

# Springcliffe Surgery

## Quality Report

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Date of inspection visit: 14 & 15 April 2016  
Date of publication: 02/06/2016

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?		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 Springcliffe Surgery, 42 St Catherine's, Lincoln, LN5 8Z on the 14 and 15 April 2016. We carried out this inspection to check that the practice was meeting the regulations and to consider whether sufficient improvements had been made.

Our previous inspection in June 2015 found breaches of regulations relating to the safe delivery of services and concerns and regulatory breaches relating to the management and leadership of the practice, specifically in the well led domain. The concerns which led to these ratings applied to all population groups which meant that all six population groups were rated as requires improvement. The practice was rated as good in the effective, caring and responsive domains. The overall rating of the practice in June 2015 was requires improvement. Following the inspection, we received an action plan which set out what actions were to be taken to achieve compliance.

At the inspection in April 2016, we found the practice had made significant improvements since our last inspection in June 2015 and that they were meeting the regulations which had previously been breached.

We carried out an announced comprehensive inspection at Springcliffe Surgery on 14 and 15 April 2016. Overall the practice is rated as good.

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

- All the partners and staff worked hard to undertake a complete review of the service since the previous inspection and made sustainable improvements.
- The practice had implemented a process for discussion of safeguarding issues. We saw that concerns were raised and were required patients were flagged with an alert, such as vulnerable adults, children and carers. Staff were aware of this system and what this meant.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents. Learning following investigation was shared at meetings and

# Summary of findings

were necessary sent to all staff electronically. Annual reviews were carried out and presented to all staff. Low level, non clinical incidents were not always recorded although lessons were learned and documented in meetings.

- A locum procedure was in place to check that locums were appropriately qualified and fit to practice before they deliver a service to patients. We saw that a locum that was currently in place had all the required documentation.
- Risks to patients were assessed and well managed.
- Ensure emergency equipment and medicines were checked monthly in line with the practice policy.
- The practice had implemented a system to ensure that dispensed controlled drugs (CD) were appropriately recorded.
- The practice had a system to track prescription pads in line with national guidance.
- All staff had been trained in Mental Capacity Act (2005) and infection control.
- Staff had access to policies, procedures and guidance which are robust, reviewed and updated to enable them to carry out their role, for example, consent, management of medicines and repeat prescribing. The practice were moving over to having these stored on the practice intranet in addition to the paper copies.

- Patient surveys and feedback prompted the delivery of improvement.
- The practice had a number of policies and procedures to govern activity.
- The practice had commenced a triage system for all on the day appointments following feedback from patients that said they had to wait to see a GP. This was led by advanced nurse practitioners.
- Data showed patient outcomes were at or above average for the locality. Completed audits had been carried out, we saw some evidence that audits were driving improvement in performance to improve patient outcomes.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

The areas where the provider should make improvement are:

- Review the process of reporting significant events to include non-clinical incidents and near misses.

**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.

Following our inspection in June 2015 the practice has made significant improvements in areas relating to disseminating information and lessons learned, safeguarding, medicines management and training of staff.

- There was an effective system in place for reporting and recording significant events however lower level incidents and near misses were not always identified and reported.
- Lessons were shared to make sure action was taken to improve safety in the practice with all staff and the practice also conducted an annual review.
- 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 had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed or example processes such as management of prescriptions and procedures for use of locums were in place and understood by the practice staff.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to 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.

Good



### Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- 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 applied and been successful for some funding which had enabled them to employ a practice nurse that was able to focus on the over 75's and those at risk of hospital admission or those that had been recently discharged.
- In the national survey 45% of patients said that they always or almost always see or speak to the GP they prefer, compared to the national average of 36%.
- 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?

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

Good



Following our inspection in June 2015 the practice had made significant improvements in areas relating to poor governance and leadership.

- 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.

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- The practice had a number of policies and procedures to govern activity and held regular meetings. Policies were in paper format and the practice were working toward them been held centrally on the practice intranet for easier access.
- 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

Good



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

- 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.
- Falls assessment and advice was provided to patients at risk.
- All patients over the age of 75 had a named GP.
- The practice employed a practice nurse that was responsible for working with patients that were at risk of admission to hospital and also those that had recently been discharged.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice were linked to four care homes in the area where they had patients residing at and worked closely with the care home staff to provide reviews and home visits where necessary.

