

# Springfield Medical Practice

## Quality Report

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

### Ratings

#### Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Springfield Medical Practice on 26 July 2016. Overall the practice is rated as requires improvement.

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

- The practice had a system for reporting and recording significant events and there were suitable protocols in place to manage safety. There was a system for dealing with safety alerts and we saw evidence that recent alerts had been actioned. Improvements were needed to ensure that responses and action taken in response to safety alerts were monitored.
- The practice followed procedures to gauge and mitigate risks to patient and staff safety.
- Staff had access to up to date evidence based guidance. Staff we spoke with during the inspection demonstrated that they had the skills, knowledge and experience to deliver care and treatment that met patients' needs.
- Patients provided positive feedback about the practice. During our inspection we saw that staff members were polite and kind to patients and took care to maintain information confidentiality.
- The practice provided patients with information about services and support groups, and this was available in a way that was easy to understand and accessible.
- We saw evidence that complaints were properly dealt with and promptly responded to. Lessons were learned from individual complaints and action was taken to as a result to improve the quality of care.
- Patient satisfaction with access to appointments was lower than local and national averages. The practice had taken action to make improvements, although patients we spoke with during our inspection told us they were not always able to get appointments when they needed them.
- The practice was equipped with modern facilities and well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. There were a range of policies which all staff were able to access. The partners encouraged a culture of openness and honesty.

# Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour, and there were systems in place for notifiable safety incidents.

The areas where the provider should make improvement are:

- Keep training records under review to ensure staff receive refresher training at appropriate intervals.
- Keep the recently implemented systems for monitoring patients prescribed disease-modifying anti-rheumatic drugs and monitoring responses to safety alerts under review to ensure they are working effectively.
- Continue to take action to improve patient access to appointments.
- Continue to take action to identify and register carers so that they may be offered appropriate support.
- Continue to review initiatives to reduce higher than average levels of exception reporting.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

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

**Requires improvement**



- The practice had a system to report and record incidents and significant events.
- The practice analysed and learned lessons from significant events. Changes were implemented to prevent incidents happening again.
- When things went wrong with care and treatment the practice took action to notify the patients involved and offer support if appropriate. Patients received a written apology within a reasonable timeframe.
- The practice had systems and processes to keep patients safe and safeguarded from abuse. The lead GP for safeguarding held quarterly safeguarding meetings with the local health visitor and midwife. All GPs were trained to child protection or child safeguarding level three.
- The practice followed procedures to gauge and mitigate risks to patient and staff safety.
- There was a system for responding to safety alerts and we saw evidence that recent alerts had been actioned. There was no formal system to monitor whether alerts had been dealt with, but the practice provided a copy of a policy created and implemented following the inspection which ensured these would be formally monitored.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



- Staff had access to up to date evidence based guidance and used this information to deliver care and treatment that met patients' needs.
- Data from the Quality and Outcomes Framework (QOF) showed that results achieved for patient outcomes were similar to CCG and national averages. Exception reporting was significantly higher than the CCG or national averages for Chronic Obstructive Pulmonary Disease (COPD), and the practice was implementing measures to help reduce this.
- We saw evidence that the practice used clinical audits to improve the quality of care.

# Summary of findings

- Staff we spoke with during the inspection demonstrated that they had the skills, knowledge and experience to deliver effective care and treatment. The practice was not fully up to date with all staff training at the time of our inspection, but had begun implementing a new system for recording training to improve this.
- All staff had received an appraisal within the last 12 months, with the exception of the practice manager. Following our inspection we were informed that the practice manager had completed an appraisal.
- Staff liaised with other health care professionals to offer continuity of care.

## Are services caring?

The practice is rated as good for providing caring services.

**Good**



- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 0.56% of the practice's patient list as carers, which is lower than average.
- During our inspection we saw that staff members were polite and kind to patients and took care to maintain information confidentiality.
- The results of the National GP Patient Survey (July 2016) indicated that patients rated the practice similarly to local and national averages for care.
- Patients we spoke with and comment cards written by patients provided a variety of feedback. This was positive about clinical staff and several commented that their treatment had been excellent.
- The practice provided patients with information about services and support groups, and this was available in a way that was easy to understand and accessible.

## Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services.

**Requires improvement**



- Results from the National GP Patient Survey (July 2016) showed that patients' satisfaction with how they could access care and treatment was lower than local and national averages. The practice had recognised this and had begun implementing measures to improve, although patients told us on the day of the inspection that they were not always able to get appointments when they needed them.

# Summary of findings

- Practice staff 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 equipped with modern facilities and was well equipped to treat patients and meet their needs.
- A complaints poster and leaflets about how to make a complaint were available in the waiting area to help patients understand the system. We saw evidence that complaints were properly dealt with and promptly responded to. Lessons were learned from individual complaints and action was taken to as a result to improve the quality of care.

