Springfield Primary Care Centre

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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Springfield Primary Care Centre on 14 September 2016. Overall the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.
- The practice was piloting virtual clinics such as diabetic clinics and recently hypertension clinics.
- The practice was located in a deprived area so the practice set up a weekly benefits advice centre for its patients

The areas where the provider must make improvement are:

Summary of findings

- Ensure that staff have access to regular mandatory training to be able to respond to emergencies specifically basic life support training.
- Should consider getting a second thermometer for all vaccine and medicine fridges in the practice.

The areas where the provider should make improvement are:

- Review the system in place for receiving and managing safety alerts.
- Ensure staff who carry out chaperone duties fully understand the role and update the chaperone policy.
- Consider appropriate recruitment records are kept when verbal references are obtained.
- Continue to review the process for identifying carers and support that is provided for them.
- Ensure suitable records of meeting discussions and action points are accessible to appropriate staff.
- Consider how to respond to patient access and involvement in relation to the GP Patients survey responses.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

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

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice did not always have defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. For example we found that not all staff had received role appropriate training including basic life support training.
- The practice did not manage safety alerts, we were unable to review patient safety alerts, as the practice did not have an effective system in place for receiving and managing safety alerts. After the inspection the practice provided us with evidence that demonstrated they had reviewed the process for managing safely alerts.
- Risks to patients were assessed and well managed.
- Emergency medicines and equipment were available.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were in line with the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

Summary of findings

- Data from the national GP patient survey showed patients rated the practice in line with the national averages for the majority of 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 saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Requires improvement 

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

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example the practice had a high Spanish and Portuguese population so they recruited staff that could speak in these languages.
- The practice was located in a deprived area so the practice set up a weekly benefits advice centre for its patients.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good 

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify 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 and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The Patient Participation Group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Requires improvement

The practice is rated as requires improvement for safe, and responsive, and good for effective, caring and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
  The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- All patients over the age of 75 had a named GP. The named GP is responsible for repeat prescribing, dealing with paperwork and leading on home visits for all their allocated patients.
- Holistic Health Care Assessments for over 65's were available both in the practice and at home.
- The practice participated in the unplanned admissions direct enhanced service, which entitles them to a further care plan and extra telephone consultations.
- The practice attended and hosted multidisciplinary meetings which included discussions of the support needs for older population at home.
- Flu vaccinations were offered to all over 65s. The percentage of uptake was in line with the CCG rates.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for safe, and responsive, and good for effective, caring and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice held weekly diabetic clinics; there were 325 patients on the diabetes register.

Summary of findings

- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 88%, which was 9% higher the CCG average and 8% higher than the national average.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Targeting of chronic disease patients for influenza vaccination.

Families, children and young people

Requires improvement

The practice is rated as requires improvement for safe, and responsive, and good for effective, caring and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of Accident and Emergency (A&E) attendances.
- 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.
- The practice's uptake for the cervical screening programme was 81%, which was comparable to the Clinical Commissioning Group (CCG) average of 79% and the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- Same day appointments were always offered to children.

Antenatal Care with weekly community midwife clinics were held

Summary of findings

Working age people (including those recently retired and students)

Requires improvement 

The practice is rated as requires improvement for safe, and responsive, and good for effective, caring and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- On-line access was available to patients to book appointments and request repeat prescriptions.
- Appointment mix and availability- book ahead, on the day, telephone triage, book appointments during extended hours clinic for both GP and nurse.
- Pro-active NHS health checks for example over 40s' health check.

People whose circumstances may make them vulnerable

Requires improvement 

The practice is rated as requires improvement for safe, and responsive, and good for effective, caring and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability. The practiced had done well with their learning disability patients that Kings College Hospital had requested to use them as a pilot practice to demonstrate to other practices their system and process.
- For 2015/16, the practice had 35 patients on the learning disabilities register, 21 of whom (90%) had received an annual review.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Summary of findings

- 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 a large language mix amongst staff including French, German, Polish, Spanish, Portuguese, as the practice population had a high number of patients from these countries.
- The practice set up a benefits service on site.

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice is rated as requires improvement for safe, and responsive, and good for effective, caring and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. Four hundred and ten survey forms were distributed and 80 were returned. This was a 20% response rate and represented 1.2% of the practice's patient list.

- 57% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 42% of patients were able to get and to see or speak to someone the last time they tried compared to the national average of 76%.
- 77% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 83% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 20 comment cards which were all positive about the standard of care received. Patients said staff were excellent, professional, they were given information about treatment and the facilities in the practice were good

We spoke with three patients during the inspection. One member of the Patient Participation Group (PPG). All three patients said they were satisfied with the care they received and thought staff were approachable, committed and caring, however patients reported difficulty in obtaining appointments.

