significant events within the six months since the last CQC inspection. They were unable to verify this because they had lost access to some key management information, when a member of staff left the practice.
- We found there was not always a clear audit trail kept of the action taken in relation to patient safety alerts.
- The practice had clearly defined and embedded systems, processes and practices in place to safeguarded patients from abuse.
- Risks to patients were assessed and well managed.

**Are services effective?**

**Good**

The practice is rated as good for providing effective services.

- Data from the 2015-16 Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. The practice had achieved 98.9% of the points available to them for providing recommended treatments for the most commonly found clinical conditions. This was higher than the national average of 95.8%.
- 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.

# Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

**Are services caring?**

Good

The practice is rated as good for providing caring services.

- Most results of the National GP Patient survey were broadly in line with comparators.
- 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 saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

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

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group to secure improvements to services where these were identified. The practice was part of a local initiative to work as a multi-disciplinary team to reduce the risk of patients at risk of avoidable admissions being admitted to hospital.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had a system in place for handling complaints and concerns. However, we found little evidence the practice used complaints as an opportunity to learn and improve.

**Are services well-led?**

Requires improvement

The practice is rated as requiring improvement for being well-led.

- We found the practice had made a number of improvements based on the concerns identified in the previous inspection and now met fundamental standards.
- The arrangements for governance and performance management did not always operate effectively. The approach to service delivery and improvement was reactive and focused on short term issues. Although the practice responded well

# Summary of findings

when improvements needed were highlighted to them, we found the practice needed to strengthen their governance systems to ensure they were supported to proactively manage and continually improve the quality of the service provided.

- The practice had a vision to deliver high quality care and promote good outcomes for patients.
- 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.
- The provider was aware of what they needed to do to demonstrate compliance with the requirements of the duty of candour. However, the practice was unable to give us examples to demonstrate this over the last six months.
- We found there was a limited approach to acting upon the views of people who used service. The practice did encourage feedback from patients, the public and staff. However, they did not use the information they collected to help them improve the quality of service offered.

# 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**

Requires improvement

The practice is rated as requires improvement for the care of older people. The practice was rated as requires improvement for safe and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice offered proactive, personalised care to meet the needs of the older people in its population. For example, all patients over the age of 75 had a named GP. Patients at high risk of hospital admission and those in vulnerable circumstances had care plans.
- The practice was responsive to the needs of older people and offered home visits and urgent appointments for those with enhanced needs.
- A palliative care register was maintained and the practice offered immunisations for pneumonia and shingles to older people.

**People with long term conditions**

Requires improvement

The practice is rated as requires improvement for the care of patients with long-term conditions. The practice was rated as requires improvement for safe and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Nursing staff had lead roles in chronic disease management and patients at risk of admission to hospital were identified as a priority.
- Longer appointments and home visits were available when needed. The practice's electronic system was used to flag when patients were due for review. This helped to ensure the staff with responsibility for inviting people in for review managed this effectively.
- Patients had regular reviews to check health and medicines needs were being met.
- For those people with the most complex needs, GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.

# Summary of findings

**Families, children and young people**

Requires improvement

The practice is rated as requires improvement for the care of families, children and young people. The practice was rated as requires improvement for safe and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice had identified the needs of families, children and young people, and put plans in place to meet them.
- 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. Childhood immunisation rates for the vaccinations given were comparable to CCG averages.
- 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.
- The practice's uptake for the cervical screening programme was 89.5%, which was higher than the national average of 81.4%. Pregnant women were able to access an antenatal clinic provided by healthcare staff attached to the practice.

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

Requires improvement

The practice is rated as requires improvement for the care of working age people (including those recently retired and students). The practice was rated as requires improvement for safe and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- 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 and flexible. Extended hours surgeries were offered on Monday morning from 7:30am for working patients who could not attend during normal opening hours.
- The practice offered a full range of health promotion and screening which reflected the needs for this age group. Patients could order repeat prescriptions and book appointments on-line.
- Additional services were provided such as health checks for the over 40s and travel vaccinations.