## Are services well-led?

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

- The practice had a clear vision to provide healthcare which was available to the whole practice population in a variety of formats and settings as appropriate to patients' needs.
- There was a clear leadership structure and staff felt supported by management. There were a range of policies which all staff were able to access.
- The practice held team meetings with all of the practice staff on a quarterly basis. There was a monthly non-clinical staff meeting and GP partner meetings were held every two weeks.
- A governance framework was in place and this supported the delivery of good quality care, including arrangements to identify and manage risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents.
- Feedback by patients and staff was encouraged. There was an active Patient Participation Group (PPG) which gathered feedback from patients through surveys and discussions with patients. The practice used feedback to help inform decisions and identify areas where improvements could be made.
- There was a strong focus on continuous learning and improvement at all levels and the practice conducted projects in house and engaged with other services.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as requires improvement for the care of older people. The practice is rated as requires improvement for providing safe and responsive services. The issues which led to these ratings affect all the population groups, including this one. However, we did see some examples of good practice:

- The practice aimed to meet the needs of older patients by providing care that was tailored to their needs.
- The practice maintained a register of older people that required extra support and each had a care plan reflecting their needs. GPs had individual caseloads of patients with care plans and one of the administrative staff had been appointed care plan coordinator.
- Six monthly medicine reviews were available for those prescribed multiple medicines.
- Same day GP telephone responses and home visits were offered for older patients and those who had difficulty attending the practice in person due to clinical needs.

**Requires improvement**



### People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. The practice is rated as requires improvement for providing safe and responsive services. The issues which led to these ratings affect all the population groups, including this one. However, we did see some examples of good practice:

- Clinical staff had lead roles in chronic disease management and annual health checks were offered to patients with long term conditions.
- The practice held a register of patients with long term conditions and carried out six monthly medicine reviews.
- The practice was using the ECLIPSE software tool. ECLIPSE analyses patient data and identifies those at an increased risk of diabetes, prompting a review. ECLIPSE also allows monitoring of medicines and investigations.
- Patients identified as being at risk of hospital admission had care plans in place and were regularly reviewed by the practice's care plan coordinator.
- Performance for diabetes related indicators was similar to the Clinical Commissioning group (CCG) and national averages. For example, 77% of the practice's patients with diabetes had a blood glucose level within the target range in the preceding 12

**Requires improvement**



# Summary of findings

months compared with the CCG and national averages which were both 78%. 94% of patients with diabetes had a record of a foot examination in the preceding 12 months compared with the CCG average of 91% and national average of 88%. Within this performance measure however, we noted that the practice had higher than average rates of exception reporting in several areas, particularly Chronic Obstructive Pulmonary Disease (COPD) (lung diseases).

- Longer appointments and home visits were available when needed.
- The practice promoted education programmes to encourage patients to manage their health conditions. For example, the practice referred newly diagnosed diabetic patients to the local Diabetes Education and Self Management for Ongoing and Newly Diagnosed (DESMOND) service. DESMOND is an NHS training course that helps people with type two diabetes identify and manage their own health risks using manageable targets.

## Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The practice is rated as requires improvement for providing safe and responsive services. The issues which led to these ratings affect all the population groups, including this one. However, we did see some examples of good practice:

- The practice identified and monitored children who were at risk, for example by maintaining a list of children on the child protection register.
- Immunisation rates were in line with or above the local CCG average for all standard childhood immunisations.
- Data showed that the practice's uptake for the cervical screening programme over the preceding five years was 82%, which was the same as the CCG and national averages. The National Cancer Intelligence Network's data also showed that 77% of patients had attended for cervical screening within the target period of invitation, which was higher than the CCG average of 73% and the national average of 74%.
- Appointments were available at the beginning and end of the day to accommodate school aged children. The practice also coordinated baby checks with immunisation appointments to encourage uptake and reduce distress to the baby.
- The practice worked with local midwives and health visitors to monitor and enhance the care their patients were receiving.

**Requires improvement**





# Summary of findings

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

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The practice is rated as requires improvement for providing safe and responsive services. The issues which led to these ratings affect all the population groups, including this one. However, we did see some examples of good practice:

- The practice offered online booking for convenience of access. Appointments were available over the telephone as well as by advanced booking or on the same day. Staff offered working patients early morning and late evening appointments where available.
- Text message reminders were used for appointments and patient recalls.
- NHS health checks were available for those aged 40 to 74 and the practice and clinical staff promoted healthy living such as cancer screening, smoking cessation, blood pressure self-testing and weight management.
- The practice had installed a blood pressure machine in the waiting room to encourage patients to monitor their own health.
- The practice encouraged students who were patients to advance book appointments during their holidays and allowed booking outside the usual timescales to accommodate this.

Requires improvement



## People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The practice is rated as requires improvement for providing safe and responsive services. The issues which led to these ratings affect all the population groups, including this one. However, we did see some examples of good practice:

- The practice held a register of patients living in vulnerable circumstances and a separate register for those with a learning disability.
- The practice offered annual health checks and extended appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- Vulnerable People who were not already registered with the practice, such as homeless people, were given access to appointments.

