

Springfield House

Quality Report

Springfield House Medical Centre
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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 effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Requires improvement 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Springfield House on 18 March 2015. The overall rating for the practice following this inspection was requires improvement.

On 30 September 2016 we carried out an announced comprehensive follow up inspection to check the required improvements had been carried out. The improvements had not been carried out and the overall rating for the practice was inadequate. The practice was placed in special measures.

The full comprehensive reports on the March 2015 and September 2016 inspections can be found by selecting the 'all reports' link for Springfield House on our website at www.cqc.org.uk.

This inspection was undertaken following the period of special measures and was an announced comprehensive inspection on 30 June 2017. Overall the practice is now rated as good.

Our key findings across all the areas we inspected on 30 June 2017 were as follows:

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had clearly defined systems to minimise risks to patient safety, and these were reviewed to ensure they were embedded.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Information about services and how to complain was available.
- Patients we spoke with said they sometimes found it difficult to make an appointment with a GP but we saw appointments were available. They said there was continuity of care.
- 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 the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

Summary of findings

- Changes had been made to the staffing structure since our previous inspection. Staff worked well as a team and communication had improved.

The areas where the provider should make improvement are:

- Action plans should be in place to address the lower patient satisfaction levels following the most recent national GP patient survey.

- Systems should be in place to respond to the needs of patients with mental health issues.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service.

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?

When we inspected the practice on 30 September 2016 there were a number of issues affecting the delivery of safe services to patients. There were issues around the management of significant events, pre-employment checks, safeguarding, fire safety and other aspects of health and safety. At that time we rated the practice as inadequate.

These arrangements had significantly improved when we undertook a follow up inspection on 30 June 2017. The provider is now rated as good for providing safe services.

- From the sample of documented examples we reviewed, we found there was an effective system 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 were informed as soon as practicable, 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 had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice monitored improvements that had been required following a health and safety risk assessment being carried out. We saw evidence of required improvements being completed.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Good



Are services effective?

When we inspected the practice on 30 September 2016 there were a number of issues affecting the delivery of effective services to patients. Training was not well monitored and not all staff had completed mandatory training. Staff had not had an appraisal for over a year. The monitoring of medicine prescribing was not consistent and there were no medicine reviews for some medicine categories. The understanding of the rights of patients under the age of 16 was not consistent. At that time we rated the practice as inadequate.

These arrangements had significantly improved when we undertook a follow up inspection on 30 June 2017. The provider is now rated as good for providing effective services.

Good



Summary of findings

- Data from the Quality and Outcomes Framework showed patient outcomes were usually at or above average compared to the national average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge 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.
- End of life care was coordinated with other services involved.

Are services caring?

When we inspected the practice on 30 September 2016 there was an issue affecting the delivery of caring services to patients. Some issues around the chaperone process. Some patients said they were given a chaperone when they had not requested one and one said they knew the chaperone which they found embarrassing. At that time we rated the practice as requires improvement.

These arrangements had improved when we undertook a follow up inspection on 30 June 2017. The provider is now rated as good for providing caring services.

- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Data from the national GP patient survey showed patients rated the practice lower than others for several aspects of care. This data was only being released at the time of the inspection so the practice had not had the opportunity to put an action plan in place.

Good



Are services responsive to people's needs?

When we inspected the practice on 30 September 2016 there were a number of issues affecting the delivery of responsive services to patients. There was no protocol for assessing the urgency of home visit requests. Patients told us appointments were difficult to access. The complaints policy was not followed and complaints were not always investigated. At that time we rated the practice as requires improvement.

Requires improvement



Summary of findings

These arrangements had improved when we undertook a follow up inspection on 30 June 2017. However the provider is still rated as requires improvement for providing responsive services due to .

- The most recent national GP patient survey results patient satisfaction had decreased in areas relating to accessing the practice. Patients we spoke with said they sometimes found it difficult to make an appointment. However, we saw that urgent and routine appointments were available.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from the examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.
- The practice understood its population profile and had used this understanding to meet the needs of its population.

Are services well-led?

When we inspected the practice on 30 September 2016 there were a number of issues affecting the delivery of well-led services to patients. Staff were unaware of their mission statement. There were no regular staff appraisals and some staff did not know who their line manager was. Arrangements for identifying, recording and managing risks were not robust. Although clinical meetings took place there were very few meetings for other staff to keep them updated. At that time we rated the practice as inadequate.