# Summary of findings

**People whose circumstances may make them vulnerable**

Requires improvement

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The practice was rated as requires improvement for safe and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice held a register of patients living in vulnerable circumstances, including those with a learning disability. The practice had identified 0.2% of their population with a learning disability on a patient register to enable them to plan and deliver relevant services.
- Patients with learning disabilities were invited to attend the practice for annual health checks and were offered longer appointments, if required.
- The practice had effective working relationships with multi-disciplinary teams in the case management of vulnerable people.
- 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 and out of hours.
- Improved arrangements were in place to support patients who were carers. The practice had systems in place for identifying carers and ensuring that they were offered a health check and referred for a carer's assessment.

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

Requires improvement

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The practice was rated as requires improvement for safe and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice had identified 2.5% of their population with enduring mental health conditions on a patient register to enable them to plan and deliver relevant services.
- The practice worked closely with multi-disciplinary teams in the case management of people experiencing poor mental health including those with dementia. Care plans were in place for patients with dementia.
- Patients experiencing poor mental health were sign posted to various support groups and third sector organisations.

# Summary of findings

- The practice kept a register of patients with mental health needs which was used to ensure they received relevant checks and tests.
- They had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia. The practice carried out advance care planning for patients with dementia.

# Summary of findings

## What people who use the service say

The latest GP Patient Survey published in date July 2016 showed the majority of patients were satisfied with their overall experience of the GP surgery (at 85.5%). This was similar to the local clinical commissioning group (CCG) average (at 85.8%) and the England average (at 85.2%). There were 266 survey forms distributed for Springwell House and 106 forms returned. This was a response rate of 39.8% and equated to 5.7% of the practice population. Of those patients who responded:

- 97.7% found it easy to get through to this surgery by phone compared to a CCG average of 78.5% and a national average of 72.9%.
- 96% found the receptionists at this surgery helpful (CCG average 89.6%, national average 86.8%).
- 90.4% were able to get an appointment to see or speak to someone the last time they tried (CCG average 76.6%, national average 75.7%).
- 98.1% said the last appointment they got was convenient (CCG average 93.8%, national average 91.8%).
- 91.2% described their experience of making an appointment as good (CCG average 75.2%, national average 73.3%).
- 72.5% thought they don't normally have to wait too long to be seen (CCG average 61.8%, national average 57.7%).
- 76.8% would recommend the practice to someone new to the area (CCG average 78.4%, national average 79.5%).

As part of our inspection we asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received 22 CQC comment cards. All cards included comments which were positive about the standard of care received. In particular they commented positively on staff, the ease of getting an appointment and their satisfaction with the treatment received. The following words were used to describe staff; lovely, friendly, excellent, and efficient.

We also spoke with four patients. Three were satisfied with the service they had received from the practice. One was not as satisfied and had historical concerns about the practice and preferred not to see one of the GPs in the practice. We made contact with one patient who the practice told us was a member of the patient participation group (PPG). They told us although the practice had asked them to be a member of the group; they declined the opportunity as they felt they had little to add as they were satisfied with the service provided.

General satisfaction levels were also reflected in the national friends and family test (FFT) results. (The FFT is a tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience that can be used to improve services. It is a continuous feedback loop between patients and practices). For the period August 2016 to October 2016, 13 patients had completed forms. Of these:

- 53.8% said they were extremely likely to recommend the services to family and friends;
- 38.5% said they were likely to recommend the services to family and friends;
- 7.7% said they were neither likely nor unlikely to the service recommend to family and friends.

## Areas for improvement

**Action the service SHOULD take to improve**

- Strengthen their governance systems to ensure they are supported to proactively manage and continually improve the quality of the service provided.
- Strengthen their approach to identifying, analysing and learning from complaints, significant events and patient safety alerts to ensure the practice uses these as an opportunity to learn and improve.

# Springwell House

**Detailed findings**

## Our inspection team

**Our inspection team was led by:**

A CQC Lead Inspector. The team included a GP specialist advisor.

## Background to Springwell House

The Care Quality Commission has registered Springwell House to provide primary care services.

