Springfield Surgery

Quality Report

Springfield Way, Brackley, Northamptonshire.
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Date of inspection visit: 30 September 2015
Date of publication: 24/12/2015

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 an announced inspection of Springfield Surgery on 30 September 2015. This was a comprehensive inspection under Section 60 of the Health and Social Care Act (2008) as part of our regulatory functions. The practice achieved an overall rating of requires improvement. Specifically, we found the practice to require improvement for providing safe and well-led services. We found it to be good for providing effective, caring and responsive services. Consequently, it requires improvement for providing services for older people; people with long-term conditions; families, children and young people; working age people; people whose circumstances may make them vulnerable and people experiencing poor mental health.

Our key findings were as follows:

- Systems were in place to identify and respond to concerns about the safeguarding of adults and children.
- We saw patients receiving respectful treatment from staff. Patients felt they were seen by friendly and helpful staff. Patients reported feeling satisfied with the care and treatment they received.
- The practice offered a number of services designed to promote patients' health and wellbeing and prevent the onset of illness.
- The practice acted upon best practice guidance to further improve patient care.
- The management and meeting structure ensured that appropriate clinical decisions were reached and action was taken.
- Systems to ensure the appropriate management of medicines were lacking or not fully implemented.
- Some systems designed to assess the risk of and to prevent, detect and control the spread of infection were lacking or not fully implemented.

Summary of findings

- Some systems designed to assess, monitor, mitigate risks to and improve the quality and safety of services for patients were lacking.

There were areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Ensure an appropriate system is in place for the safe use and management of medicines and prescriptions, including the dispensing of controlled drugs.
- Ensure that systems designed to assess the risk of and to prevent, detect and control the spread of infection are fully implemented.
- Ensure that the processes for recording action and learning points and reviewing the effectiveness of any action taken in relation to reported incidents and events are sufficient. Ensure staff are made aware of the decisions made and any changes in practice required.
- Ensure a plan of action to control and resolve risks identified by health and safety related risk assessments is completed.

In addition the provider should:

- Ensure that the staff yet to complete safeguarding, equality and diversity and other essential training do so.
- Ensure there is a programme of repeated (full cycle) clinical audit.

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 requires improvement for providing safe services. There were incident and significant event reporting procedures in place. However, the structure of management communications around incidents and events did not ensure that staff were informed about risks, decision making and learning points. Identified risks were not always acted upon to reduce or resolve them. Systems to ensure that medicines were checked, stored securely and managed appropriately were lacking. Some medicines in doctors' bags were beyond their expiry dates. In most areas the practice appeared clean. There was some high level dust in clinical areas. Systems to protect people from the risks of infection were not always adhered to. Systems were in place to identify and respond to concerns about the safeguarding of adults and children. The medical equipment at the practice was fit for purpose and received regular checks for accuracy. Arrangements were in place for the practice to respond to foreseeable emergencies. Systems to ensure that all the applicable staff employed at the practice received the relevant criminal records checks were adhered to.

Are services effective?

Good

The practice is rated as good for effective services. The practice reviewed, discussed and acted upon best practice guidance to improve the patient experience. There was a limited programme of clinical audit at the practice to further improve patient care and the practice was working on developing this further. The practice provided a number of services designed to promote patients' health and wellbeing. The practice took a collaborative approach to working with other health providers and there was multi-disciplinary working. Clinical staff were aware of the process to obtain patient consent and were informed and knowledgeable on the requirements of the Mental Capacity Act (2005). A system to ensure all staff received an appraisal of their skills, abilities and development requirements was in place. The practice was proactive in ensuring staff learning needs were met.

Are services caring?

Good

The practice is rated as good for caring services. On the day of our inspection we saw staff interacting with patients in reception and outside consulting rooms in a respectful and friendly manner. There were a number of arrangements in place to promote patients' involvement in their care. Accessible information was provided to

Summary of findings

help patients understand the care available to them. Patients told us they felt listened to and included in decisions about their care. They said they were treated with dignity and respect and were positive about staff behaviours.

Are services responsive to people's needs?

Good

The practice is rated as good for responsive services. There were services targeted at those most at risk such as older people and those with long term conditions. The premises and services were adapted to meet the needs of people with disabilities, mobility issues and other impairments. At the time of our inspection, appointments, including those required in an emergency were available. The practice used a number of methods to ensure patients had access to resources and information. Methods were available for patients to leave feedback about their experiences. The practice demonstrated it responded to patients' comments and complaints and where possible, took action to improve the patient experience.

Are services well-led?

Requires improvement

The practice is rated as requires improvement for being well-led. The management and meeting structure ensured that clinical decisions were reached and action was taken. However, processes for ensuring that identified risks from incidents, events and assessments were managed and acted upon were lacking. There was a mixed response from staff on their understanding of learning and action points in relation to reported incidents. There were named members of staff in lead roles and they demonstrated a good understanding of their responsibilities. The practice sought feedback from patients. Staff felt engaged and involved in practice life and felt their views and opinions were considered. Staff were supported by a system of policies and procedures that governed activity. However, the governance arrangements at the practice were not fully embedded and the practice was not yet safe.

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 because some of the processes and procedures at the practice were not safe or well-led. However, the practice offered personalised care to meet their needs. Older patients had access to a named GP, a multi-disciplinary team approach to their care and targeted immunisations such as the flu vaccine. A range of enhanced services were provided such as those for patients with dementia and end of life care. The practice was responsive to their individual needs and offered home visits when needed.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for the care of people with long-term conditions because some of the processes and procedures at the practice were not safe or well-led. However, the practice provided patients with long-term conditions with an annual review to check their health and medication needs were being met. Patients with multiple long-term conditions had all their reviews together. All newly diagnosed patients with diabetes were referred appropriately. They had access to a named GP and targeted immunisations such as the flu vaccine. There were nurse leads for a range of long-term conditions.