These arrangements had significantly improved when we undertook a follow up inspection on 30 June 2017. The provider is now rated as good for providing well-led services. 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 policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Good



Summary of findings

- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In the examples we reviewed we saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.

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.

Good



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.

People with long term conditions

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

Good



- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was 91%. This was above the CCG average of 87% and the national average of 90%.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- All these patients had a named GP and there was a system to recall patients for 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.

Families, children and young people

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

Good



Summary of findings

- From the sample of documented examples we reviewed we found there were systems 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 in line with local and national averages for standard childhood immunisations.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Children under the age of 16 were able to make an appointment to see a GP, and GPs had a good understanding of the Gillick competency.
- The practice worked with midwives, health visitors and school nurses to support this population group.
- The practice had emergency processes for acutely ill children and young people.

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 needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Extended hours appointments were available at a nearby surgery, and the practice had carried out a survey to find out what times patients would prefer to be seen.
- The practice was proactive in offering online services.
- NHS health checks were offered to patients over the age of 40.

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.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

Good



Summary of findings

- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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 good for the care of people experiencing poor mental health (including people with dementia).

- The practice carried out advance care planning for patients living with dementia.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- Performance for mental health related indicators was 100%. This was above the CCG average of 91% and the national average of 93%. Exception reporting was above average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The most recent national GP patient survey results were published in July 2017. The results showed the practice was performing below local and national averages. 338 survey forms were distributed and 128 were returned. This was a completion rate of 38% representing 2% of the practice's patient list.

- 81% of patients described the overall experience of this GP practice as good compared to the clinical commissioning group (CCG) average of 85% and the national average of 85%.
- 58% of patients described their experience of making an appointment as good compared to the CCG average of 72% and the national average of 73%.
- 61% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 76% and the national average of 77%.

The latest GP patient survey results were only being released at the time of the inspection so the practice had not had the opportunity to put an action plan in place.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 21 comment cards, 20 of which were positive about the standard of care received. Patients commented that GPs and staff were friendly and helpful, and appointments were available to fit around work schedules. Four patients commented that it was difficult to access appointments.

We spoke with seven patients during the inspection. All seven patients spoke positively about the practice saying staff were caring. Five patients said it was difficult to get through to the practice by telephone.

Areas for improvement

Action the service **SHOULD** take to improve

- Action plans should be in place to address the lower patient satisfaction levels following the most recent national GP patient survey.

- Systems should be in place to respond to the needs of patients with mental health issues.

Springfield House

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, a second CQC inspector, a practice manager specialist adviser and an Expert by Experience.

Background to Springfield House

Springfield House is situated to the north east of Oldham town centre. It is located on a main road with street parking available. The practice is in purpose built single storey premises with a basement.

At the time of our inspection there were 7827 patients registered with the practice. The practice is overseen by NHS Oldham Clinical Commissioning Group (CCG). It delivers commissioned services under the General Medical Services (GMS) contract.

There are four GP partners, two male and two female. There are two practice nurses and a healthcare assistant. The non-clinical team consists of a practice manager, an office manager and reception and administrative staff.

The practice is open from 8am until 6.30pm Monday to Friday. Surgery times are usually:

Monday 8.30am – 11am and 3.30pm – 6pm

Tuesday 8am – 11.30am and 2pm – 4.40pm

Wednesday 8.30am – 11.30am and 2.30pm – 5pm

Thursday 8am – 11.30am and 2.30pm – 5pm

Friday 8am – 11am and 2.10pm – 4.40pm

There is some flexibility with the surgery times and a duty GP is always available while the practice is open. This means patients can be seen outside the regular surgery times.

The age distribution of patients is in line with the national average. And the number of patients with a long term health condition is also similar to local and national averages. The practice area is in the third most deprived decile on the deprivation scale. Life expectancy for males in the area is 76 years (CCG average 76 and national average 79) and for females is 81 (CCG average 81, national average 83).

The practice is a training practice for trainee GPs and foundation year doctors.

The practice has opted out of providing out of hours services for its patients. This service is provided by a registered out of hours provider, Go To Doc Ltd, accessed via NHS111.