Springfield Primary Care Centre

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 specialist adviser.

Background to Springfield Primary Care Centre

Springfield Primary Care Centre is a small practice located between Stockwell and Clapham North, in the London Borough of Lambeth. The practice list size is approximately 6650. The practice population is diverse, with a large number of patients from Spain and Portugal. Life expectancy for males in the practice is 76 years and for females 81 years. Both of these are in line with the Lambeth CCG and national averages for life expectancy. The practice population is in the third most deprived decile in England. The practice has a higher than average number of male and female patients aged between 24 and 44 years. The practice has lower than average numbers of both male and female patients aged 50-85 years old.

The practice is based over two floors. Facilities include eight consultation rooms, two treatment rooms and two patient waiting rooms (one on the ground floor, one on the first floor). Patients with mobility problems are always seen on the ground floor. The premises are wheelchair accessible and there are facilities for wheelchair users including a lift and accessible toilets and a hearing loop. Other facilities include baby changing facilities and wheelchair accessible toilets.

The staff team compromises of two GP partners one male and one female partner and one female salaried. One partner works seven sessions a week, the other partner and salaried GP each works six sessions a week. Other staff included one practice nurse, a health care assistant, five receptionists, three administration staff, and practice manager.

The practice is open between 8.00am to 6.30pm Monday to Friday. It offers extended hours from 6.30pm to 8.00pm on Tuesdays. Appointments are available to patients from 8.30am to 6.10pm Monday to Fridays. Appointments are also available during the extended hours from 6.30pm to 7.45pm. When the practice is closed patients are directed (through a recorded message on the practice answer machine) to contact the local out of hour's service. Information relating to out of hour's services is also available on the practice website. This includes details of the local walk in service and pharmacy services.

The practice is registered as a partnership with the Care Quality Commission (CQC) to provide the regulated activities of treatment of disease, disorder or injury; diagnostic and screening; maternity and midwifery services and surgical procedures. The practice has an Alternative Provider Medical Services (APMS) contract (APMS contracts are provided under Directions of the Secretary of State for Health. APMS contracts can be used to commission primary medical services from traditional GP practices).

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

Detailed findings

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.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 8 October 2015. During our visit we:

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

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

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

We also looked at how well services 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.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. For example, we saw paperwork relating to an incident that had occurred. The incidents were investigated and where appropriate the patient had received an apology or an explanation.
- The practice carried out a thorough analysis of the significant events. There had been seven significant events in the last 12 months. All of the significant events had been handled in line with the organisation's policy. A thorough analysis carried out and learning recorded. Significant events were discussed in a weekly clinical meeting.Where relevant, actions were shared with non-clinical staff in staff meetings or informally. For example, the practice had identified that a person had locked themselves in the toilet in the evening, an email was sent to all staff regarding the incident, a reception meeting was held and the practice brainstormed possible ideas on how to prevent this happening again, the practice implemented a system of checking all rooms including toilets before closing.
- We were unable to review patient safety alerts, as the practice did not have an effective system in place for receiving and managing safety alerts. After the inspection the practice provided us with evidence that demonstrated they had reviewed the process for managing safely alerts.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection level three. The nurse was trained to level two and the administration staff were trained to level one. All staff we spoke with demonstrated understanding of safeguarding issues.
- Notices in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained, but some were unsure where to stand. Staff 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).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A GP was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken; we saw evidence of an audit completed in February 2016. There were some areas for improvement and we saw evidence that action was taken to address any improvements. For example the practice had started to use foot pedal bins in all rooms.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing,

recording, handling, storing, security and disposal). Fridge temperatures were monitored, however there was only an internal thermometer being used. This is not in accordance with Public Health England guidance.

- Processes were in place for handling repeat prescriptions, which included the review of high risk medicines. If patients had not been seen by the GP for six months they were contacted and asked to attend the practice to see a GP so they could make sure it was appropriate to continue their repeat medicines.
- The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.) The Health Care Assistant was trained to administer vaccines and medicines against a patient specific prescription or direction (PSD) from a prescriber. (PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.)
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However, we found of the three files checked there was no record of references being obtained, but we were told they had been obtained verbally they were not recorded in staff files.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. Fire alarms and smoke detectors were tested weekly. There were two appointed fire wardens. Clinical equipment was checked to ensure it was working properly. Calibration was conducted annually, having last been completed in April 2016.

