

Springcliffe Surgery

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?	Good	
Are services well-led?	Requires improvement	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

REQUIRES IMPROVEMENT

We carried out an announced comprehensive inspection at Springcliffe Surgery on 10 June 2015. Overall the practice is rated as requires improvement.

Specifically, we found the practice to require improvement for providing safe and well led services. It also required improvement for providing services for all the population groups. It was good for providing a effective, caring and responsive service.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed

- Data showed patient outcomes were at or above average for the locality. Completed audits had been carried out, we saw some evidence that audits were driving improvement in performance to improve patient outcomes.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patients who responded to the January 2015 national GP survey rated their overall experience as good. 81.7% of patients would recommend the surgery to others.
- Information about services and how to complain was available and easy to understand.
- Urgent appointments were usually available on the day they were requested. However patients said that they sometimes had to wait a long time for non-urgent appointments.
- The practice had a number of policies and procedures to govern activity.

The areas where the provider must make improvements are:

Summary of findings

- Disseminate learning from significant events, near misses and complaints to all staff and ensure that actions resulting from investigations are implemented in a timely way.
- Review the current system for the flagging up of alerts for safeguarding vulnerable adults and children and carers and ensure that outstanding safeguarding concerns have been followed up effectively. Provide guidance for staff on the flagging of vulnerable adults on the patient electronic system.
- Improve safeguarding processes to reduce risks to vulnerable patients

In addition the provider should:

- Ensure that all locum doctors are appropriately qualified and fit to practice before they deliver a service to patients.

- Improve access for patients who work.
- Have a robust system in place to track prescription pads
- Ensure all staff have had MCA and infection control training.
- Ensure all staff have access to policies, procedures and guidance which are robust, reviewed and updated to enable them to carry out their role, for example, consent, management of medicines and repeat prescribing.
- Ensure that patient surveys prompt the delivery of improvement.

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. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, when things went wrong lessons learned were not communicated widely enough to support improvement. The practice did not have a process in place for the discussion of safeguarding issues and to ensure that outstanding concerns were followed up effectively.

Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, infection prevention and control, management of prescription pads and policies and procedures for the use of locums. There were enough staff to keep people safe.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs.

There was evidence of completed clinical audit cycles that was driving improvement in performance to improve patient outcomes. Two audits followed changes in NICE guidance. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Good



Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible.

We looked at the January 2015 national GP survey. 90.4% described their overall experience as good. 81.7% would recommend the surgery to others and 90.6% said the GP was good at listening to them. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It 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 had an established and successful admissions avoidance enhanced service. The practice had achieved a 7% reduction in emergency admission for patients 65 and over.

Feedback from patients reported that access to a named GP and continuity of care was not always available quickly, although urgent appointments were usually available on the same day. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised.

Good



Are services well-led?

The practice is rated as requires improvement for being well-led. It had a vision and a strategy but not all staff was aware of this and their responsibilities in relation to it. There was a documented leadership structure and most staff felt supported by management. The practice did not have robust infection prevention and control system. The practice did not have a system to disseminate learning from significant events, near misses and complaints to all staff and ensure that actions resulting from investigations are implemented in a timely way. The practice needed to improve safeguarding processes to reduce risks to vulnerable patients

The practice had a number of policies and procedures to govern activity. The practice did not have a robust system for the employment of locum doctors. The practice proactively sought feedback from patients and had a developing patient participation group (PPG). Staff had received inductions and appraisals.

Requires improvement



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 provider was rated as requires improvement for providing safe care and well-led services. It was rated as good for effective, caring and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. We were told that 8.8% of practice population was over 75 compared to the CCG average of 4-14% and 2.0% of patients registered with the practice have had a stroke or transient ischaemic attack (TIA) which is above the national average of 1.7%.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. The provider was rated as requires improvement for providing safe care and well-led services. It was rated as good for effective, caring and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

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

Requires improvement



Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The provider was rated as requires improvement for providing safe care and well-led services. It was rated as good for effective, caring and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Requires improvement



Summary of findings

There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and school nurses. The practice ran a sexual health clinic which provided contraceptive services and sexual health advice, screening and treatment to their patients including young people.

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 provider was rated as requires improvement for providing safe care and well-led services. It was rated as good for effective, caring and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The needs of the working age population, those recently retired and students had been identified but the services available did not fully reflect the needs of this group. The practice did not offer extended opening hours for appointments as the practice had not been able to recruit a further GP. They continue to advertise the post.

The practice was proactive in offering online services as well as a range of health promotion and screening. Patients we spoke with and comments cards we reviewed said they had difficulty getting an appointment. There was a low uptake for both health checks and health screening. The practice had identified this as a problem and had plans to increase the profile for national screening, for example, smear, abdominal aortic aneurysm and mammogram. An abdominal aortic aneurysm (AAA) is a swelling of the aorta. This is the main blood vessel that leads away from the heart, down through the abdomen to the rest of the body.

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 provider was rated as requires improvement for providing safe care and well-led services. It was rated as good for effective, caring and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Requires improvement



Summary of findings

The practice had a register for patients who had a learning disability. They did not have an enhanced service but offered patients a six monthly or annual medication review. The patients were flagged on the patient electronic record system which alerted staff when they made an appointment.

The practice worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. 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.

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 provider was rated as requires improvement for providing safe care and well-led services. It was rated as good for effective, caring and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice had a higher than national average of patients with dementia. 1.7% of practice population have dementia against a national average of 0.6%.

63% of people experiencing poor mental health had received an annual physical health check. The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health but not always those with dementia.

The practice had 43 patients on a register for severe mental health problems. They also had a higher than national average of patients with mental health problems. 1.6% of practice population have mental health problems against a national average of 0.8%. 62.7% had a care plan and alcohol status recorded. The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations including MIND. MIND is a mental health charity in England and Wales and offers information and advice to people with mental health problems.

Requires improvement



Summary of findings

What people who use the service say

We looked at the January 2015 national GP patient survey which showed that 331 surveys were sent out of which 29% had been returned. The results showed that 81.7% of respondents would recommend the surgery to others and 90.4% of respondents described the overall experience as good. 87.8% of respondents felt the GP treated them with care and concern.