Families, children and young people

Requires improvement

The practice is rated as requires improvement for the care of families, children and young people because some of the processes and procedures at the practice were not safe or well-led. However, systems were in place for identifying and protecting patients at risk of abuse. There were six week post-natal checks for mothers and their children. Programmes of cervical screening for women over the age of 25 and childhood immunisations were available to respond to the needs of these patients. Appointments were available outside of school hours. A range of contraceptive and family planning services were available. The premises was suitable for children and babies and a children's play area was provided in the waiting room.

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) because some of the processes and procedures at the practice were not safe or well-led. However, the practice offered online services such as appointment booking and repeat prescriptions. There was

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additional out of working hours access to meet the needs of working age patients. There were extended opening hours every Tuesday from 7.30am to 7.30pm. The practice was open every Saturday from 8.30am to 11.30am for pre-bookable GP appointments. Routine health checks were available for patients between 40 and 74 years old. The practice encouraged feedback and participation from patients of working age through the virtual patient participation group (an online community of patients who work with the practice to discuss and develop the services provided).

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 because some of the processes and procedures at the practice were not safe or well-led. However, patients with a learning disability received an annual health review. There was a GP lead for patients with learning disabilities. The practice worked with multi-disciplinary teams in the case management of vulnerable people. The practice maintained a register of patients who were identified as carers and additional information was available for those patients. Staff knew how to recognise signs of abuse in vulnerable people and were aware of their responsibilities in raising safeguarding concerns. The practice tackled inequity by identifying and addressing the specific needs of patients and enabling their full access to services.

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) because some of the processes and procedures at the practice were not safe or well-led. However, the practice worked with multi-disciplinary teams in the case management of patients experiencing poor mental health including those with dementia. Patients experiencing dementia also received a care plan specific to their needs and an annual health check. A mental health well-being worker was available at the practice once each week and patients could be referred to them by the GPs.

Summary of findings

What people who use the service say

During our inspection, we spoke with six patients, reviewed 10 comment cards left by them and spoke with two representatives of the patient participation group (PPG). The PPG is a group of patients who work with the practice to discuss and develop the services provided.

Patients told us that the care and treatment they received at the practice was very good. The results of the practice's own patient survey completed in October 2013 showed that of the 292 respondents, 91.8% were satisfied or very satisfied with the clinical care provided by the GPs. Patients said they felt staff were friendly, helpful and caring and that their privacy and dignity was respected. They told us they felt listened to by the GPs and involved in their own care and treatment.

The results of the national GP survey for 2015 showed that 93.8% of the 107 respondents felt the GPs at the practice displayed care and concern towards them. The national average was 85.1%.

The friends and family test results from July and August 2015 showed that all six of the respondents were likely or extremely likely to recommend the practice to friends and family if they needed similar care or treatment.

Patients told us that appointments were always available and access to the practice was good. Results from the national GP patient survey in 2015 showed that of the 107 respondents, 83.9% felt their experience of making an appointment was good. This was above average when compared to the rest of England (73.8%). The results of the practice's own patient survey completed in October 2013 showed that 85.6% of the 292 respondents were satisfied or very satisfied with the appointments booking system.

Areas for improvement

Action the service MUST take to improve

Ensure an appropriate system is in place for the safe use and management of medicines and prescriptions, including the dispensing of controlled drugs.

Ensure that systems designed to assess the risk of and to prevent, detect and control the spread of infection are fully implemented.

Ensure that the processes for recording action and learning points and reviewing the effectiveness of any action taken in relation to reported incidents and events are sufficient. Ensure staff are made aware of the decisions made and any changes in practice required.

Ensure a plan of action to control and resolve risks identified by health and safety related risk assessments is completed.

Action the service SHOULD take to improve

Ensure that the staff yet to complete safeguarding, equality and diversity and other essential training do so.

Ensure there is a programme of repeated (full cycle) clinical audit.

Springfield Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a second CQC inspector, a CQC observer and a GP and a practice nurse acting as specialist advisers.

Background to Springfield Surgery

Springfield Surgery provides a range of primary medical services from its premises at Springfield Way, Brackley, Northamptonshire, NN13 6JJ.

It is a training, teaching and dispensing practice. The practice serves a population of approximately 9,370. The area served is less deprived compared to England as a whole. The practice population is predominantly white British. The practice serves a significantly above average population of those aged from 40 to 54 and 65 to 69. There is a considerably lower than average population of those aged between 20 and 39.

The clinical team includes two male and two female GP partners, two salaried GPs, two trainee GPs, two practice nurses, a healthcare assistant and a phlebotomist (specialised clinical support workers who collect blood from patients for examination). The team is supported by a dispensary manager, four dispensary assistants, a practice manager, a deputy manager and 11 other administration, reception and secretarial staff.

Why we carried out this inspection

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

We carried out a comprehensive inspection of this practice 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 is meeting the legal requirements and regulations associated with the Health and Social Care Act (2008). Also, to look at the overall quality of the service and to provide a rating for the practice 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 data, this relates to the most recent information available to the CQC at that time.