The practice had a variety of other risk assessments in place to monitor safety of the

premises such as control of substances hazardous to health and infection control and

legionella (Legionella is a term for a particular bacterium which can contaminate water

systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The practice regularly used locum doctors to ensure they had enough staff to meet patients' needs; they had been trying to recruit a permanent doctor for the last two years. They practice had a locum pack and appropriate locum checks had been obtained.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- We identified that out of the three files checked two staff had not received basic life support training.
- There were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.

Requires improvement

Are services safe?

- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. The emergency medicines and equipment were checked by the health care assistant. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

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 were 99% of the total number of points available with 15% exception reporting. This was higher than the national average of exception reporting 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).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was above the national average. For example, 85% of patients had well-controlled diabetes, indicated by specific blood test results, compared to the Clinical Commissioning Group (CCG) average of 74% and the national average of 78%.
- The number of patients with Chronic Obstructive Pulmonary Disease (COPD) who had received annual reviews was 92% which was above CCG average of 90% and national average of 90%.
- The number of patients with dementia who had received annual reviews was 94% which was above the CCG average of 88% and national average of 84%.

There was evidence of quality improvement including clinical audit.

There had been two full cycle audits completed in the last two years. Both were completed audits where the improvements made were implemented and monitored. For example the practice carried out an audit looking at the two week referral wait. The first cycle led to safety netting; the practice now keeps logs of all two week waits to ensure that patients have been seen, an additional check is also made two weeks later to see if a letter from the hospital has been received indicating that patient has been seen and reviewed. In the first cycle 11 referrals were made, all had received appointments except one and 55% were then seen again by GP after the referral. In the second cycle 17 referrals were made, all had received appointments, in two case the patients were not seen in secondary care, In both cases the patients were followed up by the GP and a referral resent if deemed appropriate. The logging of referrals is now mandatory, and all referrals are now chased up to see whether appointments have been made.

The practice participated in local audits, national benchmarking, accreditation, peer review. Benchmarking data was discussed at monthly CCG and locality meetings attended by one of the partners and data was shared during weekly clinical meetings. There was evidence that the practice was engaged with the CCG and had an awareness of their current performance and targets.

Effective staffing

Staff did not always have the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff, topics such as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality were covered.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. There was a wide skill mix amongst clinical staff.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence.Staff who administered vaccines could

demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months. Staff we spoke with confirmed they found the appraisal system beneficial as it was their opportunity to discuss their development and identify new goals.
- Staff received training that included: safeguarding, fire safety awareness, and information governance. Staff had access to and made use of e-learning training modules and in-house training. Two non-clinical staff members had not received basic life support training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Alerts were put on the clinical system for vulnerable patients, patients who required interpreting services, patients receiving end of life care, carers. Those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation were also supported.
- The Healthcare Assistant provided one-to-one smoking cessation advice to patients. The practice had identified 1022 smokers. In 2015/16 they had referred 29 patients and 9 quit. This represented a 31% success rate.
- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, alcohol cessation. Patients were signposted to the relevant service.
- A dietician was available on the premises.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the Clinical Commissioning Group (CCG) average of 80% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe

Good

Are services effective?

(for example, treatment is effective)

systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Flu immunisation rate for those over 65 for 2015/16 was 65% which was in line with the CCG average of 65%. Flu immunisation rates for at risk groups was 40% for 2015/16. Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 68% to 90% and five year olds from 87% to 98%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Figures for the last year showed they had invited 140 patients which represented 14% of patients being invited. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 20 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with one members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was average for its satisfaction scores on consultations with GPs and nurses. For example:

- 84% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 76% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%.
- 100% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 83% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% national average of 85%.
- 86% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 91%.
- 82% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 75% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 86%.
- 76% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. The practice also employed members of staff who could speak Spanish and Portuguese, languages used by a significant number of the patient list.
- Information leaflets were available in easy read format.

Good

Are services caring?

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations such as counselling services, diabetes advice, baby immunisations and cancer support. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 4 patients as carers (0.06% of the practice list). Written information was available to direct carers to the various avenues of support available to them. The practice had a carer's pack which detailed useful links and information. They also developed a role called (Primary care navigator) for one team member to be responsible for contacting all carers and signposting information directly to them.

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

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice had a good understanding of their local population. They had a higher than average number of young patients (higher than England averages of female and male patients aged 20-44 years). They also had a high number of patients from Spain and Portugal.

The GPs were aware of their patient base and services were reflective of this. They employed staff that could speak these languages. The practice was in a deprived area, the practice organised for a weekly benefit advice centre to be held in the practice, where a benefits advisor would come in and advise patients on how to manage their finances.