Requires improvement



# Summary of findings

- Information about various support groups and organisations were signposted to assist vulnerable people in accessing support.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice had collected information about whether patients were carers on their individual records, but had not coded all carers to allow the practice's computer system to identify them. As such, the practice was not able to effectively support carers as a group. Following our inspection the practice informed us that they had begun a carers register and had written to all carers so they were aware of providing information about support services available to them.

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

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The practice is rated as requires improvement for providing safe and responsive services. The issues which led to these ratings affect all the population groups, including this one. However, we did see some examples of good practice:

- Care had been reviewed in a face to face meeting in the previous 12 months for 94% of patients diagnosed with dementia, which is significantly higher than the CCG average of 82% and the national average of 84%.
- Performance for mental health related indicators was higher than the CCG and national averages. For instance, 100% of patients with a form of psychoses had had a comprehensive, agreed care plan documented in the preceding 12 months, compared to the CCG average of 84% and the national average of 88%. In the same 12 months 97% of these patients had had their alcohol consumption recorded, again higher than the CCG and national averages which were both 90%.
- One of the practice partners was completing a diploma in mental health to better support this group of patients.
- The practice referred patients experiencing poor mental health to relevant organisations and told them how they could access support groups.
- The practice had a system in place to follow up patients who had attended A&E who may have been experiencing poor mental health.

Requires improvement



## Summary of findings

- Memory assessments were available for patients identified as being at risk of dementia.

# Summary of findings

## What people who use the service say

The National GP Patient Survey results were published on 7 July 2016. The results showed the practice was performing in line with or lower than local and national averages. 263 survey forms were distributed and 104 were returned, which represented a 40% response rate, and just over 1% of the practice's patient list.

- 55% of patients found it easy to get through to this practice by telephone compared to the Clinical Commissioning Group (CCG) average of 73% and the national average which was also 73%.
- 71% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 83% and the national average of 85%.
- 83% of patients described the overall experience of this GP practice as good compared to the CCG average of 84% and the national average of 85%.
- 71% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 75% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 18 comment cards which provided mixed

feedback. 15 cards provided wholly positive comments, and three cards gave a mix of positive and negative feedback. These reflected that patients were pleased with the clinical care they received from GPs, nurses and the healthcare assistant. Nine patients said the service they had received was excellent. Patients also commented that the premises were always clean and tidy, and five said that reception staff were friendly or helpful. Two patients commented that receptionists were rude and unhelpful and two also said that it could be difficult to make an appointment. One patient felt rushed in consultations and another had found the practice's communication poor in dealing with a particular request.

We spoke with 15 patients during the inspection. Of 15 patients we spoke with we asked 10 if they were able to get an appointment when they needed it. Three patients said that they could and seven felt that they could not. They said they found it difficult to make an appointment, particularly if they wanted to see their preferred GP as this could mean a long wait, but said they were able to get an appointment in an emergency. Patients were satisfied with standards of cleanliness in the practice and felt that clinical staff treated them with respect and explained tests and treatments to them.

## Areas for improvement

### Action the service **SHOULD** take to improve

- Keep training records under review to ensure staff receive refresher training at appropriate intervals.
- Keep the recently implemented systems for monitoring patients prescribed disease-modifying anti-rheumatic drugs and monitoring responses to safety alerts under review to ensure they are working effectively.
- Continue to take action to improve patient access to appointments.
- Continue to take action to identify and register carers so that they may be offered appropriate support.
- Continue to review initiatives to reduce higher than average levels of exception reporting.

# Springfield Medical Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

A CQC Lead Inspector. The team included a GP specialist adviser, a practice nurse specialist adviser, a practice manager specialist adviser and an expert by experience (a person who has experience of using this particular type of service, or caring for somebody who has).

## Background to Springfield Medical Practice

Springfield Medical Practice serves the Keresley area on the north west side of Coventry. It operates under a General Medical Services (GMS) contract with NHS England. A GMS contract is one type of contract between general practices and NHS England for delivering primary care services to local communities. The practice was first established in the 1930s and is currently based within the Keresley Green Medical Centre constructed in 2006, where it shares modern purpose built facilities with another practice. The building has accessible facilities for patients with disabilities. Springfield Medical Practice has a patient list size of 7,170 including a small number of patients who live in three local care homes. Springfield Medical Practice is a training practice which has qualified junior doctors working under the supervision of the GPs.

The patient population demographics attending Springfield Medical Practice are broadly in line with national averages, with a below average number aged 20 to 40. Levels of social deprivation are average. The practice has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is

above the contractual requirement of the practice and is commissioned to improve the range of services available to patients. For example, the practice offers minor surgery, remote care monitoring and unplanned admissions.

The clinical team includes six GP partners (three male and three female), one female trainee GP, two practice nurses, one healthcare assistant and one phlebotomist (a person who takes blood samples). The team is supported by a practice manager, an administrative team of seven, and a reception team of six.