### People with long term conditions

Good



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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators showed the practice had achieved 99% of targets which was higher than both the CCG average (91%) and higher than the national average (89%).
- Longer appointments and home visits were available when needed.
- All patients with long-term condition had a named GP and a structured annual review to check their health and

# Summary of findings

medicines needs were being met. For those patients with the most complex needs, the clinician worked with relevant health and care professionals to deliver a multidisciplinary package of care.

## Families, children and young people

Good



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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- 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 cervical screening programme was 67%, which was below the CCG average of 84% and the national average of 82% however the practice was aware of this and it had improved from five years previous.
- 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.

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

Good



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

- 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.
- Smoking cessation was offered in house, either face to face or over the telephone.
- Appointment triage and telephone consultations were available.



# Summary of findings

## People whose circumstances may make them vulnerable

Good



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

- The practice had a register for patients who had a learning disability. They did not have an enhanced service but offered patients an annual medication 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.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

Good



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

- 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 including those that 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 January 2016. The results showed the practice was performing in line with local and national averages. 339 survey forms were distributed and 113 were returned. This represented a return rate of 33%.

- 79% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 61% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 83% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 70% 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%.

## Areas for improvement

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

- Review the process of reporting significant events to include non-clinical incidents and near misses.

# Springcliffe Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a practice nurse specialist adviser.

## Background to Springcliffe Surgery

Springcliffe Surgery provides primary medical services to a population of 2,471 registered patients in the City of Lincoln. The surgery has three consultation rooms on the ground floor. The practice can be accessed by people who have reduced mobility with ramped access at the back of the practice.

- All services are provided from: Springcliffe Surgery, 42 St Catherine's, Lincoln. LN5 8LZ
- The practice comprises of three GP Partners (female), one salaried GP (male),
- The all female nursing team consists of three advanced nurse practitioners, five practice nurses, a phlebotomist and a health care assistant.
- A practice manager, assistant practice manager and a team of 13 reception and administrative staff undertake the day to day management and running of the practice.
- The practice has core opening hours between 8am and 6.30pm every weekday. The practice does not provide extended hours surgeries.
- There are appointments that can be booked in advance with GPs or nurses and appointments on the day are triaged.

- The advanced nurse practitioners (ANPs) receive all on the day appointments and home visit requests and ANPs allocate home visit requests to ANPs, GPs or Nurses, as appropriate.
- The practice opted out of providing the out-of-hours service. This service is provided by the out-of-hours service accessed via the NHS 111 service. Advice on how to access the out-of-hours service is clearly displayed on the practice website, on the practice door and over the telephone when the surgery is closed.
- The practice is located within the area covered by NHS Lincolnshire West Clinical Commissioning Group (LWCCG). The CCG is responsible for commissioning services from the practice. A CCG is an organisation that brings together local GP's and experience health professionals to take on commissioning responsibilities for local health services.
- The practice has a sister practice nearby which shares the same staff. This practice has a separate patient list however there are plans that they may merge in the future which will enable patients with more choice and flexibility in relation to appointments.

## Why we carried out this inspection

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

# Detailed findings

Our previous inspection in June 2015 found breaches of regulations relating to the safe delivery of services and concerns and regulatory breaches relating to the management and leadership of the practice, specifically in the well led domain. The concerns which led to these ratings applied to all population groups which meant that all six population groups were rated as requires improvement. The practice was rated as good in the effective, caring and responsive domains. The overall rating of the practice in June 2015 was requires improvement. Following the inspection, we received an action plan which set out what actions were to be taken to achieve compliance.

They were in breach of Regulation 13 (3) of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014). We found the registered person did not have effective systems and processes in place to protect vulnerable adults and children.

We found that the registered person did not have a robust system in place to learn from significant events and near misses. This was in breach of Regulation 12 (2)(b) of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

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

## How we carried out this inspection

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 15 April 2016. During our visit we:

- Spoke with a range of staff (GPs, Nursing staff, reception staff and practice management team).
- 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.

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

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

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

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

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

# Are services safe?

## Our findings

### Safe track record and learning

When we inspected the practice in June 2015 we were unable to find evidence of learning from significant events. We were also unable to find evidence that safety alerts received into practice had been disseminated to all practice staff.

At the inspection in April 2016 we noted 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 significant events were shared with all staff at meetings and also were shared as an annual report which we saw had been forwarded to all staff and discussed by the lead GP at a meeting.
- Non clinical and lower level incidents were dealt with at the practice however these were not recorded. We discussed this with the practice manager who said that this would be incorporated into the system that they had for significant events.
- 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.
- The practice carried out a thorough analysis of the significant events and this had been cascaded to all staff.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example there had been changes in process and new protocols developed to prevent reoccurrence of incidents in relation to urine samples and emergency drugs were held in one place following an incident that had been reviewed as to what had worked well and what had not.