We spoke with four patients on the day of our visit. Patients identified that they had issues with getting an appointment, appointments not running to time and no extended hours for patients who work during the daytime. One patient told us they were sent a letter asking them to attend for a check-up but then could not get an appointment. Another patient told us they got appointments easily. All would recommend the practice to family and friends.

All four we spoke with were very positive about the care and support they received at the practice.

We reviewed eight comments cards that had been completed and left in a CQC comments box. The comment cards enabled patients to express their views on the care and treatment received. Five out of the eight cards completed had positive comments on them. They all felt that the quality of care was good. They felt respected, well looked after and staff were kind and considerate. Three negative comments were around the time it takes to get through by telephone, getting an appointment and the need for longer opening hours to ensure people who work were able to get an appointment. We spoke with the management team who were aware of the on-going issues.

Areas for improvement

Action the service **MUST** take to improve

- Disseminate learning from significant events, near misses and complaints to all staff and ensure that actions resulting from investigations are implemented in a timely way.
- Review the current system for the flagging up of alerts for safeguarding vulnerable adults and children and carers and ensure that outstanding safeguarding concerns have been followed up effectively. Provide guidance for staff on the flagging of vulnerable adults on the patient electronic system.
- Improve safeguarding processes to reduce risks to vulnerable patients.

Action the service **SHOULD** take to improve

- Ensure that all locum doctors are appropriately qualified and fit to practice before they deliver a service to patients.
- Improve access for patients who work.
- Ensure all staff have had MCA and infection control training.
- Have a robust system in place to track prescription pads
- Ensure all staff have access to policies, procedures and guidance which are robust, reviewed and updated to enable them to carry out their role, for example, consent, management of medicines and repeat prescribing.
- Ensure that patient surveys prompt the delivery of improvement.

Springcliffe 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 GP, a second CQC Inspector and a GP practice manager.

Background to Springcliffe Surgery

Springcliffe Surgery provides primary medical services to a population of 2,488 registered patients in the City of Lincoln. The surgery has three consultation rooms on the ground floor. Since our last inspection the practice have put a ramp in place so that the practice can be accessed by people who have reduced mobility.

At the time of our inspection the practice employed three GP partners, a practice manager, assistant practice manager, two part time nurse practitioners, four practice nurses, one health care assistant, one phlebotomist, one secretary, nine receptionists and four administrators.

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

We inspected the following location where regulated activities are provided:-

Springcliffe Surgery, 42 St Catherines, Lincoln. LN5 8LZ

The partnership has two locations registered with Care Quality Commission (CQC). Springcliffe Surgery, 42 St Catherines, Lincoln. LN5 8LZ and Brant Road Surgery, 291

Brant Road, Lincoln, LN5 9AB. Because these are registered as separate locations with the Care Quality Commission (CQC), we were not able to inspect them as part of the same inspection.

Springcliffe surgery is open from 8.00am to 6.30pm. GP appointments were available from 8.40am to 11.10am each morning Monday to Friday and 3.40pm to 5.50pm on Monday, Wednesday, Thursday and Friday.

GP and Nurse appointments can be booked up to four weeks in advance. Some on the day appointments are also available. The practices did not offer extended opening hours.

The practice is located within the area covered by NHS Lincolnshire West Clinical Commissioning Group (LWCCG). The CCG is responsible for commissioning services from the practice. A CCG is an organisation that brings together local GP's and experience health professionals to take on commissioning responsibilities for local health services.

NHS Lincolnshire West Clinical Commissioning Group (LWCCG) is responsible for improving the health of and the commissioning of health services for 230,000 people registered with 37 GP member practices covering 420 square miles across Lincoln, Gainsborough and surrounding villages. There are significant health inequalities in Lincolnshire West, linked to a mix of lifestyle factors, deprivation, access and use of healthcare.

The practice has opted out of the requirement to provide GP consultations when the surgery is closed. The out-of-hours service is provided by Lincolnshire Community Health Services NHS Trust.

The provider had been inspected by the Care Quality Commission on 30 April 2014, when it was judged to be in breach of Regulation Eleven (1) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The provider had not taken reasonable steps to safeguard

Detailed findings

vulnerable adults from the risk of abuse by ensuring that procedures were in place to identify and respond to potential abuse. Staff had not received the appropriate training to respond to allegations of abuse for vulnerable adults.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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.

This provider had been inspected by the Care Quality Commission on 30 April 2014. This was part of the pilot phase of the CQC's new methodology and as a result the practice did not receive a rating. They were in breach of Regulation Eleven (1) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 so we have re-inspected this location to check that improvements have been made and to give the practice a rating for the services they provide.

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

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. These 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)

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We reviewed information from Lincolnshire West Clinical Commissioning Group (LWCCG), NHS England (NHSE), Public Health England (PHE), Healthwatch and NHS Choices.

We carried out an announced inspection on 10 June 2015.

We asked the practice to put out a box and comment cards in reception where patients and members of the public could share their views and experiences.

We reviewed eight completed comment cards. Five were positive and described very good care given by staff who were caring, understanding and responsive.

Three were less positive with issues with getting an appointment, appointments running late and no extended hours for patients who work being the common theme. We spoke with the management team who told us they would look into the concerns raised.

We spoke with one GP, a practice manager, assistant practice manager, two nurses, four reception and administration staff.

We observed the way the service was delivered but did not observe any aspects of patient care or treatment.

Are services safe?

Our findings

Safe track record

The practice prioritised safety and used a range of information to identify risks and improve patient safety. For example, reported incidents and national patient safety alerts as well as comments and complaints received from patients. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses

We reviewed safety records, incident reports and minutes of meetings where these were discussed. This showed the practice had managed these consistently over time and so could show evidence of a safe track record.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. We reviewed records of six significant events that had occurred during the last 18 months and saw this system was followed appropriately. Each significant event identified a date at which they had been discussed at a practice meeting. We spoke with the management team as it was difficult to find the discussions in meeting minutes we looked at. The management team looked at the meeting minutes and were able to show us that discussions had taken place.

There was evidence that the practice had learned from these significant events but we could not find any evidence that the findings were shared with relevant staff. Further training had been recommended on one form we looked at but we could not find any evidence to suggest the training had taken place. The forms identified a date of review in three months but none had taken place. Staff, including receptionists, administrators and nursing staff, knew how to raise an issue for consideration at the meetings and they felt encouraged to do so. We looked at the 2014 yearly review of significant events. The practice had reviewed four significant events. Actions had been identified and reviewed.