The practice is located in Sunderland on the A690, Durham Road; which is a main road leading to Sunderland city centre. They provide services to around 1850 patients from the following address, which we visited during this inspection:

Springwell House, Durham Road, North Moor, Sunderland, Tyne and Wear, SR3 1RN.

Springwell House is a small sized practice providing care and treatment to patients of all ages, based on a Personal Medical Services (PMS) contract agreement for general practice. The practice is part of the NHS Sunderland clinical commissioning group (CCG).

The practice has one lead GP who owns the practice. There is also a locum GP, a practice nurse, a healthcare assistant, a practice manager, three administrative support staff and two domestic staff. Both GPs are male.

The practice is a single story building with fully accessible treatment and consultation rooms for patients with mobility needs. There is a ramp leading up to the front of the building for patients in wheelchairs and those who have difficulty using stairs. There is a disabled WC. There is nearby parking on the street.

Surgery opening times are Monday 7:30am to 6pm, Tuesday to Friday 8:30am to 6pm. The local CCG has commissioned the out of hours provider to provide services to the practice patient list between 6pm to 6:30pm.

Appointments are available between the following times:

Monday 7:30-10:30am and 2pm-3:30pm

Tuesday 10am - 12:30pm and 4pm-6pm

Wednesday 8:30-11am and 4pm-6pm

Thursday 9:30am – 11:30am, 12pm-1pm and 4:30pm-6pm

Friday 9:30am – 12:30pm and 4pm-6pm

The service for patients requiring urgent medical attention out of hours is provided by the NHS 111 service and Vocare, known locally as Northern Doctors Urgent Care Limited (NDUC).

Information taken from Public Health England placed the area in which the practice was located in the third most deprived decile. In general, people living in more deprived areas tend to have greater need for health services. The average male life expectancy is 76 years, which is three years lower than the England average and the average female life expectancy is 82 years, which is one year lower than the England average.

The percentage of patients reporting with a long-standing health condition is higher than the national average (practice population is 59.7% compared to a national average of 54.0%).

# Detailed findings

## Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme. A previous inspection took place on 16 April 2015, after which we rated the practice as requires improvement overall and inadequate in the question 'Is the practice safe?' Another inspection took place in February 2016 after which we continued to rate the practice as requiring improvement overall. We rated the practice as inadequate for providing safe services; requires improvement for providing well-led services; and, good for providing effective, responsive and caring services.

The purpose of this most recent inspection was to check that improvements had been made.

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 registered 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 that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 15 November 2016. During our visit we:

- Spoke with a range of staff (the GP, the practice manager, the healthcare assistant and three admin and reception staff) and spoke with patients who used the service.
- Observed how people were being cared for and talked with carers and/or family members
- Reviewed the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

We also looked at how well services are provided for specific groups of people and what good care looks 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.

Requires improvement

# Are services safe?

## Our findings

### Safe track record

There was a system in place for reporting and recording significant events. However, the practice had not made good use of this recently to support learning and improvement.

- Staff told us they would inform the practice manager of any incidents and there were paper copies of the recording form available. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- However, the practice manager and GP confirmed they were not aware of any reported significant events within the six months since the last CQC inspection. The practice was unable to verify this because they had lost access to some key management information, when a member of staff left the practice. We discussed with the practice if there was any learning they could identify to reduce the risk of this happening again. Prior to the inspection, the practice had not considered these circumstances through the significant events process to reduce the risk of this happening again. Following the inspection, the practice sent us an initial significant events form, detailing their intention to take this through their significant events process.

When there were unintended or unexpected safety incidents, the GP told us 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. However, because the practice had not recorded any incidents of this type we were unable to verify this.

We discussed the process for dealing with safety alerts with the practice manager and the GP. Safety alerts inform the practice of problems with equipment or medicines or give guidance on clinical practice. The practice manager told us they disseminated alerts to the clinicians. The clinicians then reviewed the alerts and decided what action should be taken to ensure continuing patient safety, and mitigate risks. Although there was evidence of what action the practice took in relation to some safety incidents, for others it was not clear. There was no audit trail maintained to confirm clinical staff had read safety alerts relevant to their clinical duties.