How we carried out this inspection

Before our inspection, we reviewed a range of information we held about the practice and asked other organisations to share what they knew about the practice. We carried out an announced inspection on 30 September 2015. During our inspection we spoke with a range of staff including three GP partners, one salaried GP, one trainee GP, one nurse, one healthcare assistant, one phlebotomist (specialised clinical support workers who collect blood from patients for examination), three dispensary staff, the practice manager and members of the reception and administration teams. We spoke with six patients and two representatives of the patient participation group (the PPG is a group of patients who work with the practice to discuss

Detailed findings

and develop the services provided). We observed how staff interacted with patients. We reviewed the practice's own patient survey and 10 CQC comment cards left for us by patients to share their views and experiences of the practice with us.

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)

Requires improvement

Are services safe?

Our findings

Safe track record

The clinical staff we spoke with demonstrated an understanding of their roles in reporting incidents and significant events and were clear on the reporting process used at the practice. The non-clinical staff we spoke with demonstrated a limited understanding of the process. However, they knew who to approach for advice if necessary. The senior staff understood their roles in discussing and analysing reported incidents and events.

Staff told us the weekly clinical meeting was used for senior staff to review and take action on all reported incidents and events. We saw that the minutes of these meetings were brief and lacked sufficient detail. There was a mixed response from the staff we spoke with who attended the meetings when asked to recount the details of recent incidents and events discussed. There was also a mixed response from staff directly involved in specific incidents and events as to how they were kept informed about related discussions, learning and action points. When asked to locate any records of any discussions and decisions made in the meetings, most staff were unable to do so. Staff told us that the shared drive was cumbersome and lacking in structure. This made it difficult to locate any relevant information such as completed incident forms, saved communications or presentations on incidents and events. There was a risk staff were not made aware of all the decisions made and changes in practice required as a result of discussions around reported incidents and events.

Learning and improvement from safety incidents

The system in place for reporting, recording and taking action on significant events was lacking. Significant event analysis is used by practices to reflect on individual cases and where necessary, make changes to improve the quality and safety of care. We saw that through keeping each significant event report, the practice maintained a log of all incidents and events which included a record of the learning points. We looked at examples of how the procedure was used to report incidents and significant events relating to clinical practice and other issues. From our conversations with staff we found that serious incidents and events were discussed at weekly clinical meetings which included discussion on any action necessary to reduce the risk of recurrence. We saw that the minutes of these meetings were brief and lacked sufficient detail. Also, most staff were unable to locate any records kept around incidents and events such as completed reporting forms or saved communications. Those staff that could found it difficult and time consuming.

There was a lack of consistency amongst the staff we spoke with about the details of recent incidents and events. This included their learning from them and any action points. Senior staff told us that the process for reviewing the effectiveness of any action taken in response to reported incidents and events was informal.

Safety alerts were reviewed by and distributed to the relevant staff by the practice manager. The staff we spoke with displayed an awareness of how safety alerts were communicated and told us they were receiving those relevant to their roles. They were able to give examples of recent alerts relevant to the care they were responsible for.

Reliable safety systems and processes including safeguarding

There were systems in place for staff to identify and respond to potential concerns around the safeguarding of vulnerable adults and children using the practice. We saw the practice had safeguarding policies and protocols in place and one of the GP partners was the nominated lead for safeguarding issues. The staff we spoke with demonstrated a clear knowledge and understanding of their own responsibilities, the role of the lead and the safeguarding processes in place. From our conversations with them and our review of training documentation, we saw that all but two of the staff had completed safeguarding and child protection training at the level specific to their roles.

We spoke with staff about the details of some recent safeguarding concerns raised at the practice. We found the practice response adhered to its own policies and protocols. All the relevant agencies were informed and involved. Identifying symbols were used on the patients' notes to inform staff they were considered to be at risk. All safeguarding issues were discussed at the weekly primary health care team meeting involving a multi-disciplinary team including external healthcare professionals.

From our conversations with staff and our review of training documentation we found that non-clinical staff at the practice were trained to be a chaperone (a chaperone is a person who acts as a safeguard and witness for a patient

and health care professional during a medical examination or procedure). Reception and administration staff would act as a chaperone if nursing staff were not available. The staff in those teams we spoke with understood their responsibilities when acting as chaperones and a practice policy was in place to guide them in that role. We saw that all nursing staff had received a criminal records check. For the GPs the practice completed its own checks or used their professional registration and revalidation process and NHS England's checks before adding them to the performers' list. As part of this process, the relevant bodies check the fitness to practise of each individual.

Non-clinical staff had not received criminal records checks. We saw that the practice had a criminal records check risk assessment process in place as part of its recruitment policy. This stated that non-clinical staff did not require a check. The justification was that during any chaperone duties, non-clinical staff were not left alone with patients. Also, non-clinical staff were rarely used for chaperone duties. From our conversations with staff, we found this policy was strictly adhered to.

Medicines management

We checked medicines stored in the treatment rooms, dispensary and medicine refrigerators. Those medicines in the refrigerators were stored securely and were only accessible to authorised staff. However, some other medicines were not secured. In one nurse treatment room, there was a box of various medicines stored on a shelf. The room was not locked when vacant. There was a policy for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a potential failure. Records showed fridge temperature checks were carried out which ensured medication was stored at the appropriate temperature.

Although processes were in place to check medicines were within their expiry dates and suitable for use, we found expired medicines in two doctors' bags. The practice staff took steps to dispose of these medicines during our inspection. All other medicines we checked, including those in the refrigerators were within their expiry dates.

All prescriptions were reviewed and signed by a GP before they were given to the patient. There was a process in place to ensure blank forms used for hand written and computer generated prescriptions were tracked. However, throughout the practice the blank prescription forms were stored unsecured in printers during times when the rooms were vacant and unlocked and overnight. There was a risk that prescription forms could be taken and used inappropriately.