### Overview of safety systems and processes

When we inspected the practice in June 2015 we were unable to find evidence of safeguarding discussions and we could not find a consistent system that highlighted vulnerable patients to staff.

The practice employed regular and long term locum GPs without a robust system in place to ensure that appropriate checks had been undertaken prior to them working at the practice, for example whether they had completed mandatory training such as basic life support or safeguarding children.

At the inspection in April 2016 we noted the practice had clearly defined and embedded 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. One of the GPs was the lead member of staff for safeguarding and the staff confirmed this. 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 and nurses were trained to child protection or child safeguarding level 3.
- Any concerns that staff had were recorded and discussed with the lead for safeguarding, these were also shown in minutes of meetings where concerns were discussed with the clinical team. Actions and any referrals that were made onwards were also recorded and the lead GP followed the outcome of this through.
- 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)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The senior nurse manager was the infection control clinical lead who attended quarterly link meetings to keep up to date with best practice.

## Are services safe?

There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The agency used to provide the cleaning had checklists in place to record tasks undertaken and there was a book where practice staff and cleaners could communicate any issues that needed addressing. The cleaning company audited their cleaning monthly which in turn was reviewed by the senior nurse manager. All staff had undertaken infection control training relevant to their role.

- 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). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads and paper were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

When we inspected the practice in June 2015 we found that refrigerator temperatures were not always recorded in line with national guidance to ensure they remained within specified limits. The practice did not have a system in place for the collection of prescriptions for controlled drugs. Prescriptions were given out without an identification check or a signature. Both blank prescription forms for use in printers and those for hand written prescriptions were not handled in accordance with national guidance as these were not tracked through the practice.

At the inspection in April 2016 we noted 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 with a poster in the staff room which identified local health and safety representatives. 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. 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.
- Temperatures of refrigerators were checked and we saw records to confirm this, however in March 2016 we saw that they had not been recorded for four days. The data logger for the refrigerator confirmed that the temperature had been within the required limits however this was raised as a significant event and we were shown that new processes and procedures had been produced to be implemented at the next staff meeting to prevent reoccurrence.

### 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.
- All staff received annual basic life support training and there were emergency medicines available on the emergency trolley behind reception.
- 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.

## 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 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 and suppliers.

# 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 for example guidance on the use of statins.
- 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 97.2% of the total number of points available. Exception reporting was comparable to CCG and national averages. (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 showed the practice had achieved 99% of targets which was higher than both the CCG average (91%) and higher than the national average (89%).
- Performance for hypertension (high blood pressure) related indicators were lower when compared to the CCG and national averages. The practice achieved 89% of targets compared to the CCG average and national average (98%).

- Performance for mental health related indicators was above the CCG and national average. The practice achieved 96% of targets compared to the CCG (92%) and national average (93%).

There was evidence of quality improvement including clinical audit.

- The practice had a comprehensive system in place for completing a wide range of completed clinical audit cycles. We saw nine audits had been completed in the last 12 months, for example included audits for stroke, palliative care and prescribing.
- We saw that where these were completed audits they had been discussed in the clinical meeting and the improvements made were implemented and monitored for example patients been reviewed in relation to medication.
- The practice participated in local audits, national benchmarking, accreditation and peer review.

### Effective staffing

Staff had the skills, knowledge and experience 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.
- 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, smoking cessation and immunisations. The senior nurse manager was responsible for appraisals and personal development plans for the nursing team.
- 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



# Are services effective?

## (for example, treatment is effective)

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 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.

### 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.

- 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.
- The practice secretary dealt with referrals in the practice. These came via the GPs either electronically through the computer system or dictated. The secretary attended the clinical meetings to discuss referrals and any new processes with the clinicians.

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 four to six weekly basis when care plans were routinely reviewed and updated for patients with complex needs.

The admissions avoidance practice nurse worked with other teams to assist patients care. The nurse worked alongside social care staff, ambulance staff and other health professionals to improve patient's pathways and to prevent hospital admissions.

### 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.
- Where patients had a carer there was a separate form that stated what part of the care the patient wished to be shared with that person and what information they didn't want to be shared.
- The practice had a consent policy with which guidance was provided for staff, this included information on Gillick competencies. (These are used to help assess whether a child under the age of 16 has the maturity to make their own decisions and to understand the implications of those decisions).
- Staff had received training in the Mental Capacity Act 2005.