Springfield Medical Practice offers appointments from 8.30am to 6.30pm from Monday to Friday. From 8am to 8.30am the practice telephone system diverts any calls to the West Midlands Ambulance service. There are further arrangements in place to direct patients to out-of-hours services provided by NHS 111 when the practice is closed.

## Why we carried out this inspection

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

# Detailed findings

## How we carried out this inspection

In preparation for our inspection we reviewed a range of information about the practice and asked other organisations to share information they held with us. We then carried out an announced inspection on 26 July 2016. During our inspection we:

- Interviewed a number of staff who were present on the day including GPs, nurses, reception and administrative staff and the practice manager.
- Spoke with patients who were using the service that day.
- Observed staff interactions with each other and with 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 were provided for specific groups of people and what good care looked like for them. The population groups are:

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

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

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- The members of staff we spoke with during our inspection told us they would escalate any incidents to the lead receptionist or the practice manager. There was a significant event form available which staff were aware of. The 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.
- When things went wrong with care and treatment the practice took action to notify the patients involved and offered support if appropriate. Patients received a written apology within a reasonable timeframe.
- Significant events were a standing agenda item for partners meetings which occurred every two weeks. The practice analysed and learned lessons from significant events. Changes were implemented to prevent incidents happening again.
- The practice received patient safety alerts issued by external agencies, such as the Medicines and Healthcare products Regulatory Agency (MHRA). The practice secretaries received these and forwarded them to the lead nurse and the practice manager to be actioned. The lead nurse maintained a folder of all alerts. Clinical staff then discussed these informally. There was no formal system to monitor whether alerts had been dealt with, but the practice provided a copy of a policy created and implemented following the inspection which ensured these would be formally monitored. We checked two recent alerts and saw evidence that patients prescribed the relevant medicines had been identified and reviewed as required.

The inspection team reviewed the practice's significant event log and minutes of meetings where these had been discussed. We were satisfied by the evidence available that remedial actions taken as a result and learning was shared with the practice team. For example, when a patient had been delayed in receiving a sick note requested in sufficient time, the practice had altered its procedures for dealing with such requests to improve the timeliness of outcomes for patients.

### Overview of safety systems and processes

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

- The practice had implemented measures to safeguard children and vulnerable adults from abuse. The practice policies explained who to contact for further guidance if staff felt concerned about a patient's welfare, and they were easily accessible to staff. The practice's processes were in line with current legislation and local requirements. The practice had appointed one of the GP partners as the lead member of staff for safeguarding. The lead GP held quarterly safeguarding meetings with the local health visitor and midwife, and provided reports for other agencies when needed. We spoke with staff who all demonstrated their understanding of their safeguarding responsibilities. One member of administrative staff was not fully up to date with safeguarding refresher training relevant to their role for children and vulnerable adults. All GPs were trained to child protection or child safeguarding level three.
- A poster and a policy were displayed in the waiting area to advise patients that chaperones were available and inform them what they could expect. Only the nurse team acted as chaperones and all had received a Disclosure and Barring Service (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.
- We saw that the practice was visibly clean and tidy and that good standards of cleanliness and hygiene were upheld. There was an infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. Staff received infection control training as part of their initial induction. Annual infection control audits were undertaken. We reviewed the most recent audit. This had identified areas for improvement which the practice had taken action to address.
- The systems for medicines management kept patients safe. The practice had implemented a prescribing strategy which they believed helped to ensure patients received the best care possible. This included conducting medicines audits. The practice engaged actively with the local CCG pharmacy team to keep

# Are services safe?

prescribing in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were stored in secure locations and the practice used a system to monitor their use by recording the serial numbers of prescriptions removed from the box. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Healthcare assistants were trained to administer vaccines and medicines against Patient Specific Directions (PSDs) from a prescriber. We looked at examples of PGDs and PSDs and were satisfied that these met with current standards.

- The practice had a number of patients who were prescribed high risk medicines, such as warfarin (a blood thinning medicine), and disease-modifying anti-rheumatic drugs (DMARDs. These are a group of medicines that decrease pain and inflammation). The practice had shared care agreements in place for these patients, who also received treatment from specialists in their particular illness. For example, patients prescribed warfarin were invited for a monthly blood test at a local hospital to monitor their response to the medicine. To ensure that patients prescribed warfarin were being monitored appropriately, the practice carried out a monthly search to verify whether blood test results had been received. The practice did not have a system in place to monitor patients prescribed DMARDs at the time of the inspection, but has subsequently implemented one.
- We looked at the information contained in four personnel files. We found that suitable recruitment checks had been made. For example, proof of identity, references, qualifications, and where necessary registration with the appropriate professional body and the appropriate checks through the DBS.

## Monitoring risks to patients

Risks to patients were assessed and well managed.

- The practice followed procedures to gauge and mitigate risks to patient and staff safety. There was a health and safety risk assessment available to all staff with information which identified local health and safety representatives. Fire risk assessments for the practice were up to date, and the last staff fire drill had been carried out in February 2016.