### Overview of safety systems and processes.

When we inspected the practice in February 2016 we identified some concerns in relation to safety systems and processes. For example, the arrangements in place to ensure the safe management were not effective. The practice was not ensuring temperature sensitive medicines were stored at appropriate temperatures. Also, although all relevant patient group directives were available, three of these were out of date. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.)

During the inspection in November 2016 we found the practice had addressed these areas of concern. Staff now maintained appropriate and sufficient records to provide assurance of effective cold chain procedures for temperature sensitive medicines. There were no gaps in recording. However, during our review of evidence we found there was a slight error in recording, in that staff had missed out the decimal point when recording the temperature of the refrigerator. This initially appeared as though medicines were stored at a higher than recommended temperature. We checked this with staff who confirmed this was a recording error. We verified this by checking the current reading from the thermometer, and the minimum and maximum temperatures against those recorded on the day. We pointed this out to staff and management, who confirmed they would record this accurately going forward, but we could not verify this on the day of the inspection. There were now arrangements in place to calibrate the fridge and obtain a secondary check of the temperature within the medicines refrigerator. All PGDs we reviewed were in date.

We also found in the February 2016 inspection the arrangements for cleanliness and infection control were not effective. For example, there was :

- No recent infection control audit;
- Not all staff had undertaken relevant infection control training;
- There was an incomplete record of immunisation status maintained for staff;

Requires improvement

# Are services safe?

- The practice did not use a zoned approach for cleaning equipment. This meant cleaning equipment was used across clinical and non-clinical areas;
- There was no separate sink available for the purposes of cleaning. Staff used clinical sinks or patient/ staff toilet sinks for this purpose;
- A number of the infection control policies did not contain a date for staff to review them. The practice did not demonstrate they were aware of these issues.
- There was no action plan in place to demonstrate how the practice would improve their infection control procedures.

During the inspection in November 2016 we found the practice had addressed these areas of concern. The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. We found evidence since the last inspection:

- Regular checks were now made of the cleanliness of the practice. The practice had carried out an infection control audit on 3 November 2016 to assess the risk, detect and prevent the spread of infections.
- Staff had received appropriate training. The practice nurse was the infection control lead. They had attended infection control training accredited by the Royal College of Nurses. This had enabled them to provide leadership, appropriate procedural guidance and advice to staff within the practice in relation to infection control, and to assess the risk, detection and prevention of the spread of infections. We saw evidence other staff had received appropriate training in infection control relevant to their role.
- We found the practice now maintained a full record of staff immunisation status to protect their welfare; and reduce the risk of the spread of contagious diseases; and, ensure all staff were appropriately immunised in line with their roles and responsibilities.
- The practice had purchased additional new equipment for cleaning of the practice and there was now sufficient separation of cleaning equipment between different areas, to reduce the risk of spreading contaminants within the practice. The practice had created a utility area to store cleaning equipment, and there was now a sink provided for the purposes of cleaning within the practice.
- The infection control policies we reviewed were comprehensive and the practice had reviewed them within the last twelve months.
- The practice had put in place an action plan to address the areas of concern identified at the last CQC inspection.
- The practice had also replaced the flooring in the treatment and nurse consultation rooms to ensure this had coved edges to make it easier for domestic staff to clean.

During the November 2016 inspection we also found:

- 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 member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to childrens' safeguarding level three and practice nurses level two. The GP confirmed the practice had made no referrals for safeguarding within the last six months.
- 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 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. Prescription pads were securely stored and there were systems in place to monitor their use.

Requires improvement

# Are services safe?

- There were 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.
- Appropriate recruitment checks had been undertaken prior to employment. We reviewed four personnel files and found documentary evidence of proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate DBS checks.

## Monitoring risks to patients

Risks to patients were assessed and well managed.