Staff used incident forms which were available in the reception area and completed forms were sent to the practice manager. Staff we spoke with said they had not had to complete any incident forms in recent years.

National patient safety alerts were saved on the practice intranet. We looked at the safety alert folder where a list of

alerts had been received. The practice had undertaken an audit in relation to a national patient safety alert. There was no evidence that the information had been disseminated to all practice staff.

Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. We looked at training records which showed that all staff had received relevant role specific training on safeguarding. We asked members of medical, nursing and administrative staff about their most recent training. A member of staff could describe a recent safeguarding and the process used.

Staff knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities and knew how to share information, properly record documentation of safeguarding concerns and how to contact the relevant agencies in working hours and out of normal hours. Contact details were easily accessible.

The practice had appointed dedicated GPs as leads in safeguarding vulnerable adults and children. They had been trained in both adult and child safeguarding and could demonstrate they had the necessary competency and training to enable them to fulfil these roles. All staff we spoke with were aware who these leads were and who to speak with in the practice if they had a safeguarding concern.

We looked at records of a practice meetings. We only found one meeting where a safeguarding incident had been discussed. However there was no evidence that outstanding concerns had or would be followed up effectively. Information had been requested in one case and there was no reference to policy or guidance regarding consent and information sharing.

We could not find a consistent system to highlight vulnerable patients on the practice's electronic records. This would include information to make staff aware of any relevant issues when patients attended appointments; for example vulnerable older people or children subject to child protection plans. The practice had a list of vulnerable older people. We selected four at random and could not find an alert on the patient electronic record system. We looked at the policy for protecting vulnerable adults dated August 2014. There was no guidance for staff on the

Are services safe?

flagging of vulnerable adults on the patient electronic system within the policy. We spoke with the management team who told us they would review the current system and provide staff with further guidance.

There was active engagement in local safeguarding procedures and effective working with other relevant organisations including health visitors and the local authority.

The practice had a chaperone policy. Chaperone posters were visible throughout the practice. (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). Nursing staff had been trained to be a chaperone. Reception staff acted as a chaperone if nursing staff were not available. Receptionists had undertaken training and understood their responsibilities when acting as chaperones, including where to stand to be able to observe the examination. All staff undertaking chaperone duties had received Disclosure and Barring Service (DBS) checks. (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).

Medicines management

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. One member of staff checked the temperature of the fridges within the practice. We looked at the refrigerator temperature records and found that they had not always been recorded daily in line with national guidance to ensure they remained within specified limits. When the member of staff was off duty, for example, 8 May and 26 May 2015 the temperatures had not been recorded. The practice could not demonstrate that the integrity and quality of the medicines were not compromised. There was a clear policy for ensuring that medicines were kept at the required temperatures and described the action to take in the event of a potential failure.

Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.

All prescriptions were reviewed and signed by a GP before they were given to the patient. The practice did not have a system in place for the collection of prescriptions for controlled drugs. Prescriptions were given out without an identification check or a signature. Both blank prescription forms for use in printers and those for hand written prescriptions were not handled in accordance with national guidance as these were not tracked through the practice.

In March 2015 the practice had surveyed patients on the ordering of medicines. 50 surveys were sent out and they had a 74% return rate. 100% of respondents said they did not find the system for ordering medicines difficult to do. 73% said they were aware they could now order their medicines electronically.

We saw a review of antibiotic prescribing undertaken by the practice in March 2015. The practice's prescribing rates were similar to national figures.

There was a system in place for the management of high risk medicines such as warfarin, methotrexate and other disease modifying drugs, which included regular monitoring in accordance with national guidance.

The nurses used Patient Group Directions (PGDs) to administer vaccines and other medicines that had been produced in line with legal requirements and national guidance. We saw sets of PGDs that had been updated from 2013 to 2015 as per regional advice.

We saw evidence that all five nurses had received appropriate training for their roles. The training identified by one of the practice nurses was in relation to the administration of travel vaccinations. The Practice was already in the process of trying to source this training prior to the inspection and in the meantime, that particular nurse does not administer travel vaccinations

Two members of the nursing staff were qualified as an independent prescriber and received regular informal supervision and support in their role.

Cleanliness and infection control

We observed the premises to be generally clean and tidy. An external cleaning company was employed by the practice. We saw there were cleaning schedules in place and cleaning records were kept. The specification provided by the cleaning company identified weekly, monthly and annual cleaning tasks. However there were only records of

Are services safe?

the daily cleaning schedules available and the less frequently required tasks were not listed on these schedules. Therefore the practice could not be assured that tasks such as deep cleaning of the carpets had taken place. Additionally there was not a daily cleaning schedule in place for individual treatment or consulting rooms.

Patients we spoke with told us they found the practice clean and had no concerns about cleanliness but felt it would benefit from some updating of the décor. The nurse manager told us they conducted spot checks of the cleaning and left a message for the cleaners if they found any issues. The practice manager also carried out an annual cleaning audit.

The cleaning company brought cleaning products with them on a daily basis so there were limited cleaning materials and chemicals stored in the practice. Those available were stored securely. There was a control of substances hazardous to health (COSHH) policy available and some information relating to cleaning products was available to ensure their safe use. However the safety data sheets were not up to date and some dated from 2004.

The nurse manager was the lead for infection control. They had been in post since September 2014 but had not yet undertaken further training to enable them to provide advice on the practice infection control policy and carry out staff training.

Not all staff had received induction training about infection control specific to their role or received annual updates as only clinical staff had undertaken infection control training. Since the inspection all non-clinical staff have had training awareness on infection control.

We saw evidence that the last infection control audit had been carried out in 2012 and therefore the practice did not have a system in place to identify or action any issues. Since the inspection the practice have carried out an infection control audit and have identified actions which will be reviewed in six months time.

An infection control policy and supporting procedures were available for staff to refer to, which gave guidance as to how to plan and implement measures to control infection. For example, there was a blood spillage kit available in the reception area and staff were able to describe how they would use this in line with the practice's infection control policy. There was also a policy for needle stick injury and staff knew the procedure to follow in the event of an injury.

Notices about hand hygiene techniques were displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms.