- Portable appliance testing had last been carried out in February 2016 to ensure electrical equipment was safe to use. Equipment calibration was also completed that month to confirm equipment was working correctly.
- The practice had a variety of other risk assessments in place to monitor 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.
- The practice used a staff rota to monitor the number of staff in place on each shift.

## Arrangements to deal with emergencies and major incidents

The practice had made arrangements to respond to emergencies and major incidents.

- Staff used an alert button on the computer's instant messaging system to alert staff to any emergency.
- Staff had received annual basic life support (BLS) training, with the exception of two non clinical staff. The practice was able to demonstrate that these two staff had been away from work when formal BLS training had taken place and that arrangements had been made for them to undertake this training subsequently. In the meantime, a risk assessment had been carried out to ensure that members of staff who had received updated BLS training would always be present when the building was open. The practice had a plan to implement a dedicated weekly training hour for staff to complete e-learning as well as in-house modules when available from January 2017.
- There were emergency medicines available in a secure, staff accessible area of the practice. The medicines we checked were in date and stored securely.
- A defibrillator was available on the premises as well as oxygen in case of a life threatening medical emergency. A first aid kit and accident book was available and we noted that the accident book had been completed appropriately.
- We reviewed the practice's business continuity plan for use in the case of major incidents such as power failure or building damage. The plan was comprehensive, and included staff and supplier emergency contact telephone numbers. Electronic copies were kept off site by members of staff for use in such an event.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. Staff had individual online access to up to date guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. The most recent published results (for 2015/2016) were 97% of the total number of points available, compared with the Clinical Commissioning Group (CCG) average achievement of 94% and the national average of 95%. At the time of our visit the practice's exception reporting for 2014/2015 was 15%, significantly higher than the CCG average of 8% and the national average of 9%. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects. The results for 2015/2016, published following the inspection, showed that the practice's overall exception reporting had reduced to 8%, which was nearer to the CCG average of 5% and the national average of 6%.

The practice's exception reporting in 2014/2015 was particularly higher than average for indicators concerning Chronic Obstructive Pulmonary Disease (COPD) (lung diseases), atrial fibrillation (an irregular heart rhythm), and mental health indicators.

For example, the practice's exception rate for COPD was 26%, significantly higher than the CCG average of 11% and the national average of 12%. We checked the same indicators for the 2015/16 data and found that exception reporting for this indicator had increased to 37%, whereas the CCG average was 12% and the national average was 13%. The practice provided detailed reasons for its exception reporting in COPD indicators, and the majority of unusual

exception reporting was due to a lack of patient response to three letters of invitation to attend the practice for treatment. The practice had considered the impact this had and was planning to introduce a telephone call in place of one of their reminders by letter. The practice had recently moved to a new clinical IT system which would allow them to use text messaging to remind patients when they were due for appointments, and felt this would help to reduce non-attendance for COPD.

For atrial fibrillation the practice had exception reported 22% of patients during 2014/2015, compared with the CCGH average of 13% and the national average of 11%. QOF data for 2015/2016 subsequently showed that the practice's exception reporting for this had reduced to 14%, compared with the CCG average of 8% and the national average of 7%. The practice accepted this was high but felt its exception reporting for these indicators was clinically justified.

In mental health the practice's 2014/2015 exception reporting was 22%, compared with the CCG average of 9% and the national average of 11%. The practice explained this had been due to low numbers of patients in relation to some mental health indicators which made exception reporting appear disproportionate. The practice explained their system for considering exception reporting on a case by case basis and confirmed that the clinical team discussed whether exception reporting was appropriate where there were any unusual circumstances. The QOF data for 2015/2016 showed that this had reduced to 12%, which was in line with the CCG average of 9% and the national average of 11%.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/2016 showed:

- Performance for diabetes related indicators was similar to CCG and national averages. For example, 79% of the practice's patients with diabetes had a blood glucose level within the target range in the preceding 12 months, compared with the CCG average of 79% and national average of 78%. 88% of patients with diabetes had a last measured cholesterol within the target range in the preceding 12 months compared with the CCG and national averages which were both 80%.
- Performance for mental health related indicators was in line with the CCG and national averages. For instance, a comprehensive, agreed care plan had been documented in the preceding 12 months for 84% of

# Are services effective?

## (for example, treatment is effective)

patients with a form of psychoses, compared to the CCG average of 86% and the national average of 89%. In the same timeframe 98% of the same group had had their alcohol consumption recorded, again higher than the CCG and national averages which were both 89%.

There was evidence of quality improvement including clinical audit.

- There had been nine clinical audits completed in the last year, five of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits and national benchmarking.
- The practice had used audit results to improve patient care. For example, the practice had carried out an audit of patients with diabetes prescribed a particular medicine to identify any with blood glucose levels outside the acceptable range. Their prescription was adjusted accordingly to reduce associated risks. New measures were implemented to improve monitoring. A re-audit was then carried out the following year to confirm that actions had been successfully applied.

