

# Springwell House

## Quality Report

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

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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

Good



Are services safe?

Good



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Springwell House on 15 November 2016, which resulted in the practice being rated as requires improvement overall with the domains of safe and well-led being requires improvement. The full comprehensive report can be found by selecting the 'all reports' link for Springwell House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 22 June 2017 to confirm that the practice made the improvements that we identified in our previous inspection in November 2016. This report covers our findings in relation to those improvements.

The practice is rated as good overall; including for providing safe services and for being well-led.

Our key findings at this inspection on the 22 June 2017 were as follows:

The practice had addressed the issues identified during the previous inspection.

- The practice had strengthened their governance systems.
- The practice gave examples of significant events which had occurred and demonstrated positive change and learning from these.
- There was a clear audit trail of action taken in relation to patient safety alerts.
- They had responded to complaints and concerns raised.
- The practice had carried out a recent patient survey to help them improve the quality of care provided.

### 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 good for providing safe services.

When we previously inspected we identified concerns, including; there were no recorded significant events and there was no clear audit trail maintained to confirm clinical staff had read patient safety alerts.

During the inspection in January 2017 we found the practice had made improvements.

The practice gave examples of significant events which had occurred and demonstrated learning from them.

There was a clear audit trail of action taken in relation to patient safety alerts.

Good



### Are services well-led?

The practice is rated as good for providing well-led services.

When we previously inspected we identified concerns, including; arrangements for governance and performance management did not always operate effectively, there was no record of any complaints and few examples of how the practice had responded to feedback from patients.

During the inspection in June 2017 we found the practice had made improvements.

The practice had strengthened their governance systems.

They had responded to complaints and concerns raised.

The practice had carried out a recent patient survey to help them improve the quality of care provided.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as good for the care of older people.

The provider had resolved the concerns for safety, effectiveness and how well-led the service was, identified at our inspection on 15 November 2016. These applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People with long term conditions

The practice is rated as good for the care of patients with long-term conditions.

The provider had resolved the concerns for safety, effectiveness and how well-led the service was, identified at our inspection on 15 November 2016. These applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### Families, children and young people

The practice is rated as good for the care of families, children and young people.

The provider had resolved the concerns for safety, effectiveness and how well-led the service was, identified at our inspection on 15 November 2016. These applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



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

The practice is rated as good for the care of working age people (including those recently retired and students).

The provider had resolved the concerns for safety, effectiveness and how well-led the service was, identified at our inspection on 15 November 2016. These applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

Good



# Summary of findings

The provider had resolved the concerns for safety, effectiveness and how well-led the service was, identified at our inspection on 15 November 2016. These applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

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

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

The provider had resolved the concerns for safety, effectiveness and how well-led the service was, identified at our inspection on 15 November 2016. These applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

**Good**



# Springwell House

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team was led by a CQC Lead Inspector.

## Background to Springwell House

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

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

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

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

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

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

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

Appointments are available between the following times:

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

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

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

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

Friday 9:30am – 12:30pm and 4pm-6pm

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

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

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

## Why we carried out this inspection

We undertook a comprehensive inspection of Springwell House in 15 November 2016 under Section 60 of the Health

# Detailed findings

and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. The full comprehensive report following the inspection in November 2016 can be found by selecting the 'all reports' link for Springwell House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up focused inspection of Springwell House in June 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

## How we carried out this inspection

In June 2017 we carried out a focused inspection. This involved speaking with the GP provider and practice manager and reviewing evidence that:

- There was a process in place for the recording and reporting of significant events and the practice could provide examples of this.
- There was a clear audit trail of action taken in relation to patient safety alerts.
- There was a system in place for handling complaints and concerns.
- The practice had carried out a recent patient survey to help them improve the quality of care provided.

# Are services safe?

## Our findings

At our previous inspection in November 2016, we rated the practice as requires improvement for providing safe services as the practice did not have evidence of any significant events recorded and there was not always a clear audit trail kept in relation to patient safety alerts.

These arrangements had improved when we undertook this follow up inspection in June 2017. The practice is now rated as good for providing safe services.

### Safe track record

At our previous inspection we saw that although there was a system in place to report significant events none had been reported within the last six months.

At this inspection we saw that the practice manager was the point of contact for staff when they needed to report significant events. There was a specific form for staff to complete and the practice manager kept a record of them and actions taken. The events were then added to the local clinical commissioning group (CCG)'s Safeguard Incident & Risk Management System (SIRMS), where incidents and events met the threshold criteria. We saw minutes of the

practice clinical team meeting where significant events were discussed. There had been seven significant events since our previous inspection in November 2016. The practice were able to show us examples of how these had been investigated and learning from them implemented. For example, there had been a change in medication for a patient from a local hospital and the practice could not clarify what medication had been prescribed. The GP contacted the hospital for clarification and the incident was raised on SIRMS.

We previously saw that patient safety alerts were disseminated to staff, however there was not a clear audit trail maintained to ensure that clinical staff had read the alerts relevant to their clinical duties.

At this inspection we saw that the practice manager kept a file containing the safety alerts which had been received and highlighted what action had been taken as a result of the alert and who it was relevant to and if they had seen it. There was an example where an alert raised an issue with a type of medication. The practice identified one patient who was prescribed this and they were recalled by the practice and action taken to resolve the issue.

# Are services well-led?

Good 

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

## Our findings

At our previous inspection in November 2016, we rated the practice as requires improvement for providing well-led services as the arrangements for governance systems sometimes did not always operate effectively. There were only a few examples of how the practice had changed their services due to patient feedback.

These arrangements had improved when we undertook this follow up inspection in June 2017. The practice is now rated as good for providing services which are well-led services.

### **Governance arrangements**

At our previous inspection we saw that arrangements for governance and performance management did not always operate effectively.

At this inspection we saw that the practice had strengthened their governance systems. For example, significant events had been identified, recorded, investigated and learning taken from them. There was a clear audit trail of action taken in relation to patient safety alerts.

At our previous inspection we saw that there was a process in place to respond appropriately to complaints, however there were no records available of any which had been made. We saw at this inspection that there had been two verbal complaints which the practice manager had documented. These had been investigated in line with their complaints procedure. The practice had responded appropriately to these in writing.

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

At our previous inspection there were few examples of how the practice had responded to feedback from patients.

At this inspection we saw that a survey had been undertaken from which 33 responses were received. There was a low patient satisfaction response to the question involving the opportunity which patients had to speak to the GP or nurse over the telephone. The practice carried out an audit of this to see how this area of the service could be improved.