The practice had arrangements in place for the safe disposal of clinical waste and sharps such as needles and blades. We saw evidence that their disposal was arranged by a suitable external company.

The practice had a policy for the management, testing and investigation of legionella (a bacterium that can grow in contaminated water and can be potentially fatal. The most common sources are water tanks, hot water systems, fountains and showers).

We saw records that confirmed the practice was carrying out regular checks in line with this policy to reduce the risk of infection to staff and patients.

Equipment

Staff we spoke with told us they had enough equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. All portable electrical equipment was routinely tested and displayed stickers indicating the last testing date which was February 2015. A schedule of testing was in place. We saw evidence of calibration of relevant equipment; for example weighing scales, nebulisers, spirometers and blood pressure measuring devices.

Staffing and recruitment

We looked at six staff files relating to permanent staff and saw that they contained evidence that most of the required recruitment checks had been undertaken prior to employment for permanent staff. For example, references, qualifications, registration with the appropriate professional body and criminal records checks through the Disclosure and Barring Service (DBS). We saw no evidence in the files of proof of identification, for example, a photograph. The practice had a recruitment policy that set out the standards it followed when recruiting staff. The requirement of photographic identification and DBS checks were not included in the policy.

The practice employed regular and long term locum GPs. There was not a robust system in place to ensure that

Are services safe?

appropriate checks had been undertaken prior to them working at the practice, for example whether they had completed mandatory training such as basic life support or safeguarding children.

The practice manager told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw there was a rota system in place for the different staffing groups to ensure that enough staff were on duty. There was also an arrangement in place for members of staff, including nursing and administrative staff, to cover each other's annual leave which worked well as many staff members worked part time hours and had flexibility to work extra hours to cover leave.

Staff told us there were enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe.

Monitoring safety and responding to risk

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included regular checks of the building, the environment, medicines management, staffing, dealing with emergencies and equipment. The practice also had a health and safety policy. Health and safety information was available and the practice manager was the identified health and safety representative and had undertaken further training in health and safety. We saw that some risks were discussed at practice meetings.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. Records showed that all staff had received training in basic life support. However training was a mixture of face to face for clinical staff and e-learning for non-clinical staff. Emergency equipment was available

including access to oxygen and an automated external defibrillator (used in cardiac emergencies). When we asked members of staff, they all knew the location of this equipment. The protocol for checking emergency equipment and drugs stated the practice nurse was responsible for checking emergency equipment and drugs on a monthly basis. Records we looked at confirmed that it was checked most months. However we found that there were gaps in the checks, for example, October and November 2014 were not checked. We spoke to the management team who were not aware that this had happened. We checked that the pads for the automated external defibrillator were within their expiry date.

We saw that a comprehensive range of emergency medicines was available to cover a range of conditions requiring emergency treatment at a GP surgery. Staff knew of their location. Processes were also in place to check whether emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

A continuity planning and recovery plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Each risk was rated and mitigating actions recorded to reduce and manage the risk. Risks identified included power failure, adverse weather, unplanned sickness and access to the building. The document also contained relevant contact details for staff to refer to. For example, contact details of a heating company to contact if the heating system failed. The plan was last reviewed in September 2014.

The practice had carried out annual fire risk assessments that included actions required to maintain fire safety. Records showed that staff were up to date with fire training and that they practised regular fire drills.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff we spoke with could outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. We saw that guidance from local commissioners was readily accessible on the practice computer system. We discussed with the practice manager and GP how NICE guidance was received into the practice. They told us this was downloaded from the website and disseminated to staff via the practice intranet.

We saw that the practice had undertaken two audits following changes in NICE guidance. One audit on stroke prevention in Atrial Fibrillation (AF) identified that 47 patients had AF which was a prevalence of 1.8%. This was slightly above the CCG average of 1.7% and national average of 1.5%. 68% received anti-coagulation medicines. The practice identified an issue with the calculation of a patient's therapeutic range for treatment and had trained a clerical member of staff to input the results into a clinical risk tool on the patient record. They were now routinely using the risk tool to ensure correct treatment and had planned to re-audit in one year.

We saw minutes of practice meetings which showed some evidence that guidelines had been discussed. For example, prevention of cardiovascular disease and the treatment of commonly occurring infections. Implications for the practice's performance and patients were identified. Clinical staff we spoke with all demonstrated a good level of understanding and knowledge of NICE guidance and local guidelines.

Staff described 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 received regular health checks and were referred to other services when required. Feedback from patients confirmed they were referred to other services or hospital when required.

The GPs told us they lead in specialist clinical areas such as diabetes, heart disease and asthma and the practice nurses supported this work, which 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.

The practice used computerised tools to identify patients who were at high risk of admission to hospital. These patients were reviewed regularly to ensure multidisciplinary care plans were documented in their

records and that their needs were being met to assist in reducing the need for them to go into hospital. We saw that after patients were discharged from hospital they were followed up to ensure that all their needs were continuing to be met.

Discrimination was avoided when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were cared for and treated based on need and the practice took account of patient's age, gender, race and culture as appropriate.

Management, monitoring and improving outcomes for people

Information about people's care and treatment, and their outcomes, was routinely collected and monitored and this information used to improve care. Staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included data input, scheduling clinical reviews, and medicines management.

The practice had an audit plan for 2015-2016. The practice showed us six audits they had carried out from 2011 to May 2015. Two of these were completed audits where the practice was able to demonstrate the changes which had resulted since the initial audit. Following each clinical audit, changes to treatment or care were made where needed and the audit repeated to ensure outcomes for patients had improved. For example, in 2014 the practice did an audit on the treatment for patients who had dementia. The practice had patients registered in four care homes and a large proportion of the patients had dementia. The aim of the audit was to look at medicines prescribed to patients with dementia. The prevalence of patients with dementia was 1.5% of which 34 % were being prescribed an anti-dementia medicine. All patients medicines were reviewed and altered in line with NICE guidance. A second audit in May 2015 showed an increase

Are services effective?

(for example, treatment is effective)

in prevalence of dementia by 0.6%. 51% of the patients were now taking anti-dementia medicines. All prescribing was identified as appropriate and due to the increase in the number of patients the practice had appointed a further nurse. The practice identified that they will continue to carry out annual dementia reviews within the four care homes.