### Effective staffing

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

- An induction programme was used to orientate all newly appointed staff. This covered the practice's mandatory topics such as infection control, fire safety and confidentiality.
- Members of staff who administered vaccines and took samples for the cervical screening programme had completed training which included a competency assessment. Those who administered vaccines used online updates to stay up to date with changes to immunisation programmes.
- The practice used annual appraisals to identify staff training needs as well as meetings and discussions. The practice manager had recently implemented a training recording system which had highlighted a number of gaps in non-clinical staff training. Three members of non-clinical staff had not completed basic life support training, seven had not completed manual handling and five had not completed equality and diversity. We noted that two of the practice's administrators also did not have a record of having completed safeguarding

training. The practice had a plan to implement a dedicated weekly training hour for staff to complete e-learning as well as in-house modules when available from January 2017. The recording system was aimed at ensuring that the required training for each staff member was undertaken in a reasonable timeframe using an accredited course. As a result staff could access appropriate training to meet their learning needs and to cover the scope of their work. This included facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months, with the exception of the practice manager. Following our inspection we were informed that the practice manager had completed an appraisal.

- Staff also received training that included fire safety awareness and information governance.

### Coordinating patient care and information sharing

Staff could access the information they required to plan and deliver care in a timely and accessible way through the practice's patient record system.

- This included test results, care plans, medical records and risk assessments. The system also alerted the clinician of any special circumstances during patient consultations, for example if the patient had been identified as vulnerable.
- The practice shared relevant information with other services in a timely way, for example, when referring patients to other services.

Staff liaised with other health and social care professionals to fully understand patients' needs and tailor care and treatment accordingly. This included when patients were referred between services and followed discharge from hospital. The practice held regular meetings with other health care professionals to discuss and update care plans for patients with complex needs.

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Clinical staff understood consent and best interest decision-making requirements according to current legislation and guidance, including the Mental Capacity Act 2005.

# Are services effective?

## (for example, treatment is effective)

- The practice GPs and nurses carried out assessments of capacity to consent in line with relevant guidance when they provided care and treatment for children and young people.
- GPs and practice nurses conducted an assessment if a patient's mental capacity to consent to care or treatment was unclear. The outcome of the assessment was recorded.

### Supporting patients to live healthier lives

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

- Those patients with a long term condition who required advice on their diet were directed to the relevant services.
- The practice offered obesity checks to patients who were at risk.
- The nurse team provided a smoking cessation service.
- The practice encouraged health promotion by providing information and referrals to support services.

The practice carried out cervical cancer screening for women within the target age range. QOF data for 2015/2016 showed:

- The practice's uptake for the cervical screening programme over the preceding five years was 82%, which was the same as the CCG and national averages.
- The practice identified patients who had not attended for cervical screening after two letters of invitation from the local screening programme and wrote to them directly to encourage them to make an appointment. These patients were also flagged on records and clinicians raised this if they then attended the practice for an appointment of a different nature.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data from Public Health England in relation to 2014/2015 showed that the practice was in line with averages. For example:

- 68% of women aged 50 to 70 had been screened for breast cancer within the target period, similar to the CCG average of 71% and the national average of 72%.
- 63% of patients aged 60 to 69 had been screened for bowel cancer within the target period, compared with the CCG average of 59% and the national average of 58%.
- The television screens in the waiting area showed videos relating to cancer screening to encourage patients to attend. The practice website also provided information about cancer screening.

Childhood immunisation rates for the vaccinations given were higher than average. For example, for the vaccinations given to under two year olds the practice had surpassed the nationally required vaccination rate of 90%, scoring 97% or over in all indicators. The practice achieved an overall score of 9.8 out of 10, compared with the national average score of 9.1.

Patients were able to receive health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. The practice followed-up with patients where abnormalities or risk factors were identified as a result of the health assessments and checks made.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

During our inspection we saw that staff members were polite and kind to patients and took care to maintain information confidentiality.

- Consulting rooms had curtains to maintain privacy and dignity during patient examinations and treatments.
- Doors were kept closed during consultations and the discussions inside could not be overheard.
- Reception staff told us that if a patient was upset or needed to discuss something sensitive they offered to take them to a private room.

We received 18 comment cards which provided a variety of feedback. Fifteen cards provided wholly positive comments, and three cards gave a mix of positive and negative feedback. These reflected that patients were pleased with the clinical care they received from GPs, nurses and the healthcare assistant. Nine patients indicated that the service they had received was excellent. Patients also commented that the premises were always clean and tidy, and five said that reception staff were friendly or helpful. Two patients commented that receptionists were rude and unhelpful and two also said that it could be difficult to make an appointment. One patient felt rushed in consultations and another had found the practices communication poor in dealing with a particular request.

We spoke with 15 patients during the inspection. Patients felt that clinical staff treated them with respect and explained tests and treatments to them, and confirmed that they had a choice of female GP.

The practice had an active Patient Participation Group (PPG), with nine members that met with the practice on a monthly basis. We spoke with two members who told us that the practice was helpful, open and honest.