Why we carried out this inspection

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

Previous inspections had been carried out 18 March 2015 and 30 September 2016. The practice had been placed into special measures and this inspection was to check the required improvements had been made.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations including the clinical commissioning group (CCG) to share what they knew. We carried out an announced visit on 30 June 2017. During our visit we:

- Spoke with a range of staff including GPs, a practice nurse, the healthcare assistant, the practice manager and administrative and reception staff.
- Spoke with nine patients who used the service, including two members of the patient participation group (PPG).
- Observed how patients were being cared for in the reception area.
- Reviewed 21 comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.
- Looked at policies and procedures within the practice.

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 living with dementia).

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

Are services safe?

Our findings

Our inspection of 30 September 2016 found there were issues around the management of significant events, pre-employment checks, safeguarding, fire safety and other aspects of health and safety.

During this inspection we found that all required improvements had been carried out.

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would report a significant event by completing the relevant form available on the practice's computer system. Staff had also received training in significant events. 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).
- From the sample of documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. They were discussed in clinical and non-clinical meetings. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following a patient under the age of 16 requesting medicine at a local pharmacy the practice was contacted. The patient was seen at the practice and we saw evidence the incident was discussed in a clinical meeting to ensure all staff had a good understanding of consent issues and possible implications for young patients.
- The practice also monitored trends in significant events and evaluated any action taken.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding 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. We saw evidence that appropriate safeguarding referrals were made and GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three, with practice nurses being trained to a minimum of level two.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and 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. There were cleaning schedules and monitoring systems in place.
- One of the GP partners was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken by the GP lead and the practice nurse. We saw evidence that action was taken to address any improvements identified as a result.

Are services safe?

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. 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 to monitor their use.

We reviewed six personnel files, including two for staff who had been recruited since the previous inspection. We found appropriate recruitment checks had been undertaken prior to employment. These included obtaining proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. Appropriate checks were also carried out for locum GPs.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were four designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments 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).

- The health and safety assessment that had been carried out prior to our previous inspection had been monitored and improvements had been made within the practice. We saw evidence that the improvements required were coming to an end, and following the inspection we received evidence that all the remedial electrical work had been completed.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients. There had been a recent patient survey to assess the times patients would prefer surgeries to be held. This was due to be discussed at a practice meeting to see if rotas needed to be amended.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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.
- All staff received annual basic life support training and 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.
- 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 practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Our inspection of 30 September 2016 found that training was not well monitored and not all staff had completed mandatory training. Staff had not had an appraisal for over a year. The monitoring of medicine prescribing was not consistent and there were no medicine reviews for some medicine categories. The understanding of the rights of patients under the age of 16 was not consistent.

During this inspection we found all required improvements had been carried out.

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. GP partners and the practice manager received alerts. The medicines management lead then decided who they were relevant for and what action should be taken. Staff had access to guidelines 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. We saw evidence that following medicine alerts relevant searches were carried out and appropriate action was taken. Action points were then discussed in clinical meetings.

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 96% of the total number of points available compared with the clinical commissioning group (CCG) and national average of 95%. Exception reporting was 9% which was comparable to the CCG average of 7% and the national average of 10%. 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 2015-16 showed:

- Performance for diabetes related indicators was 91%. This was above the CCG average of 87% and the national average of 90%.
- Performance for mental health related indicators was 100%. This was above the CCG average of 91% and the national average of 93%.

Exception reporting for mental health related indicators was above the CCG and national average. GPs told us that they wrote to patients and telephoned them to ask them to attend review appointments. The also carried out opportunistic checks if they attended the practice for any other reason. In addition they gave two weeks supply of medicines so patients needed to contact the practice more frequently, but this had not improved the number of patients attending.

There was evidence of quality improvement including clinical audit:

- The practice had put an audit plan in place and one of the GP partners was the audit coordinator. We saw evidence of completed clinical audits where the improvements made were implemented and monitored.
- Completed clinical audit cycles included audits for minor surgery and treatment of epilepsy. We also saw that following a polypharmacy audit improvements in care planning took place.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. All areas of induction were recorded on a template kept in personnel files.

Are services effective?

(for example, treatment is effective)

- 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.
- 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, clinical supervision and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. The practice manager gave staff timescales in which to complete relevant training and monitored this.