The practice carried out an audit following an alert from the Medicines and Healthcare Products Regulatory Agency (MHRA) regarding Domperidone (medicine used in the relief of nausea, vomiting and previously used for stomach symptoms which is no longer recommended). The aim of the audit was to ensure that all patients prescribed this medicine were not put at risk of serious drug interactions. The audit demonstrated that 11 patients were on the medicine two had a cardiac history. The practice wrote to the identified patients and informed them of changes to their medicines in line with the MHRA alert. At the time of the inspection there had not been a reaudit to ensure that the medicines still being prescribed were appropriate.

The GPs told us clinical audits were often linked to medicines management information, safety alerts or as a result of information from the quality and outcomes framework (QOF). (QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long-term conditions and for the implementation of preventative measures).

The practice also 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 92.8% of the total QOF target in 2014, which was 2.3% below the CCG average and 0.7% below the national average.

- Performance for diabetes related indicators was 96% which was 3.2 % above CCG average and 5.9% above the national average.
- The percentage of patients with COPD was 95.3% which was 2.6% above the CCG average and 0.1% above the national average
- The percentage of patients with hypertension was 97.2% which was 1.8% below the CCG average and 8.8% above the national average.

- Performance for mental health related QOF indicators was 68.9% which was 23.5% below the CCG and 21.5% below the national average.
- The dementia diagnosis rate was 100% which was 10.7% above the CCG average and 6.6% above the national average.

The practice was aware of all the areas where performance was not in line with national or CCG figures but we did not see any action plans setting out how these were being addressed.

The practice's prescribing rates were similar to national figures. For example:-

- Average daily quantity of Hypnotics prescribed was 0.56% compared to a national average of 0.28%.
- Number of Ibuprofen and Naproxen Items prescribed was 72.49% compared to a national average of 71.25%.
- Percentage of Cephalosporins & Quinolones prescribed was 5.44% compared to a national average of 5.57%

Staff checked to see if patients receiving repeat prescriptions had been reviewed by the GP. We found that the electronic patient record system alerted the receptionists if the patient had a medication review due. The receptionist contacted the patient to book a review. The GPs also carried out opportunistic reviews when they saw a patient. A patient who had not had a review would receive a call from the GP for a review before further medication is prescribed.

The practice had a palliative care register and had regular multidisciplinary meetings to discuss the care and support needs of patients and their families.

The practice also kept a register of patients identified as being at high risk of admission to hospital. The practice had 44 patients on the register and 100% had care plans in place.

Structured annual reviews were also undertaken for people with long term conditions, for example, COPD, diabetes and asthma. The practice had a recall system which identified when a review was due. Reviews were also carried out opportunistically.

The practice participated in local benchmarking run by the CCG. This is a process of evaluating performance data from the practice and comparing it to similar surgeries in the area.

Are services effective?

(for example, treatment is effective)

Effective staffing

Practice staffing included medical, nursing, managerial and administrative staff. We reviewed staff training records and saw that staff were up to date with attending courses such as annual basic life support. However we found that only clinical staff had undertaken infection control training. The practice manager told us they would arrange for non-clinical staff to undertake this training too. Additionally we were unable to see certificates which related to training undertaken by two clinical members of staff prior to their employment. The practice manager and nurse manager told us the training had been undertaken during previous employment but the previous employer's database could not provide copies of certificates. We were told that the staff would undertake further training.

All GPs were up to date with their yearly continuing professional development requirements and all either have been revalidated or had a date for revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).

The practice used locum GPs on a regular basis but did not have a policy and appropriate procedures in place which related to this. We spoke to the practice manager who told us they thought that appropriate checks had been carried out by NHS England prior to the locum being placed on the performers' list'. They told us they rarely used locum agencies and tended to use the same locums regularly. This meant that the practice could not reassure itself that locums they used were appropriately qualified and had been subject to the necessary criminal records checks. The practice manager told us they would put a policy and process in place to ensure that locum details were checked before they commenced employment at the practice.

All staff undertook annual appraisals that identified learning needs from which action plans were documented. Our interviews with staff confirmed that overall the practice was proactive in providing training and funding for relevant courses.

Nurse practitioners and practice nurses were expected to perform defined duties and were able to demonstrate that they were trained to fulfil these duties. For example, on administration of vaccines and cervical cytology. Those with extended roles, for example, seeing patients with

long-term conditions such as asthma, chronic obstructive pulmonary disease (COPD), diabetes and coronary heart disease were also able to demonstrate that they had appropriate qualifications to fulfil these roles.

We spoke with a GP. They told us where poor performance had been identified appropriate action had been taken to manage this.

Working with colleagues and other services

The practice worked with other service providers to meet patient's needs and manage those of patients with complex needs. It received blood test results, X ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services and the 111 service both electronically and by post. The practice had a policy outlining the responsibilities of all relevant staff in passing on, reading and acting on any issues arising from these communications. Out-of hour's reports, 111 reports and pathology results were all seen and actioned by a GP on the day they were received. Discharge summaries and letters from outpatients were usually seen and actioned on the day of receipt and all within five days of receipt. The GP who saw these documents and results was responsible for the action required. All staff we spoke with understood their roles and felt the system in place worked well. There were no instances identified within the last year of any results or discharge summaries that were not followed up.

The practice was commissioned for the enhanced service for the avoidance of unplanned admissions and had a process in place to follow up patients discharged from hospital. (Enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). Recent CCG data showed a 7% reduction in all emergency admissions in patients 65 and over. Further data showed an 8.6% reduction in all emergency admissions in patients 75 and over and 1.8% reduction in readmissions in patients 65 and over.

The practice held multidisciplinary team meetings every two months to discuss patients with complex needs. For example, people from vulnerable groups and those with end of life care needs. These meetings were attended by district nurses, palliative care nurses and decisions about care planning were documented in a shared care record. Staff felt this system worked well. Care plans were in place for patients with complex needs if they were on the avoidable admissions register and shared with other health and social care workers as appropriate.

Are services effective?

(for example, treatment is effective)

Information sharing

The practice used several electronic systems to communicate with other providers. For example, there was a shared system with the local GP out-of-hours provider to enable patient data to be shared in a secure and timely manner.

Electronic systems were also in place for making referrals, and the practice made 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).