Results from the National GP Patient Survey (July 2016) showed patients felt satisfied that they were treated with compassion, dignity and respect. The practice results were in line with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 88% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 89% and the national average of 89%.

- 84% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 79% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG and national averages of 85%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.
- 86% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

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

The patients we spoke with told us their GP involved them in decisions about their care and explained options for treatment. Patient feedback from the comment cards we received was also positive regarding care and treatment.

Results from the National GP Patient Survey (July 2016) showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were similar to local and national averages. For example:

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 78% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 82%.
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG and national averages which were both 85%.

Facilities were available to patients to help them understand and take part in decisions about their care. For example, translation and sign language services were available for patients who did not speak English as a first language. Staff told us they would book these in advance if requested.

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

## Are services caring?

A variety of information leaflets and posters were displayed in the patient waiting area to help direct patients to relevant support groups and organisations. Similar information could be accessed on the practice website.

Although individual carers were known to the practice not all carers had been added to the practice's carers register. Following the inspection the practice had updated their register and had identified 40 carers. This represented 0.56% of the total patient list. The practice told us after the inspection that they planned to systematically review and contact patients who may need a carer to help identify more carers, and we were provided with a list of groups that would be targeted in this way. The practice had written

to the carers it had identified after the inspection providing information about support services available to them and inviting them to attend quarterly open days at the practice when staff from the Carers Trust visited.

The practice was reminding patients that carers were eligible for the flu vaccination by adding messages to repeat prescriptions. There was a carer's leaflet available and the practice had also introduced a video displayed on the waiting room televisions which provided information for carers.

Staff told us that if families had suffered bereavement their usual GP sent them a sympathy card. The practice also offered to refer bereaved patients to counselling services for support.



# 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.

- Appointments were pre-bookable, up to two weeks in advance as well as on the day. Appointments were available at the beginning and end of the day to accommodate working people and school aged children.
- The practice offered online booking for convenience of access.
- Longer appointments were available to patients with mental health issues, long term conditions and complex needs.
- Same day GP telephone responses and home visits were offered for older patients and those who had difficulty attending the practice in person due to clinical needs.
- Same day appointments were available for those patients with medical problems that require same day consultation.
- The practice offered travel vaccinations available through the NHS as well as those available privately at a cost.
- The premises were equipped with disabled facilities and a hearing loop.
- Interpretation services were available for patients who did not speak the English language with confidence.
- The Patient Participation Group (PPG) held three annual patient advice and information days to inform patients about their role and encourage membership. This included a bring-and-buy sale to raise money for charity. These events were hosted in the practice waiting area. The practice also hosted practice open days with the PPG with guest speakers from organisations such as Diabetes UK, Parkinson's UK, the Carers Trust Heart of England, the Stroke Association, and Multi Active Living for Health.

### Access to the service

The practice was open between 8.30am and 6.30pm from Monday to Friday, during which times appointments were available. In addition to pre-bookable appointments urgent appointments were also available for people that

needed them. From 8am to 8.30am the practice telephone system diverted telephone calls to the West Midlands Ambulance service. Arrangements were in place to direct patients to out-of-hours services provided by NHS 111 when the practice was closed.

Results from the National GP Patient Survey (July 2016) showed that patients' satisfaction with how they could access care and treatment was lower than local and national averages.

- 70% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% national average of 76%.
- 55% of patients said they could get through easily to the practice by phone compared to the CCG and national averages which were both 73%.
- 71% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 83% and the national average of 85%.

Patients told us on the day of the inspection that they were not always able to get appointments when they needed them. Of 15 patients we spoke with we asked 10 if they were able to get an appointment when they needed it. Three patients said that they could and seven felt that they could not. They said they found it difficult to make an appointment, particularly if they wanted to see their preferred GP as this could mean a long wait, but said they were able to get an appointment in an emergency.

The practice explained that they had been facing challenges including prolonged GP sickness, which they felt had affected their survey results. The practice had created an action plan to improve patient access which it had already started to implement. For example, after noting that Mondays used a higher number of on the day slots than others the practice had made all appointments available on the day and removed the option for advance booking on Mondays, and found this had eased pressure. The practice was working to encourage the use of online services to book appointments. The practice was also in the process of increasing the use of telephone appointments; introducing text messaging reminders to help prevent non-attendance; and using follow-up appointment booking slips to help ensure patients could come back to see the same GP. Additionally the practice had adjusted its telephone system to direct calls more smoothly. The practice had been operating on a reduced

# Are services responsive to people's needs?

(for example, to feedback?)

number of clinical sessions for some time had a new GP beginning work on 1 December 2016 who could offer more sessions per week. A number of further actions were being put into action, for example redistributing GP partner sessions throughout the week to improve consistency and availability for patients. These measures had not yet positively impacted on patient satisfaction.

The practice told us following the inspection that there had been a reduction in requests for duty doctor appointments since altering the appointment system. The practice had also engaged with an initiative offered by the CCG to provide patients with access to additional resources during the winter months. This included an extra five to six hours of appointments per week, and visits to housebound patients with severe ill health in a bid to prevent unplanned admissions to hospital.