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

## Arrangements to deal with emergencies and major incidents

During the inspection in February 2016 we found the practice had purchased both an oxygen cylinder and a defibrillator. However, there were no arrangements in place to check these on a regular basis to ensure they were functioning and ready to use in an emergency. We also found there were no paediatric airways available in the emergency box.

During the November 2016 inspection we confirmed the practice now checked the oxygen supply in the practice to make sure it was within an acceptable range on a regular basis and regular checks were made to ensure the defibrillator in the practice was charged and operational. Paediatric airways were now available.

During the inspection in February 2016, we found the practice did not maintain a supply of the recommended range of emergency medicines and had not carried out a risk assessment to determine why those they did not have on site were not required. The practice had now addressed this concern, and maintained a supply of the recommended emergency medicines.

We also found:

- 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.

Good

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line 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

Nationally reported data taken from the Quality Outcomes Framework (QOF) for 2015/16 showed the practice had achieved 98.9% of the points available to them for providing recommended treatments for the most commonly found clinical conditions. This was higher than the clinical commissioning group (CCG) average of 95.8 and the national average of 95.3%. The practice had 4.2% clinical exception reporting. (The QOF scheme includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect.)

We did not identify this practice as being an outlier for any QOF (or other National) clinical targets.

Data from 2015/16 showed;

- Performance for diabetes related indicators was better than the CCG and national averages. The practice achieved 100% of the points available. This compared to an average performance of 92.8% across the CCG and 89.9% national average. For example, the percent of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 92.9%, compared to a CCG average of 87.3% and a national average of 88.5%. The percentage of patients on the diabetes register who had an influenza immunisation was 96%, compared to a CCG average of 87.3% and a national average of 95%.
- Performance for asthma related indicators was better than the CCG and national averages. The practice achieved 100% of the points available. This compared to an average performance of 96.1% across the CCG and 97.4% national average.
- The percentage of patients with hypertension in whom the last blood pressure reading in the preceding 12 months was 150/90mmHg or less was 84%, compared to 82.2% across the CCG and 82.9% nationally.
- Performance for mental health related indicators was better than the CCG and national average. The practice achieved 100% of the points available. This compared to an average performance of 99.8% across the CCG and 92.8% national average. For example, 100% of patients with schizophrenia, bipolar affective disorder and other psychosis had a comprehensive agreed care plan documented within the preceding 12 months. This compared to a CCG average of 85.7% and a national average of 88.8%.
- The percentage of patients diagnosed with dementia whose care was reviewed in a face-to-face review within the preceding 12 months was better than the national average at 100% (compared to a CCG average of 79.9 and a national average of 83.8%).

Clinical audits demonstrated quality improvement.

- There had been two clinical audits completed in the last six months, one of which was a two cycle audit where the improvements made were implemented and monitored.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken included using audit to help improve the effectiveness of regular review of patient prescribed medicines. The practice had started an audit to review the safety of prescribing of oral contraceptives within the practice.

### Effective staffing

When we inspected the practice in April 2015 we identified staff had not undertaken infection control training. During the inspection in February 2016 we found although arrangements had been made to access this training, staff

had not yet undertaken it. At the inspection in November 2016, we found the practice had addressed this area of concern. Staff had received appropriate training in infection control relevant to their areas of responsibility.

- 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, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updates for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking 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. During the inspection, we identified clinical staff had not received formal training on the Mental Capacity Act 2005. However, shortly after the inspection the practice provided evidence relevant staff had since undertaken this training via e-learning.
- 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, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff 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.

### 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 people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people 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 three monthly basis and that care plans were routinely reviewed and updated.

### 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, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

### Health promotion and prevention

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

- 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.
- A dietician was available on the premises and smoking cessation advice was available from the practice.