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.
- We found that 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. Information was shared between services, with patients' consent, using a shared care record. 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. These included formal palliative care meetings where health visitors, district nurses and Macmillan nurses were invited.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

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. Staff had attended an in-house training course to raise awareness of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. Staff had been made aware of the requirement to make appointments for patients under the age of 16 who requested one, and that GPs would individually assess their competence.
- 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.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- The mental health charity MIND attended the practice weekly so patients could receive counselling.
- There was an in-house sexual health clinic and chlamydia testing was offered to patients.
- There was a weekly drug clinic at the practice. In addition there was a dedicated benzodiazepine clinic to support withdrawal, provided by the specialist nurse.
- Patients were signposted to a nearby service for weight management and smoking cessation services.

The practice's uptake for the cervical screening programme was 77%, which was comparable with the CCG and national

Are services effective?

(for example, treatment is effective)

average of 81%. There was a policy to offer telephone or written 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. There were failsafe systems 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.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with CCG and national averages. For example, rates for the vaccines given to under two year olds ranged from 95% to 99%. For five year olds the uptake rate for the first MMR dose was 97%, and the uptake rate for the second dose was 70%.

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. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Our inspection of 30 September 2016 found that there were some issues around the chaperone process. Some patients said they were given a chaperone when they had not requested one and one said they knew the chaperone which they found embarrassing.

During this inspection we found the required improvement had been carried out.

Kindness, dignity, respect and compassion

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same gender.
- Congratulations cards were sent to patients when they had had a baby.

We received 21 patient Care Quality Commission comment cards. Although some people commented negatively about appointments availability and waiting times, patients said they were treated with respect and were listened to. They told us that GPs explained things to them well, and reception staff were welcoming.

We spoke with nine patients including two members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments 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 usually treated with compassion, dignity and respect. For example:

- 87% 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%.
- 83% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 86%.
- 91% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 81% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 86%.
- 94% of patients said the nurse was good at listening to them compared to the CCG average of 92% and the national average of 91%.
- 94% of patients said the nurse gave them enough time compared to the CCG average of 93% and the national average of 92%.
- 93% of patients said they had confidence and trust in the last nurse they saw compared to the CCG average of 97% and the national average of 97%.
- 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 92% and the national average of 91%.
- 81% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% 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.

Children and young people were treated in an age-appropriate way and recognised as individuals. Patients under the age of 16 were able to make an appointment without an adult being present.

Are services caring?

Results from the national GP patient survey regarding patients' involvement in planning and making decisions about their care and treatment found below local and national averages. For example:

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 78% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 82%.
- 95% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and the national average of 90%.
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

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

- Staff told us that interpretation 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. Patients were also told about multi-lingual staff who might be able to support them.
- Chaperones were offered to patients appropriately. All staff knew the procedure for offering chaperones to patients and full training had been provided.

- Information leaflets could be printed in easy read format.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital). The practice monitored this to ensure patients had booked their appointments as appropriate.

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. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 102 patients as carers (1% of the practice list). Carers' health checks were offered and we saw that 71 carers had had a health check since April 2017. Written information was available to direct carers to the various avenues of support available to them.

We saw that if families had experienced bereavement, their GP sent them a sympathy card. A patient consultation at a flexible time and location to meet the family's needs was offered if required. MIND, the mental health charity, attended the practice weekly for counselling sessions and they also provided bereavement counselling.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Our inspection of 30 September 2016 found that there was no protocol for assessing the urgency of home visit requests. Patients told us appointments were difficult to access. The complaints policy was not followed and complaints were not always investigated.

During this inspection we found the required improvements had been carried out. However, we found issues relating to accessing the service.

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- GP appointments were usually for 10 minutes. However, there were longer appointments of up to 30 minutes where appropriate, for example 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.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care, as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems, or that require same day consultation.
- The practice sent text message reminders of appointments, which patients told us were helpful.
- A member of the patient participation group (PPG) had spent time in the practice explaining the electronic self check-in to patients. This was in response to patients having to wait in a queue at the reception desk.
- Patients were able to receive travel vaccines available on the NHS and were referred to other clinics for vaccines available privately.
- There were accessible facilities, and interpretation services were available. One of the GPs could speak Polish, and another could speak Hindi.