The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse). Controlled drugs were stored in a dedicated cupboard and access to them was restricted and the keys held securely. There were suitable arrangements in place for the destruction of controlled drugs.

We saw records showing all members of staff involved in the pharmacy dispensing process had received appropriate training and had regular checks of their competence. All the medicines we checked in the dispensing pharmacy were within their expiry dates and stored appropriately. We saw that processes were in place to monitor stock and record incoming and outgoing medicines. The standard operating procedures (SOPs) used by staff were regularly reviewed and up-to-date. SOPs are protocols and procedures that ensure staff adhere to good clinical governance in the dispensing of medicines.

We found the culture and processes in the practice for reporting and learning from medicines incidents and errors, including those involving controlled drugs were insufficient. We saw that there had been an error in the dispensing of a controlled drug in October 2014. This involved a patient being prescribed a lower than required dose of pain relief. This was not detected by the practice, but by the patient. The practice had investigated the issue and reviewed its procedures. Changes were made to the processes staff were to follow.

However, in May 2015 a further error in the dispensing of a controlled drug occurred. This involved a patient being prescribed and administered a higher than required dose of pain relief. There was no learning from the October 2014 incident and newly implemented processes were not adhered to. In both instances the patients' health was not affected. During our conversations with staff, many of those we spoke with were unable to clarify details of the incidents and the learning from them. Most staff had difficulty in locating information and documentation relating to the incidents. However, we found that all dispensing staff and GPs were adhering to new procedures following the May 2015 incident.

Requires improvement

Are services safe?

Cleanliness and infection control

We saw that most areas of the practice appeared clean. We saw there were cleaning schedules in place and the cleaning records we looked at demonstrated these were mostly adhered to. However, we saw high level dust on shelves in both nurse treatment rooms. Also, one piece of equipment was very dusty. Staff told us this was not used and it was removed immediately for disposal.

Hand wash facilities, including hand sanitiser were available throughout the practice. There were appropriate processes in place for the management of sharps (needles) and clinical waste.

The practice had a policy on infection control issues. From our conversations with staff and our review of documentation we found that only nursing staff had received infection control training. Training records showed the practice excluded other staff groups from infection control training. Senior staff confirmed that a risk assessment on why those staff did not require the training had not been completed.

Despite this, all the staff we spoke with were knowledgeable about infection control processes at the practice. The practice had a nominated lead for infection control issues. The lead was clear on their additional responsibilities and staff were clear on who the lead was.

A documented audit of cleanliness and infection control issues at the practice was completed in May 2015. We saw that where actions were required these were completed and recorded.

A Legionella risk assessment (Legionella is a bacteria that may cause Legionnaire's disease) completed at the practice in April 2014 identified some high risks and made specific recommendations. These included taking action on the lack of structure for the management of Legionella risk at the practice, water temperatures being outside the acceptable range and concerns about the water tanks. We found that there was no plan in place to resolve the issues raised and no action had been taken by the practice.

Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. We saw documentary evidence of the annual calibration of medical equipment to ensure the accuracy of measurements and readings taken. All of the equipment we saw during our inspection appeared fit for purpose. All portable electrical equipment was routinely tested and the relevant report was available to demonstrate this.

Staffing and recruitment

The staff we spoke with understood what they were qualified to do and this was reflected in how the practice had arranged its services. The practice had calculated minimum staffing levels and skills mix to ensure the service could operate safely. The staffing levels we saw on the day of our inspection met the practice's minimum requirement and there was evidence to demonstrate the requirement was regularly achieved.

We looked at five staff records. They contained evidence that the appropriate recruitment checks such as previous working references were undertaken prior to employment. All the checks were completed in line with the practice's own recruitment policy.

All clinical staff at the practice had received a criminal records check. For the GPs the practice completed its own checks or used their professional registration and revalidation process and NHS England's checks before adding them to the performers' list. As part of this process, the relevant bodies check the fitness to practise of each individual. All non-clinical staff had been risk assessed as not requiring a criminal records check.

Monitoring safety and responding to risk

There were policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included dealing with emergencies, medical equipment and the health and safety (including fire safety) of the environment, staff and patients.

The staff we spoke with demonstrated a good understanding of their roles and responsibilities towards health and safety, fire safety and dealing with emergencies among other things. Our review of documentation showed these issues were part of the induction process and essential training requirement for all staff.

We saw that risk assessments were available. These included those on fire safety completed by the fire authority and internally completed health and safety related assessments. We saw that action was taken on all risk recommendations made by the fire authority. However, although risks were identified in the practice's own health

Requires improvement

Are services safe?

and safety related assessments, no plans of action were in place to reduce of resolve these. These included risks relating to the premises and those specific to staff such as manual handling.

The weekly clinical meeting was used for senior staff to analyse and take action on all reported incidents and events. However, the process was lacking and there was a risk staff were not made aware of all the decisions made and changes in practice required as a result of discussions around reported incidents and events.

Arrangements to deal with emergencies and major incidents

The practice had procedures in place to respond to emergencies and reduce the risk to patients' safety from such incidents. We saw that the practice had a business continuity and recovery plan in place. This covered the emergency measures the practice would take to respond to any loss of premises, records and utilities among other things. The relevant staff we spoke with understood their roles in relation to the contingency plan.

There was documentary evidence to demonstrate all but one member of staff at the practice had completed cardiopulmonary resuscitation (CPR) training. A further training session was available in November 2015 for the staff member without training to attend. The practice provided emergency medical equipment that was easily accessible to staff. We looked at the emergency medical equipment and drugs available at the practice including oxygen and a defibrillator. All of the equipment and emergency drugs were within their expiry dates. Documented checks on the equipment were available and completed regularly.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice reviewed, discussed and acted upon best practice guidelines and information to improve the patient experience. A system was in place for National Institute for Health and Care Excellence (NICE) guidelines to be distributed and reviewed by clinical staff.