The practice had a system for ensuring results were received for every sample sent as part of the cervical

Good

# Are services effective?

## (for example, treatment is effective)

screening programme. The practice's uptake for the cervical screening programme was 89.5%, which was higher than the national average of 81.4%. 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 bowel and breast cancer screening. The practice was in line with local and national averages for uptake of these screening programmes. Data from Public Health England for 2014/15 showed 55.9% of patients aged 60-69 had been screening for bowel cancer within the last 30 months. This was similar to the CCG average of 56.7% and the England average of 57.9%. Similarly, 74.8% of women aged 50-70 were screened for breast cancer in the last 36 months. This compared to a CCG average of 77.8% and an England average of 72.2%

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 90% to 100% for the 10 children eligible within the practice population and five year olds from 87.5% to 93.8% for the 16 children eligible. The average percentage across the CCG for vaccinations given to under two year olds ranged from 93.7% to 98.6% and five year olds from 81.4% to 95.1%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. The practice nurse worked to encourage uptake of screening and immunisation programmes with the patients at the practice, for example, the nurse took samples opportunistically when this was possible.

Good

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

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

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

All of the 22 patient CQC comment cards we received were generally positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

We also spoke with four patients. Three told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. One patient we spoke with was not as satisfied and had historical concerns about the practice. They preferred not to see one of the GPs in the practice. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the National GP Patient Survey (published in July 2016) showed generally patients felt they were treated with compassion, dignity and respect. The practice was mostly in line with national averages for its satisfaction scores on consultations with doctors and nurses. For example, of those patients who responded:

- 87.7% said the GP was good at listening to them compared to the CCG average of 88.7% and national average of 88.6%.
- 85.1% said the GP gave them enough time compared to the CCG average of 87.3% and national average of 86.6%.
- 95.8% said they had confidence and trust in the last GP they saw compared to the CCG average of 95.7% and national average of 95.2%.
- 82.2% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85.7% and national average of 85.4%.
- 94.7% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93.5% and national average of 90.7%.
- 96% said they found the receptionists at the practice helpful compared to the CCG average of 89.6% and national average of 86.8%.

### Care planning and involvement in decisions about care and treatment

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

Results from the National GP Patient Survey we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were broadly in line with local and national averages. For example, of those patients who responded:

- 88.5% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86.2% and national average of 86.0%.
- 81.1% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 81.8%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

### Patient and carer support to cope emotionally with care and treatment

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

Good

# Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 77 patients as carers (4.2% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

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

Good

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. The practice was part of a local initiative to work as a multi-disciplinary team to reduce the risk of patients at risk of avoidable admissions being admitted to hospital.

- The practice offered early morning appointments on a Monday morning for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- Both GPs in the practice were male. The practice had identified a female GP locum to provide sessions on an ad hoc basis. The female practice nurse was also able to see patients, within the scope of her competence.
- Patients were able to receive NHS travel vaccinations as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.

### Access to the service

The practice was open on a Monday from 7:30am to 6pm, and on a Tuesday to Friday from 8:30am to 6pm. Appointments were available between the following times:

- Monday 7:30-10:30am and 2pm-3:30pm
- Tuesday 10am - 12:30pm and 4pm-6pm
- Wednesday 8:30-11am and 4pm-6pm
- Thursday 9:30am – 11:30am, 12pm-1pm and 4:30pm-6pm
- Friday 9:30am – 12:30pm and 4pm-6pm

Extended surgery hours were offered every Monday from 7:30am. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

The results of the National GP Patient Survey (published in July 2016) with how satisfied patients were with how they could access care and treatment was higher than national and local CCG averages. For example, of those patients who responded:

- 90.4% said they were able to see or speak to someone last time they tried, compared to the CCG average of 76.6% and England average of 75.7%.
- 98.1% of patients found the appointment was very or fairly convenient, compared to an average of 93.8% in the local CCG area and 91.8% across England.
- 90.2% of patients were satisfied with opening hours, compared to a CCG average of 82.7% and England average of 79.5%.
- 97.7% found it easy to get through to this surgery by phone compared to a CCG average of 78.5% and a national average of 72.9%.
- 91.2% described their experience of making an appointment as good compared to a CCG average 75.2% and a national average of 73.3%.
- 72.5% said they felt they normally do not have to wait too long to be seen compared to a CCG average 61.8% and a national average of 57.7%.

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

The practice had a system in place to assess:

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

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

The practice had a 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.