- The practice did not offer extended opening hours at the surgery but extended hours appointments were available for patients at a nearby practice. This was provided by the GP Federation which the practice was a member of.
- Although no homeless patients were registered at the practice at the time of our inspection, the practice had a system in place to allow patients without an address to be able to register and receive medical treatment.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday, and there were surgeries every morning and afternoon. There was some flexibility with the surgery times to accommodate patients who needed to be seen urgently. The practice had carried out a survey to find out the times patients would prefer to be seen and they were in the process of analysing the results to see if any adjustments to surgery times would be beneficial. Extended hours appointments, in the evenings and at weekends, were available at a nearby practice. In addition to pre-bookable appointments that could be booked six to ten weeks in advance, urgent appointments were also available for patients that needed them. We saw evidence that when appointments were fully booked, if a patient requested an urgent appointment the duty GP spoke to them and they were given an appointment if required. We saw that the next available routine appointment was in two working days' time.

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

- 73% of patients were satisfied with the practice's opening hours compared to the clinical commissioning group (CCG) average of 79% and the national average of 76%.
- 60% of patients said they could get through easily to the practice by phone compared to the CCG average of 73% and the national average of 71%.
- 77% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared to the CCG average of 81% and the national average of 84%.
- 76% of patients said their last appointment was convenient compared to the CCG average of 79% and the national average of 81%.

Are services responsive to people's needs?

(for example, to feedback?)

- 58% of patients described their experience of making an appointment as good compared to the CCG average of 72% and the national average of 73%.
- 58% of patients said they don't normally have to wait too long to be seen compared to the CCG average of 59% and the national average of 58%.

Some patients told us on the day of the inspection that appointments could be difficult to access, and they were sometimes kept waiting for their appointment time.

The practice had a system to assess:

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

There was a GP on duty each day to determine if patients needed to be seen urgently. In addition, reception staff and GPs all knew the process for home visits including when an urgent home visit was required. Home visits requests were recorded on the computer system so all GPs could see them. Nurses also carried out home visits.

The practice had a system 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.

We looked at the complaints received in the last 12 months and found they were satisfactorily handled and dealt with in a timely way with openness and transparency. Complaints were discussed in meetings and learning was shared. Verbal complaints were also recorded and dealt with by the office manager. The practice had reviewed its complaints process since our last inspection and a review of complaints from the previous year. We were told the practice were going to review these complaints to analyse trends.

Listening and learning from concerns and complaints

Are services well-led?

Good 

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

Our findings

Our inspection of 30 September 2016 found that staff were unaware of their mission statement. There were no regular staff appraisals and some staff did not know who their line manager was. Arrangements for identifying, recording and managing risks were not robust. Although clinical meetings took place there were very few meetings for other staff to keep them updated.

During this inspection we found the required improvements had been carried out.

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, “The Practice is here to give our patients high quality care. Whilst you are visiting our premises you have the right to expect courtesy and consideration from our staff, our patients and visitors”. This was displayed in the waiting areas and staff knew and understood the values.
- The practice had a clear 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 and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas.
- Practice specific policies were implemented and were available to all staff. These had been reviewed since our previous inspection to ensure they were fit for purpose and being followed.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly for all staff, which provided an opportunity for staff to learn about the performance of the practice. Meeting minutes showed all staff had the opportunity to contribute and were encouraged to do so.

- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. The practice had appointed one of the GP partners, as the audit coordinator for the practice.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. Systems had been put in place to ensure all safety checks were carried out to a high standard.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

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.

There had been staff changes since the previous inspection and the assistant practice manager had become the practice manager. Staff told us that communication had improved since our previous inspection and they all worked better as a team now. The practice manager told us they received a lot of support from the partners and all staff were able to have frank and open discussions about the performance of the practice.

The provider was aware of and had systems 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. From the sample of documented examples we reviewed we found that the practice had systems 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.

Are services well-led?

Good 

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

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held monthly team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings or with their manager. They felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were 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 and staff. It proactively sought feedback from:

- patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met monthly and they told us they felt valued and were able to give their opinion on all aspects of the practice.
- patients by carrying out patient surveys. The practice had recently carried out a survey to find out what time patients would prefer surgeries to be.
- the NHS Friends and Family test, complaints and compliments received.
- NHS Choices; the practice manager checks the website for new items and these would be discussed at meetings if appropriate.
- the suggestions box in reception. One patient had suggested having a bell on the reception desk in case it was not manned during a quiet period, and this had been implemented.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The partners met regularly to monitor improvements made since the previous inspection. The practice was a training and teaching practice. At the time of the inspection there were three foundation year trainees. The practice was also having an ST3 trainee joining the practice in August 2017.