Staff demonstrated how they carried out comprehensive assessments which covered all health needs and was in line with these national and local guidelines. They explained how care was planned to meet identified needs and how patients were reviewed at required intervals to ensure their treatment remained effective. For example, patients with diabetes were having regular health checks and were being referred to other services when required.

A coding system was used to ensure the relevant patients were identified for and allocated to a chronic disease register and the system was subject to checks for accuracy. Once allocated, each patient was able to receive the appropriate management, medication and review for their condition.

The GPs told us they led in specialist areas such as clinical research, quality and patients with learning disabilities. The nurses supported this work and had their own areas of lead responsibility including patients with asthma, diabetes and chronic obstructive pulmonary disease. This allowed the practice to focus on specific conditions. Clinical staff we spoke with were open about asking for and providing colleagues with advice and support.

Management, monitoring and improving outcomes for people

The practice had a limited system in place for completing clinical audit. Clinical audit is a way of identifying if healthcare is provided in line with recommended standards, if it is effective and where improvements could be made. Examples of clinical audits included those on reducing the referrals of patients with benign skin lesions and the benefits and risks of a type of long-acting reversible contraceptive. We found the data collected from both audits had been analysed and clinically discussed and the practice approach was reviewed and modified as a result when necessary. Other clinical audits were available, but those that were repeated (full cycle) audits to demonstrate the effectiveness of any changes made were limited. The practice had identified and acknowledged that a practice programme of repeated (full cycle) clinical audit was lacking and we saw that action was being taken to rectify this. All the GPs we spoke with had recently completed clinical audits that were planned to be repeated.

The team was making use of clinical audit, clinical supervision and meetings to assess the performance of clinical staff. The staff we spoke with discussed how they reflected on the outcomes being achieved and areas where this could be improved. Staff spoke positively about the culture in the practice around audit and quality improvement.

The practice participated in recognised clinical quality and effectiveness schemes such as the national Quality and Outcomes Framework (QOF). QOF is a national data management tool generated from patients' records that provides performance information about primary medical services.

The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. This practice was not an outlier for any QOF (or other national) clinical targets, It achieved 98.7% of the total QOF target in 2014, which was above the national average of 94.2%. The performance for diabetes, hypertension and mental health related indicators was similar to the national average.

Effective staffing

From speaking with staff and our review of documentation we found that staff received an appropriate induction when joining the service. Where applicable, the professional registrations of staff at the practice were up-to-date. All the GPs had been revalidated or had a date for revalidation and as part of this process, the relevant bodies check the fitness to practise of each individual.

We saw that a system of essential training (training that each staff member is required to complete in accordance with the practice's own requirements) was in place for staff. Our review of training records showed that most staff had completed most of the training within the required timescales.

Good

Are services effective?

(for example, treatment is effective)

Practice nurses and the healthcare assistant had job descriptions outlining their roles and responsibilities and provided evidence that they were adequately trained to fulfil these duties. For example, the relevant nurses were up-to-date with cervical cytology training.

From our conversations with staff and our review of documentation we saw that all staff had received an appraisal of their performance and competencies in the past year. We looked at some examples and saw that there was an opportunity for staff to discuss any learning needs. The staff we spoke with told us the practice was proactive in organising the required training to meet those needs.

Working with colleagues and other services

The practice worked with other service providers to meet patients' needs and manage complex cases. We saw that a system was in place for such things as patient blood and radiology results and pathology reports to be received electronically. These processes allowed for patients requiring follow up to be identified and contacted. A system was in place to ensure that in any GP's absence, the results were still reviewed and processed. All the staff we spoke with understood how the system was used and we saw this was working well.

The practice held multi-disciplinary team meetings to discuss the needs of complex patients. This included those with end of life care needs. The practice had made use of the gold standards framework for end of life care. Weekly meetings were attended by the GPs, nursing staff, district and Macmillan nurses to discuss palliative care (end of life) and other high level care patients. A full review of these patients took place at quarterly meetings. We saw that the issues discussed and actions agreed for each patient were recorded.

Information sharing

The practice used several processes and electronic systems to communicate with other providers. For example, there was a system in place with the local out of hours provider to enable patient data to be shared in a secure and timely manner. An electronic system was also in place for making referrals through the Choose and Book system. The Choose and Book system enables patients to choose which hospital they will be seen in and to book their own outpatient appointments in discussion with their chosen hospital.

The practice had systems in place to provide staff with the information they needed. An electronic patient record system was used by all staff to coordinate, document and manage patients' care. All staff were fully trained on the system. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference.

Consent to care and treatment

The clinical staff we spoke with demonstrated an understanding of the Mental Capacity Act (2005) and its implications for patients at the practice. From our conversations with them we found that patients' capacity to consent was assessed in line with the Mental Capacity Act (2005). Clinical staff gave examples of how a patient's best interests were taken into account if a patient did not have capacity. Clinical staff were also aware and demonstrated a good understanding of the Gillick competency test (a process to assess whether children under 16 years old are able to consent to their medical treatment, without the need for parental permission or knowledge).

There was a practice process for documenting consent for specific interventions. The clinical staff we spoke with were clear on the process and when documented consent was required. We saw examples of documented patient consent for recent patient procedures completed at the practice.