Good

# Are services responsive to people's needs?

## (for example, to feedback?)

- We saw that information was available to help patients understand the complaints system. This included a patient leaflet available in the practice waiting area and also details published on the practice website.

The practice had received one complaint since the last inspection. This was a verbal complaint received the week before the inspection. The practice had responded to the complaint immediately by speaking with the complainant.

The practice had noted the complainant did not wish to take the complaint any further. The practice had not recorded the complaint prior to the inspection. However, during the inspection day, they handed us a written summary of the complaint. They noted the intention to discuss this complaint at the next staff meeting to see if there was anything the practice could learn from the concerns shared.

# Are services well-led?

Requires improvement

(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 vision to deliver high quality care and promote good outcomes for patients.

- The practice had a strategy and supporting business plans which reflected the vision and values. Managers had developed a five year business development plan, which detailed where the practice was currently and how it could develop in the future.

### Governance arrangements

During the February 2016 inspection, we found there were some areas where the practice had demonstrated improvement, but progress had not been sufficient. This included the arrangements in place for infection control, to deal with emergencies and major incidents and for the safe management of medicines including temperature sensitive medicines.

In the November 2016 inspection, we found the practice had made a number of improvements based on the concerns identified in the previous inspection. Arrangements around infection control, arrangements to deal with emergencies and major incidents and for the safe management of medicines including temperature sensitive medicines had all improved and now met fundamental standards of safety.

We found the arrangements for governance and performance management did not always operate effectively. The approach to service delivery and improvement was reactive and focused on short term issues. Although the practice responded well when improvements needed were highlighted to them, we found the practice needed to strengthen their governance systems to ensure they were supported to proactively manage and continually improve the quality of the service provided. For example, the practice had not properly identified a significant event associated with being unable to access their management systems. The practice was unable to confirm accurately there were no significant events or complaints received in the period March to September 2016. There were no governance arrangements in place to ensure clinicians had read safety alerts and clearly track actions arising from them.

We also found:

- 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 which was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing most risks, issues and implementing mitigating actions.

### Leadership, openness and transparency

The practice management team told us they prioritised safe, high quality and compassionate care. Staff told us managers were approachable and always took the time to listen to all members of staff.

The provider was aware of what they needed to do to demonstrate compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). There were processes in place to support a culture of openness and honesty, and there was an assumption that when things went wrong with care and treatment:

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

However, the practice was unable to give us examples to demonstrate this over the last six months. The practice had received only one complaint, which they were still progressing through their complaints process. The practice had not recorded any significant events, however, we identified at least one incident during the inspection which should have been reported and investigated.

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 managers in the practice. All staff

# Are services well-led?

Requires improvement

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

were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

- At inspection in February 2016 we found, although the results of the last CQC inspection were published on the practice website, they were not displayed prominently in the practice premises. We found the practice had addressed this concern.

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

We found there was a limited approach to acting upon the views of people who used service. The practice did encourage feedback from patients, the public and staff. For example, through patient surveys and the national friends and family test (FFT). However, they did not use the information they collected to help them improve the quality of service offered.

- We found there were very few example of how the practice had improved the practice as a response to feedback. We spoke with the management team about this. They gave us the example of changing appointment times as a result of feedback. However, the evidence provided showed improvements were made as a result of a capacity and demand audit not as a result of patient feedback.
- The practice told us the patient participation group (PPG) was very small and consisted of three members. We spoke with one of these who told us the practice had asked them to be a member of a group previously. However, they told us they were not a member and had not attended any meetings. They said they felt they had nothing to add as they were happy with the service.
- The practice had gathered feedback from staff through staff meetings, appraisals and general discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. They told us about improvements made, such as implementing a book to monitor prescriptions for controlled drugs. Staff told us they felt involved and engaged to improve how the practice was run.

### Continuous improvement

The practice worked hard to maintain their level of Quality and Outcomes Framework (QOF) and performance against national screening programmes. They had showed continuous improvement in the way they addressed the concerns raised at the previous CQC inspections in April 2015 and February 2016.