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. Home visit requests were triaged by the practice GPs, who returned calls to patients to assess the need for a home visit and prioritise these. 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 implemented a suitable system for managing complaints and concerns.

- We reviewed the complaints policy which was in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager had been appointed as the lead responsible for handling all complaints in the practice.
- The practice retained a record of any complaints raised verbally as well as those received in writing, to help identify any recurring themes.
- A complaints poster and leaflets about how to make a complaint were available in the waiting area to help patients understand the system.

We looked at 24 complaints received in the last 12 months and found that these had been properly dealt with and promptly responded to. Lessons were learned from individual complaints and action was taken as a result to improve the quality of care. For example, a complaint found that a test result requiring treatment had not been followed up by clinical staff. The practice had reviewed its procedures in response to this and made changes to prevent the same situation arising again.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to provide healthcare which was available to the whole practice population in a variety of formats and settings as appropriate to patients' needs. There was a statement of purpose that set out a number of objectives surrounding patient care and support, staff development and working proactively with other services. The practice had a business plan and this supported delivery of the vision. Prolonged GP sickness absence had been a significant challenge for the practice over the previous year, and the clinical sessions of the remaining partners had been redistributed to help cope with demand as well as using locum GPs.

### Governance arrangements

A governance framework was in place and this supported the delivery of good quality care.

- Staff we spoke with understood the organisational structure and were clear about their own roles and responsibilities. Staff knew who to approach to escalate concerns about a variety of issues.
- Staff training was not fully up to date, but the practice manager had implemented a system to better manage this and ensure training was up to date in the future.
- There were a range of policies which all staff were able to access, and these were aimed specifically at the practice.
- The practice was vigilant in monitoring its performance against local and national examples using benchmarking, and by considering feedback from staff and patients.
- A programme of continuous clinical and internal audit was undertaken, and we saw examples of improvements made to the quality of care as a result.
- Risk was well managed at the practice using regular assessments and protocols. There was a system for responding to patient safety alerts. There was no system to monitor whether alerts had been dealt with, but we checked a sample of recent alerts and saw evidence that they had been actioned.

### Leadership and culture

On the day of inspection the practice partners met with the inspection team and provided assurance that they had the

experience and capability to ensure the practice was run well and provided good quality care. Staff told us they had good professional relationships with the partners who they found open and easy to talk to.

Systems were in place to make sure the practice complied 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. The practice had systems in place for knowing about notifiable safety incidents. The partners encouraged an upfront culture among staff.

There was a system for dealing with sudden or accidental incidents involving patient safety:

- Patients affected were offered information about the incident, a verbal or written apology and a reasonable level of support to help them cope.
- The practice kept records of serious events and discussed and revisited these to consolidate learning outcomes.

There was a clear leadership structure and staff felt supported by management.

- The practice held team meetings with all of the practice staff on a quarterly basis. There was a monthly non-clinical staff meeting and GP partner meetings were held every two weeks.
- Staff told us there was a friendly, no blame culture within the practice and they had the opportunity to raise concerns directly or at team meetings.
- There was a well-established team at the practice with a number of practice staff having been in post for many of years. Staff told us they enjoyed working at the practice and felt valued and supported.

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

Feedback by patients and staff was encouraged. The practice used feedback to help inform decisions and identify areas where improvements could be made.

- The practice had an active Patient Participation Group (PPG) which gathered feedback from patients through surveys and discussions with patients. The PPG met regularly with the practice and submitted proposals for improvements. For example, the group had suggested the practice install hand sanitiser dispensers in the corridors and this had been actioned. The PPG also held



# Are services well-led?

Good 

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

three annual patient advice and information days in the practice waiting area to inform patients about their role and encourage membership. The practice also hosted practice open days with the PPG, with guest speakers from organisations such as Diabetes UK, Parkinson's UK, the Carers Trust Heart of England, the Stroke Association, and Multi Active Living for Health.

- The practice used feedback generated by complaints to identify and resolve underlying issues.
- The practice had welcomed feedback from staff through appraisals, regular meetings and informal discussion. Staff told us they would feel confident giving feedback and discussing any issues or concerns with colleagues and management.

## Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. As a training practice there were two GP trainers and one trainee in post at the time of our inspection. The practice had also begun to offer healthcare assistant apprenticeships.

At the time of the inspection the practice had been working on a project to review multiple areas of prescribing with the support of a pharmacist independent prescriber. We were shown a document setting out the areas of focus and proposed strategies to achieve goals. The practice explained that as a result of the project their rank in local prescribing benchmarking had improved from position 71 to position 62, out of a total 75 practices.

The practice recognised its future challenges and was proactive in their approach to these. The partners told us they had an ageing population with increasing levels of demand. The practice aimed to embrace new ways of working as well as learning from past experiences and linking these to improvement. For example, the practice had become involved with a local GP federation to participate in collaborative working. The clinical system was also changing to a clinical computer system that was widely used in the locality to improve continuity of patient care.