- The practice offered a 'Commuter's Clinic' on Tuesday evening until 8.00pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were accessible facilities, a hearing loop and translation services available.
- The practice was purpose built and had a lift to improve access for patients with mobility problems.
- The practice was keen on trying new ways of working, and was piloting virtual clinics such as diabetic clinics and recently hypertension clinics.

Access to the service

The practice was open between 8.00am to 6.30pm Monday to Friday. It offered extended hours from 6.30pm to 8.00pm on Tuesdays. Appointments were available to patients from 8.30am to 6.10pm Monday to Fridays. Appointments were also available during the extended hours from 6.30pm to 7.45pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages.

- 75% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 58% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 53% of patients describe their experience of making an appointment as good compared with a Clinical Commissioning Group (CCG) average of 71% and a national average of 73%.
- 42% of patients were able to get and to see or speak to someone the last time they tried compared to the national average of 76%.
- The practice had identified the GP patient results were low in relation to accessing the practice, so they got more staff in the mornings to cover their busier periods, they also started to get GPs to call patients back via their triage system, the practice was also trying to recruit a permanent GP. The practice also carried out its own survey to determine how it could improve patient access, consequently the practice changed the appointment system including providing more online appointments and adding more routine appointments.

People told us on the day of the inspection that they were able to get appointments when they needed them however sometimes it could take a few weeks. Three of the comment cards also stated it was difficult to get an appointment.

The practice had a system in place to assess:

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

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

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, for example on the practice website, in the practice leaflet, however there was no poster or sign in reception, patients would have to request a complaints form.

We looked at three complaints received in the last 12 months and found that they had been responded to within appropriate time scales and explanations and apologies were given if applicable. Lessons were learnt from individual concerns and complaints and action was taken to as a result to improve the quality of care. For example, a complaint was made by a patient who was unhappy that they had to wait over an hour to be seen for their pre booked appointment. This was due to a medical emergency which caused the GP to run late. The patient received an apology and an explanation as to why the GP was running so late.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement and staff knew and understood the values.
- The practice were able to articulate their strategy and business plans which reflected the vision and values and this was regularly discussed in partnership meetings. The partners were clear about where improvements were required in the practice to enable them to improve the service. This included employing one more GP to offer patients more GP time.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was clear staffing structure and that staff were aware of their own roles and responsibilities. Lead roles were assigned to staff including having leads for safeguarding, infection control, complaints, Mental Capacity and medicines management.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- Although the practice was recording minutes from all meetings, sometimes the minutes were not comprehensive and action points and learning was not always detailed.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff. Staff told us they appreciated the fact that the partners often attended their administration team meetings and social events. They felt this demonstrated that they were personable. Information was shared with them in a timely way and they felt involved in practice decisions.

The senior partner told us that they wanted to create a work environment for their staff that was comfortable, that had opportunities for staff to grow in all roles, so they encouraged staff to attend training courses. The practice manager started as a receptionist and trained and work his way up to his current role.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings. Clinical meetings were held weekly, business meetings every two weeks, full team meetings were held every three months, nurse meetings monthly, reception meetings every month.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted team away days were held every 12 months.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were

Are services well-led?

Good

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

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

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the Patient Participation Group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, they told us they initiated getting a TV screen placed in reception. They also initiated getting a benefits adviser to attend the practice weekly to provide information on how to manage debts.
- The practice had gathered feedback from staff through annual appraisals, staff meetings and surveys. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example one GP partner had an interest in diabetics, so held virtual clinics with a consultant present to advise and educate GPs present on improving individual patients' diabetic care lifestyle and awareness. As these clinics were successful they had started doing hypertension virtual clinics. The partner also completed the Warwick diabetes course. Another GP did well in completing learning and disability checks consequently Kings college hospital contacted the practice to be a pilot practice in the area to show other practices how they conducted their checks. The partners encouraged growth and development within the practice for example the practice manager started as a receptionist and trained, completed a practice manager course and work his way up to his current role.

The practice was keen on trying new ways of working, and was piloting virtual clinics such as diabetic clinics and recently hypertension clinics. They were exploring academic science work groups, which would involve having consultations with groups of patients that all had the same problem.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** The provider did not have an effective system or process to make sure they assessed and monitored the service provided. For example: • There was not an effective system in place for managing safety alerts. • There was no second thermometer for all vaccine and medicine fridges in the practice. • The practice was not responsive to patient access and involvement in relation to the GP Patients survey responses. This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **How the regulation was not being met:** The provider did not ensure that persons employed by the received such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. For example: • Not all staff had received role appropriate training including basic life support

This section is primarily information for the provider

Requirement notices

This was in breach of regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.