Health promotion and prevention

We saw that all new patients at the practice were offered a health check. This included a review of their weight, blood pressure, smoking and alcohol consumption. Routine health checks were also available for all patients between 40 and 74 years old. The practice had started its participation in this programme in October 2012. In the three year period from that date, 1,814 (52%) of the 3,493 eligible patients had received the check. A further 1,021 (29.2%) had declined or failed to respond to their invitations.

We saw that the practice operated patient registers and nurse led clinics for a range of long term conditions (chronic diseases). There were nurse leads for patients with asthma, diabetes and chronic obstructive pulmonary disease (COPD) among others.

The practice maintained a register of all patients with learning disabilities. Of the 23 eligible patients on the

Good

Are services effective?

(for example, treatment is effective)

register, 17 had received a health check review in the 2014/ 2015 year. Of the 56 patients on the dementia register in the year ending 31 March 2015, 42 had received their annual reviews.

We found that the practice offered a number of services designed to promote patients' health and wellbeing and prevent the onset of illness. We saw various health related information was available for patients in the waiting area and throughout the practice.

The practice had participated in targeted vaccination programmes for older people and those with long term conditions. These included the shingles vaccine for those aged 70 to 79, and the flu vaccine for children, people with long term conditions and those over 65. The practice had 1,727 patients aged over 65. Of those, 1,265 (73.2%) had received the flu vaccine in the 2014/2015 year.

Both nurses at the practice were trained to provide and carry out cervical cytology. They had both completed their update training. A system of alerts and recalls was in place to provide cervical screening to women aged 25 years and older. At the time of our inspection there was an 83% take up rate for this programme over the past five years (1,837 of 2,212 eligible patients).

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

During our inspection we saw that staff behaviours were respectful and professional. We saw examples of reception staff being helpful and courteous to patients attending the practice. We saw the clinical staff interacting with patients in the waiting area and outside clinical and consulting rooms in a friendly and caring manner. All staff spoke quietly with patients to protect their confidentiality as much as possible in public areas. There was a privacy screen at the reception desk to assist in protecting patients' confidentiality during their conversations with the receptionists. The results of the practice's own patient survey completed in October 2013 showed that of the 292 respondents, 91.8% felt satisfied to very satisfied with their privacy at the reception desk.

We spoke with six patients on the day of our inspection, all of whom were very positive about staff behaviours and the very good clinical care they felt they received. They said they felt treated with dignity and respect by staff at all times. A total of 10 patients completed CQC comment cards to provide us with feedback on the practice. All of the responses received about staff behaviours were positive. They said staff were caring, friendly and helpful and treated them with dignity and respect.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We found that doors were closed during consultations and that conversations taking place in those rooms could not be overheard.

Care planning and involvement in decisions about care and treatment

The practice had made suitable arrangements to ensure that patients were involved in, and able to participate in decisions about their care. The six patients we spoke with said they felt listened to and had a communicative relationship with the GPs and nurses. They said their questions were answered by the clinical staff and any concerns they had were discussed. We also read comments left for us by 10 patients. Of those who commented on how involved they felt in their care and the explanations they received about their care, all of the responses were very positive.

The results of the national GP survey for 2015 showed that 95.7% of the 107 respondents felt the GPs at the practice were good at involving them in decisions about their care. The national average was 81.5%. The GPs were considered to be good at listening by 97.5% of patients who responded. This was also above the national average of 88.6%.

Patient/carer support to cope emotionally with care and treatment

The results of the national GP survey for 2015 showed that 93.8% of the 107 respondents felt the GPs at the practice displayed care and concern towards them. The national average was 85.1%. For the nurses, this figure rose to 95.5%, also above the national average of 90.4%. The feedback we received during our conversations with six patients and review of the comments left for us by 10 patients was consistent with the survey response.

All patients receiving palliative care were discussed at weekly and quarterly multi-disciplinary team meetings. We saw that the practice maintained an up-to-date record of all recent patient deaths. From speaking with staff, we found that the GPs made contact with the family of each deceased patient offering an invitation to approach the practice for support. A condolence card was also sent by the practice.

A mental health trust well-being worker was based at the practice once each week. Patients could access this service to obtain counselling and advice through referral from the GPs. A counsellor that patients could pay for privately was also based at the practice on a Tuesday as required. This included bereavement counselling. Such counselling was also available from a local charitable counselling service that patients requiring such support could be directed to.

Patients in a carer role were identified where possible. The practice maintained a register of 137 patients who identified as carers. This information was mainly sourced from patients upon registering with the practice or during their consultations with the GPs. Staff told us those patients on the register had access to home visits including vaccinations at home if required. We saw limited information aimed at carers provided on the practice's

Good

Are services caring?

website. More information was displayed in the waiting area and was available on request from the reception desk. This gave details of the local support available among other things.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's 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.

The practice provided an enhanced service in an effort to reduce the unplanned hospital admissions for vulnerable and at risk patients including those aged 75 years and older. As part of this, each relevant patient received a care plan based on their specific needs, a named GP and an annual review. At the time of our inspection, 153 patients (2.1% of the practice's patient population over 18) were receiving such care. There was also a palliative care register of 19 patients at the practice with regular multi-disciplinary meetings to discuss those patients' care and support needs.

Smoking cessation services including advice were provided at the practice by a qualified healthcare assistant. At the time of our inspection, there were 1,798 known smokers in the practice patient population. Intervention was accepted by 415 of those patients, all of whom had received advice or referral from the practice at the time of our inspection.

We saw that patients with diabetes received reviews every six months. All newly diagnosed patients with type 2 diabetes were referred for diabetic eye screening and to the DESMOND programme in adherence with National Institute for Health and Care Excellence (NICE) guidelines. DESMOND is an NHS training course that helps patients to identify their own health risks and set their own goals in the management of their condition.