We found that the GP's within the practice had different systems for completing their referrals. For example, one GP dictated referrals whilst another completed the referral with the patient present. We spoke with the management team who told us they would review all the systems used and the practice would introduce a system to be used by all practitioners at the practice.

We saw evidence there was a system for sharing appropriate information for patients with complex needs with the out-of-hours services.

The practice had signed up to the electronic Summary Care Record and planned to have this fully operational by 31 March 2016. When GP's went on home visits they took a printed copy of a summary record to provide a summary of their health care needs. (Summary Care Records provide faster access to key clinical information for healthcare staff treating patients in an emergency or out of normal hours).

The practice had systems to provide staff with the information they needed. Staff used an electronic patient record 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. We also found that the practice had different systems for completing patient referrals.

Consent to care and treatment

We spoke with a GP and two nurses and found that they were aware of the Mental Capacity Act 2005 and their duties in fulfilling it. They demonstrated a clear understanding of Gillick competencies. (These are used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions). The practice did not have a consent policy in

which guidance was provided for staff to follow. The practice manager showed us a consent form the practice used for patients to sign to consent to allow discussion with a third party. There was also some guidance displayed in the practice and in the practice manager's office for non-clinical staff on MCA 2005 and Gillick competencies. However they did not provide training in MCA 2005.

Health promotion and prevention

It was practice policy to offer a health check to all new patients registering with the practice. The GP was informed of all health concerns detected and these were followed up in a timely way. We noted a culture among the GPs to use their contact with patients to help maintain or improve mental, physical health and wellbeing. For example, by offering opportunistic chlamydia screening to patients aged 18 to 25 years and offering smoking cessation advice to smokers.

The practice also offered NHS Health Checks to all its patients aged 40 to 74 years. Practice data showed that 97 patients had been offered a health check and 47% of patients in this age group took up the offer of the health check. The practice followed up patients if they had risk factors for disease identified at the health check and further investigations were scheduled.

The practice had a register for patients who had a learning disability. They did not have an enhanced service but offered patients a six monthly annual medication review. The patients were flagged on the patient electronic record system to alert a member of staff when they rang to book an appointment.

The practice had 43 patients on a register for severe mental health problems. 62.7% had a care plan and alcohol status recorded.

The practice's performance for the cervical screening programme was 66.6% of patients who were eligible for screening. The practice was below the CCG average of 80%. The practice had made attempts to get patients to attend for screening. For example, there was a 'pink pants' campaign in the waiting room, information in Polish and opportunistic screening. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also sent texts to eligible patients and offered flexible appointments with the nurse. A practice nurse had responsibility for following up patients who did not attend. The practice also encouraged

Are services effective?

(for example, treatment is effective)

its patients to attend national screening programmes for bowel cancer and breast cancer screening. Data showed that 56.2% of eligible patients had attended breast cancer screening compared to the CCG average of 75%. Further data identified that 51.5% of patients had attended for bowel cancer screening compared to a CCG average of 57.9%.

The practice ran a sexual health clinic which provided contraceptive services and sexual health advice, screening and treatment to their patients including young people.

The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. If appointments were not kept for children's immunisations this was followed up by contacting the parents and the health visitor.

Last year's performance was comparable to CCG and national averages for the majority of immunisations where comparative data was available. For example:

- Flu vaccination rates for patients over 6 months to under 65's was 48.5% compared to a national average of 52.2%.

Childhood immunisation rates for the vaccinations given to under twos ranged from 85.7% to 96.8% and five year olds from 86.4% to 95.5%. These were comparable to CCG averages.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the January 2015 national GP patient survey and a practice survey from March 2015.

In March 2015 the practice had surveyed patients on the booking of appointments. 50 surveys were sent out and they had a 62% return rate. Data showed that 64.5% of patients who responded said their overall experience of the practice was excellent and 26% said it was good. The results of the survey did not include any recommendations or an action plan.

The evidence from the January 2015 national GP patient survey showed the practice was rated 'among the best' for patients who rated the practice as good or very good.

- 81.7% would recommend this surgery to someone new in the area compared to the CCG average of 80.3% and national average of 78%.
- 90.4% described their overall experience as good compared to the CCG average of 87.2% and national average of 67.9%.

The practice was also well above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 90.6% said the GP was good at listening to them compared to the CCG average of 87% and national average of 87.2%. 89.6% said the nurse was good at listening to the compared to the CCG average of 85.1% and national average of 79.1%.
- 89.4% said the GP gave them enough time compared to the CCG average of 86% and national average of 85.3%. 87.6% said the nurse gave them enough time compared to the CCG average of 86.8% and national average of 80.2%.
- 93.2% said they had confidence and trust in the last GP they saw compared to the CCG average of 92.4% and national average of 92.2%. 88% said they had confidence and trust in the last nurse they saw compared to the CCG average of 89.9% and national average of 85.5%.

In March 2015 the practice had surveyed patients on the booking of appointments. 50 surveys were sent out and they had a 62% return rate. 71% said the GP or nurse gave them enough time.

We spoke with four patients on the day of our inspection. All told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

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

We saw that staff were careful to follow the practice's confidentiality policy when discussing patients' treatments so that confidential information was kept private. The practice switchboard was located away from the reception desk and was shielded by glass partitions which helped keep patient information private. If patient request to speak confidentially the practice would use a vacant room. We observed that the practice did not have a self-check in board and the reception area became blocked if a few people were waiting. 94.7 % of patients who completed the January 2015 national GP survey said they found the receptionists at the practice helpful compared to the CCG average of 87% and national average of 86.9%.

There was a clearly visible notice in the patient reception area stating the practice's zero tolerance for abusive behaviour. Receptionists told us that referring to this had helped them diffuse potentially difficult situations.

Care planning and involvement in decisions about care and treatment

The January 2015 national GP patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and generally rated the practice well in these areas. For example:

- 78.2% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of

Are services caring?

81.8% and national average of 82.0%. 85.4% said the last nurse they saw or spoke to was good at explaining tests and treatments compared to the CCG average of 82.2% and national average of 76.7%.

- 75.6% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 75.4% and national average of 74.6%. 73.3% said the last nurse they saw or spoke to was good at involving them in decisions about their care compared to the CCG average of 72.8% and national average of 66.2%.

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment they wished to receive. Patient feedback on the comment cards we received was also positive and aligned with these views.

Staff told us that translation services were available for patients who did not have English as a first language. One GP told us that he had used a telephone translation service recently.

Patient/carer support to cope emotionally with care and treatment

The January 2015 national GP patient survey information we reviewed showed patients were positive about the emotional support provided by the practice and rated it well in this area. For example:

- 85.5% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83.6% and national average of 82.7%.
- 87.8% said the last nurse they saw or spoke to was good at treating them with care and concern compared to the CCG average of 83.6% and national average of 78%.

The patients we spoke with on the day of our inspection and the comment cards we received were also consistent with this survey information. For example, these highlighted that staff responded compassionately when they needed help and provided support when required.

Notices in the patient waiting room and on the patient website also told patients how to access a number of support groups and organisations. The practice's computer system had the facility to alert GPs if a patient was also a carer. We found that the practice did not have a robust system to ensure that patients who were also carer's could be identified on the system. We spoke with the management team who told us they would review the current system.

Staff told us that if families had suffered bereavement the practice sent them a condolence card where appropriate. Their usual GP would contact them and offered a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

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 patient's 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 in the way services were delivered. For example, they had an established and successful avoidable admissions enhanced service. The practice had a 7% reduction in all emergency inpatient admissions for patients 65 and over.

The NHS England Area Team and Clinical Commissioning Group (CCG) told us that the practice engaged regularly with them and other practices to discuss local needs and service improvements that needed to be prioritised. We saw minutes of meetings where this had been discussed and actions agreed to implement service improvements to better meet the needs of its population. For example, direct access to the independent living team and neighbourhood team to keep older people safe in their own homes. The Neighbourhood Team is a new way of working across health and social care organisations. They bring together health and social care professionals including GPs, community nurses, social workers, community psychiatric nurses and therapists. Integrated care aims to 'join-up' health and social care to meet the needs of an ageing population and transform the way that care is provided for people with long-term conditions, by enabling those with complex needs to lead healthier, fulfilling and independent lives.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services. The practice had access to online and telephone translation services and a GP who spoke Russian. Staff told us that a number of patients were Eastern European and generally they brought an English speaking family member or friend with them in case of any communication problems and this worked well.

The practice provided equality and diversity training through e-learning. The majority of staff had completed the equality and diversity training in the last 12 months.

The premises and services had been adapted to meet the needs of patient with disabilities. The practice occupied a

Victorian building and the practice had installed a ramp to a fire door for patients to access the premises if they were in a wheelchair or were unable to negotiate the step at the front of the building.

The practice was situated on the ground and first floors of the building. Most services for patients were on the ground floor. Provision had been made to see any patients with reduced mobility on the ground floor. We saw that the waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms. Accessible toilet facilities were available for all patients attending the practice including baby changing facilities.

Staff told us that they did not have any patients who were of "no fixed abode" but would see someone if they came to the practice asking to be seen and would register the patient so they could access services.

There were male and female GPs in the practice; therefore patients could choose to see a male or female doctor.

Access to the service

Springcliffe surgery was open from 8.00am to 6.30pm. Appointments were available from 8.40am to 11.10am each morning Monday to Friday and 3.40pm to 5.50pm on Monday, Wednesday, Thursday and Friday. GP and Nurse appointments can be booked up to four weeks in advance. Some on the day appointments was also available. The practices did not offer extended opening hours due to continued problems with the recruiting of a further GP. They told us that they will continue to advertise for the post

Comprehensive information was available to patients about appointments on the practice website. This included how to arrange urgent appointments and home visits and how to book appointments through the website. There were also arrangements to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances. Information on the out-of-hours service was provided to patients.

Longer appointments were also available for older patients, those experiencing poor mental health and patients with long-term conditions. This also included appointments with a named GP or nurse. Home visits were made to four local care homes on a specific day each week, by a named GP and to those patients who needed one.

Are services responsive to people's needs?

(for example, to feedback?)

In March 2015 the practice had surveyed patients on the booking of appointments. 50 surveys were sent out and they had a 62% return rate. 54% saw a GP and 32% a nurse. 77% of patients said they were seen on time.

The patient survey information we reviewed showed mixed results to questions about access to appointments and generally rated the practice well in these areas. For example:

- 81.7% would recommend this surgery to someone new in the area compared to the CCG average of 80.3% and national average of 78%.
- 77% were satisfied with the practice's opening hours compared to the CCG average of 76.2% and national average of 75.7%.
- 70.6% described their experience of making an appointment as good compared to the CCG average of 74.5% and national average of 73.8%.
- 86.9% said the last appointment they got was convenient compared to the CCG average of 93.4% and national average of 91.8%.
- 80.5% said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 72% and national average of 65.2%.
- 81.3% said they could get through easily to the surgery by phone compared to the CCG average of 74.4% and national average of 71.8%.

Only one of the four patients we spoke with were satisfied with the appointments system and said it was easy to use. Three told us that it was difficult to get through by phone and get an appointment. They also said that they would like extended hours as they found it difficult to get an appointment out of working hours. Patients confirmed that they could see a doctor on the same day if they felt their need was urgent although this might not be their GP of choice.

They also said they could see another doctor if there was a wait to see the GP of their choice. Routine appointments were available for booking four weeks in advance. Comments received from patients also showed that

patients in urgent need of treatment had often been able to make appointments on the same day of contacting the practice. For example, a mother told us they had just turned up with a young child with a rash and they had been seen.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints procedure was not detailed and did not provide enough guidance for staff. There was no reference to any independent advocacy services, for example POhWER. It was not in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice. POhWER provides advocacy services in the UK and is England's largest provider of NHS Complaints Advocacy.

We saw that information was available to help patients understand the complaints system. We saw a complaints information leaflet and small sign in the waiting room. None of the patients we spoke with had ever needed to make a complaint about the practice.

The practice had only received one complaint in the last 12 months. We looked at the complaint received in the last 12 months and found it was satisfactorily handled and dealt with in a timely way.

The practice had a suggestion box in the reception area.

The practice reviewed complaints annually to detect themes or trends. We looked at the reports for the last two reviews and no themes had been identified. There was limited evidence to demonstrate that lessons had been learned from individual complaints, acted on and improvements made to the quality of care as a result. Staff we spoke with were aware of the practice procedure for complaints. However not all staff got information from the management team with regard to complaints received in the practice.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice vision and values included the provision of best possible health care to their patients and improve the health, well-being and lives of those they care for.