There were six week post-natal checks for mothers and their children. A range of contraceptive and family planning services were available at the practice.

The practice had a patient participation group (PPG). The PPG is a group of patients who work with the practice to discuss and develop the services provided. From our conversations with PPG members and our review of some PPG meeting minutes, it was clear the group was engaged with the practice.

Tackling inequity and promoting equality

We found that most staff at the practice had completed equality and diversity training. We saw the premises and services were adapted to meet the needs of people with disabilities. The practice and all the clinical services were provided at ground level and there was step free access to the main entrance. Two wheelchairs were available at the practice for patient use. We found that the waiting area was accessible enough to accommodate patients with wheelchairs and prams and allowed for manageable access to the treatment and consultation rooms. Accessible toilet facilities were available for all patients and these included a baby changing area.

An external translation service was available to the practice. However, due to the local patient population being predominantly from a white British background this was not frequently used by patients. A hearing loop was provided in reception for those patients who may need it and staff were aware of how to book a signing interpreter. There were male and female GPs in the practice and patients could choose to see a male or female doctor. We found the practice was aware of and catered for its patients with specific needs. These included home visits for those patients who were unable to attend the practice due to the nature of their conditions and those who required specific and individual methods of communication.

Access to the service

On the day of our inspection we checked the appointments system. The next advance release routine bookable appointment to see one of the three GPs we checked was in five days. An on-the-day release appointment was available for one of the GPs the next day. Pre-bookable appointments with a trainee GP were also available the next working day. We saw that the appointments system was structured to ensure that the GPs were able to complete home visits every day. The system ensured that all urgent cases were seen on the same day and each GP was able to complete telephone consultations.

The practice was open from 8am to 6.30pm Monday to Friday with extended opening every Tuesday from 7.30am to 7.30pm. The practice was open every Saturday from 8.30am to 11.30am for GP pre-bookable appointments. The extended opening times provided some additional access to the practice for those who found attending in normal working hours difficult.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Information was available to patients about appointments on the practice website. This included how to book appointments through the website. Patients were able to make their repeat prescription requests at the practice or online through the practice's website. There were also arrangements in place to ensure patients received urgent medical assistance when the practice was closed. Information on the out of hours (OOH) service was provided to patients.

We saw there was a standard process in place for the practice to receive notifications of patient contact and care from the out of hours provider. We saw evidence that the practice reviewed the notifications and took action to contact the patients concerned and provide further care where necessary.

During our inspection, we spoke with six patients and read the comments left for us by 10 patients. Of those who commented on the appointments system and access to the practice all of the responses were positive. Patients told us that appointments were available and access to the practice was good.

Results from the national GP patient survey in 2015 showed that 84.1% of patients felt they didn't have to wait too long to be seen at the practice. This was significantly above average when compared to the rest of England (57.8%). Of the 107 respondents, 83.9% felt their experience of making an appointment was good. This was also above average when compared to the rest of England (73.8%). When asked about getting through to the practice on the phone, 87.6% of respondents found this to be an easy experience. This was considerably above average when compared to the rest of England (74.4%).

The results of the practice's own patient survey completed in October 2013 showed that of the 292 respondents, 85.6% were satisfied or very satisfied with the appointments booking system.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. During our inspection we saw there was a complaints protocol available and there was a designated responsible person who handled all complaints in the practice. This was the practice manager. However, for all clinical complaints, the relevant clinicians were involved.

We saw that information was available to help patients understand the complaints system. Information on how to complain was available in the waiting area. An overview of the practice's complaints procedure was contained within the practice leaflet available to download online. All of the staff we spoke with were aware of the process for dealing with complaints at the practice. During our inspection we spoke with six patients, none of whom had ever needed to make a complaint about the practice.

We looked at the practice's records of complaints from early 2015. We saw examples of when the complainants were contacted to discuss the issues raised. As a result, the practice had agreed actions to resolve the complaints to their satisfaction. We saw that where necessary, actions were taken and the complainants formally responded to in writing in accordance with the practice's own procedure. The action and learning points for all the complaints received by the practice were documented.

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 staff we spoke with told us of their overarching principle to deliver high quality, personalised care to patients. This formed the basis of the practice's mission statement. We found the GP partners and practice manager held a series of meetings from November 2014 to June 2015 to plan the practice's strategy for the coming years. From this, the practice had developed a five year plan from 2015 to 2020. This included nine development areas such as financial planning, workforce development, the use of technology and quality practice and training. We saw that as part of the plan the practice had identified that its meetings were poorly documented and its programme of repeated clinical audits was limited. In response, a new administrator role was being created to oversee and improve performance in these areas.

Staff told us they were involved in discussions about the practice's direction and strategy. All staff were invited to a presentation of the five year plan the week before our inspection. They said this made them feel valued and enabled them to contribute to and feedback on the content of the plan. They told us it was an opportunity to discuss relevant issues that affected them as staff and also their patients.

The monthly GP partners' meeting was used as and when required for senior staff to discuss, implement, monitor and review the strategic direction of the practice.

Governance arrangements

The practice had decision making processes in place. Staff at the practice were clear on the governance structure. They understood that the GP partners were the overall decision makers supported by the practice manager. There was a clear protocol in place for how decisions were agreed and the meeting structure supported this.

The practice had a system of policies and procedures in place to govern activity and these were available to all staff. All of the policies and procedures we looked at during our inspection were reviewed and up-to-date. However, procedures and systems in relation to infection control, medicines management and risk assessment were not yet fully embedded at the practice at the time of our inspection.