We were told the practice is one of eight in the area who are in discussions about becoming a GP federation. If successful this will enable the practices to enhance the delivery of health and care services to our local population. The practice had plans to cascade information to the wider team when details of the federation had been finalised and aims and objectives set.

We spoke with nine members of staff but not all knew and understood the vision and values and knew what their responsibilities were in relation to these.

Governance arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff on computers within the practice. The practice manager told us that when any policies were updated or new policies were implemented they were sent to all staff electronically as a notification. We looked at 12 of these policies and procedures. All the policies and procedures we looked at had been reviewed annually and were up to date.

There was a clear leadership structure with named members of staff in lead roles. For example, there was a lead nurse for infection control and a GP partner was the lead for safeguarding.

We spoke with nine members of staff and they were all clear about their own roles and responsibilities. They all told us they felt well supported and knew who to go to in the practice with any concerns.

The GP and practice manager took an active leadership role for overseeing that the systems in place to monitor the quality of the service were consistently being used and were effective. The included using the Quality and Outcomes Framework to measure its performance (QOF is a voluntary incentive scheme which financially rewards practices for managing some of the most common long-term conditions and for the implementation of

preventative measures). The QOF data for this practice showed it was performing in line with national standards. We did not see on meeting minutes we looked at that QOF data was regularly discussed and action plans produced to maintain or improve outcomes.

The practice also had an on-going programme of clinical audits which it used to monitor quality and systems to identify where action should be taken. For example, two audits undertaken following changes in NICE guidance. Evidence from other data from sources, including incidents and complaints was used to identify areas where improvements could be made. Additionally, there were processes in place to review patient satisfaction and that action had been taken, when appropriate, in response to feedback from patients or staff. The practice regularly submitted governance and performance data to the CCG.

The practice had arrangements for identifying, recording and managing risks. We saw that the risks had been discussed at team meetings and updated in a timely way. Risk assessments had been carried out where risks were identified and action plans had been produced and implemented. For example the practice manager had carried out an environmental audit in March 2015 and the actions identified had been actioned.

The practice did not have a robust system in place for disseminating learning from significant events, incidents and accidents.

The practice did not have a consistent system to highlight vulnerable patients on the practice's electronic records.

The practice used locum GPs on a regular basis but did not have a policy and appropriate procedures in place which related to this. We spoke to the practice manager who told us they thought that appropriate checks had been carried out by NHS England prior to the locum being placed on the performers' list'. They told us they rarely used locum agencies and tended to use the same locums regularly. The practice manager told us they would put a policy and process in place to ensure that locum details were checked before they commenced employment at the practice.

We saw evidence of general daily cleaning schedules. They did not relate to individual consulting rooms or other areas of the practice.

Minutes of practice meetings we looked at did not show that infection control was discussed. We spoke with the

Are services well-led?

Requires improvement 

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

infection control lead. They told us they had recently taken on the role. She had not undertaken any training to enable her to provide advice on the practice infection control policy and carry out staff training.

We were told that the practice held monthly practice meetings where governance issues were discussed. We looked at minutes from these meetings but found that performance, quality and risks had not been discussed at each meeting.

The practice manager was responsible for human resource policies and procedures. We reviewed a number of policies, including lone working, disciplinary and grievance procedures and the management of sickness which were in place to support staff. We were shown the staff handbook which all members of staff had been given a copy. This included sections on equality, stress and harassment at work.

Leadership, openness and transparency

One GP partner in the practice was available in the practice four mornings a week. Staff told us that they were approachable and always took the time to listen to all members of staff. We did not see any evidence to suggest that the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

The practice had identified that they needed to improve their screening uptake figures across all screening services. They had plans to increase the profile of screening for mammograms, smear, abdominal aortic aneurysm and faecal occult blood testing (FOB). FOB is a means of testing for traces of blood in faeces. They also plan to continue to promote screening during consultations.

Staff told us and we saw that there was an open culture within the practice and they had the opportunity to raise any issues and felt supported if they did.

Staff said they felt respected, valued and supported, particularly by the partners in the practice.

Seeking and acting on feedback from patients, public and staff

The practice encouraged and valued feedback from patients. The practice gathered feedback from patients through patient surveys, comment cards, complaints received and the NHS Friends and Family Test This asks

patients if they would recommend the practice they have used and provides a mechanism to highlight both good and poor patient experience. The practice had four responses in January 2015. Comments were mixed. They were positive about staff being good at their jobs. The negative comments were around not being able to get an appointment and appointments running late. These were in line with comments cards we reviewed and patients we spoke with on the day of the inspection.

The practice were in the early stages of establishing a patient participation group (PPG) and the practice manager told us there were a number of patients interested in participating but had not yet found a patient willing to chair the group. The practice were still trying to progress this and we saw that they were trying to recruit further members for the PPG and had promoted this via their website and the PPG noticeboard in the reception area of the practice. (A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care).

We did not see any evidence that the practice had reviewed its' results from the January 2015 national GP survey to see if there were any areas that needed addressing.

The practice had also gathered feedback from staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

The practice had a whistleblowing policy which included details of external bodies or agencies and was available to all staff in the staff handbook.

Management lead through learning and improvement

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. We looked at six staff files and saw that appraisals had either taken place or were booked. The appraisals we looked at included a personal development plan. Nursing staff told us that the practice was supportive of training when needs were identified.

We saw limited evidence that information about the service was used in ways to develop and improve the service provided to patients. For example through patient surveys, learning from investigating significant events and complaints.

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>We found that the registered person did not have a robust system in place to learn from significant events and near misses.</p> <p>This was in breach of Regulation 12 (2)(b) of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).</p>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>We found the registered person did not have effective systems and processes in place to protect vulnerable adults and children.</p> <p>The registered person must review the current system for the flagging up of alerts for safeguarding vulnerable adults and children and carers and ensure that outstanding safeguarding concerns have been followed up effectively. Provide guidance for staff on the flagging of vulnerable adults on the patient electronic system. Ensure there is a formal process for the discussion of safeguarding issues. Have a system in place to ensure that outstanding safeguarding concerns have been followed up effectively.</p> <p>This was in breach of Regulation 13 (3) of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).</p>