Also, the practice's arrangements for identifying, recording and managing risks, incidents and significant events were lacking. The weekly clinical meeting was used for senior staff to analyse and take action on all reported incidents and events. We saw that the minutes of these meetings were brief and lacked sufficient detail and there was a mixed response from staff on their understanding of learning and action points in relation to reported incidents. There was a risk staff were not made aware of all the decisions made and changes in practice required as a result of discussions around reported incidents and events. We saw that through keeping each significant event report, the practice maintained a log of all incidents and events. However, the practice's shared drive was poorly maintained and staff found it difficult to access the relevant information. The process for reviewing the effectiveness of any action taken in response to reported incidents and events was informal.

Leadership, openness and transparency

There was a clear leadership structure at the practice which had named members of staff in lead roles. We saw there were nominated GP leads for safeguarding, research and patients with learning disabilities among others. There were also nurse led clinics for patients with asthma, diabetes and chronic obstructive pulmonary disease and nominated nurse leads for such things as infection control. The leads showed a good understanding of their roles and responsibilities and all staff knew who the relevant leads were.

Staff told us they felt valued, well supported and knew who to go to in the practice with any concerns. All the staff we spoke with said they felt fortunate to be part of a supportive and friendly team.

From our conversations with staff and our review of documentation, we saw there was a regular schedule of meetings and protected learning at the practice for individual staff groups, multi-disciplinary teams and all staff to attend. Staff told us there was an open culture within the practice and they had the opportunity to raise and discuss issues at the meetings. They said they felt their views were respected and considered.

Practice seeks and acts on feedback from its patients, the public and staff

The practice had mechanisms in place to listen to the views of patients and those close to them. The practice had a

Are services well-led?

Requires improvement

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

patient participation group (PPG) of 10 members of which a core number met every other month. The PPG is a group of patients who work with the practice to discuss and develop the services provided. There was also an online virtual patient participation group (vPPG) incorporated into the PPG. The vPPG is an online community of patients who work with the practice to discuss and develop the services provided. We saw that through meetings or emails the group was able to feedback its views on a range of practice issues. We spoke with two members of the PPG who said the group had very good and open working relationships with practice staff. They said the PPG was treated as a valuable resource by the practice. We saw the PPG was integral in developing the practice's last patient survey.

The practice had distributed its last patient survey in October 2013 and responses were received from 292 patients. The results showed the respondents thought very highly of the clinical care provided by the doctors with 91.8% stating they were satisfied or very satisfied. For the clinical care provided by the nurses this figure rose slightly to 92.1%. In response to the survey, the PPG and vPPG worked with the practice to develop priority areas set out in their annual report for 2014/2015. This included improving communication with patients. As a result, a regular patient newsletter was developed and we saw this was available during our inspection.

We saw a comments and suggestions box was provided in the waiting area for patients to use. Any comments and suggestions made were reviewed by the practice manager and the PPG. We were told there was little use of the comments box, but that where possible action was taken on suggestions made. This included creating a ramp where a high kerb had previously made access to the practice with a pram or wheelchair difficult.

The staff we spoke with said patient feedback was discussed in their meetings so they were clear on what patients thought about their care and treatment. They said the schedule of various practice and staff team meetings also provided them with an opportunity to share their views on the practice.

Management lead through learning and improvement

Clinical staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. Non-clinical staff also said their development was supported. We saw that protected learning time was used to provide staff with the training and development they needed to carry out their roles effectively.

From our conversations with staff and our review of documentation we saw that staff received regular appraisals of their performance and competencies. The examples we looked at showed these were an opportunity for staff to discuss any learning needs and their professional development. The staff we spoke with told us the practice was proactive in organising the required training to meet those needs.

The practice's arrangements for learning and improving from reported risks, incidents and significant events were lacking. There was a mixed response from staff on their understanding of learning and action points in relation to reported incidents. Staff found it difficult to access the relevant information. There was a risk staff were not made aware of all the decisions made and changes in practice required as a result of discussions around reported incidents and events. The process for reviewing the effectiveness of any action taken in response to reported incidents and events was informal. Action was not always taken where issues were identified as a result of risk assessments completed at the practice.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** We found that the registered person had not protected people from the risks associated with the improper and unsafe use and management of medicines by means of the making of appropriate arrangements for the storing and dispensing of some medicines used for the purpose of the regulated activity. Policies, processes and checks relating to medicines management, including medicines kept in GPs' bags and the dispensing of controlled drugs were insufficient. Some medicines were not stored securely. Two medicines were beyond their expiry dates. Blank forms for hand written and computer generated prescriptions were not stored securely. We found that the registered person had not protected people against the risk of infection because some systems designed to assess the risk of and to prevent, detect and control the spread of infection were lacking, or did not meet specification. There was some high level dust in two clinical rooms. Not all staff were trained in infection control and there was no risk assessment as to why this was not necessary. No plan was in place to control and resolve the high risks identified from the Legionella risk assessment. This was in breach of Regulation 12 (2) (g) and (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services	Regulation 17 HSCA (RA) Regulations 2014 Good governance

This section is primarily information for the provider

Requirement notices

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

How the regulation was not being met:

We found that the registered person had not protected people against the risk of inappropriate or unsafe care and treatment because systems designed to assess, monitor, mitigate risks to and improve the quality and safety of services for patients were lacking.

The processes for recording action and learning points from reported incidents and events and reviewing the effectiveness of any action taken were insufficient. Some relevant staff were unaware of the action and learning points from incidents and events. There was a risk staff were not made aware of the decisions made and the changes in practice required. No plan of action was in place to control and resolve the risks identified by health and safety related risk assessments.

This was in breach of Regulation 17 (2) (a) and (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.