### Supporting patients to live healthier lives

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

- 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 and identified as carers. Patients were signposted to the relevant service.
- Staff in the practice had been trained on smoking cessation and staff were able to refer to other agencies such as weight watchers for diet advice.
- The practice had a practice nurse that was support for over 75's and liaised with other services on behalf of the patients.

The practice's uptake for the cervical screening programme was 67%, which was below the CCG average of 84% and the national average of 82%. The practice had made efforts to improve this with information in the practice waiting area and sending out text reminders. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice were looking at

## Are services effective?

(for example, treatment is effective)

ways that this could be improved however it was noted that it had improved from 2010/2011 when it was 64%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe 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.

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

### 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.
- The patient waiting area did not directly lead to any treatment rooms.
- 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. There was a sign at reception to offer this.
- The reception area had a glass window that enabled staff the ability to close the window when on the telephone if necessary to maintain confidentiality.

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

- 90% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 92% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% 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 national average of 85%.
- 87% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.

- 95% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

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

Patient feedback from the comment cards said 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. Patients said that the GPs put them at ease and gave them time to ask questions. 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:

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 87% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 84% of patients said the last nurse they saw was good at involving them in decisions about their care compared to 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.
- Information leaflets were available in easy read format and some were available in other languages, such as Polish.
- The practice did not have a hearing loop however it had been added to plans for future improvements.

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

When we inspected the practice in June 2015 we found that the practice did not have a robust system to ensure that patients who were also carers could be identified on the system.

## Are services caring?

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.

The practice had implemented a robust system which identified patients that were carers or those that were cared for. The practice had identified 28 patients as carers (1.1% of the practice list). Carers that were identified were flagged on the patient record so that reception staff and clinical staff would be able to identify these patients easily

and offer the relevant support or signposting. Written information was available to direct carers to the various avenues of support available to them. Staff we spoke with showed us information that they would give to a patient that they identified as a carer which included local support groups.

Staff told us that if families had suffered bereavement, their usual GP or advanced nurse practitioner contacted them and the families were offered a consultation or home visit. This enabled the GP to offer them advice on how to find a support service if required.

# 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.

- Following recent survey results the practice had been alerted to problems of patients getting through on the telephone and therefore had promoted the online booking system to patients.
- The practice had applied and been successful for some funding which had enabled them to employ a practice nurse that was able to focus on the over 75's and those at risk of hospital admission or those that had been recently discharged.
- 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.
- There were disabled facilities and translation services available.
- The practice was planning to install a hearing loop as part of the development plan.
- The premises and services had been adapted to meet the needs of patient with disabilities. The practice occupied a Victorian building and the practice had installed a ramp to a fire door for patients to access the premises if they were in a wheelchair or were unable to negotiate the step at the front of the building.
- The practice was situated on the ground and first floors of the building. Most services for patients were on the ground floor. Provision had been made to see any patients with reduced mobility on the ground floor. We saw that the waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms. Accessible toilet facilities were available for all patients attending the practice including baby changing facilities.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8am every morning to 6.30pm daily. In addition to pre-bookable appointments that could be booked up to four weeks in advance, appointments were also available for people that needed them.

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

- 74% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 78% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

Prompted by the patient survey result and difficulties of patients getting through on the phone the practice had commenced a triage system in February 2016. This meant that patients that rang on the day would be asked a series of questions to enable the advanced nurse practitioners to triage the appointments so that the patient would see the right person, at the right time, the first time. This was advertised throughout the practice with posters explaining why reception staff would be asking more questions when patients telephoned for an appointment.

Feedback from patients said that they were able to get appointments when they needed them.

### 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, signs in the reception and waiting area with complaint forms and leaflets for patients to use.
- The practice had a suggestion box in the reception area.

We looked at five complaints received in the last 12 months and found that these were dealt with in a timely way. The

## Are services responsive to people's needs? (for example, to feedback?)

practice had a complaints form that identified the date of the complaint and also the dates of acknowledgement and response. The complaints investigations showed openness and transparency and the responses included apologies were appropriate. Lessons were learnt from individual

concerns and complaints and an annual review was held and presented at practice meetings for all staff. Complaints were standing agenda items at the fortnightly clinical meetings.

# Are services well-led?

Good 

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

## Our findings

When we inspected the practice in June 2015 we found that The practice used locum GPs on a regular basis but did not have a policy and appropriate procedures in place which related to this.

Minutes of practice meetings we looked at did not show that that performance, quality and risks were discussed at each meeting. We did not see any evidence that the practice had reviewed its' results from the January 2015 national GP survey to see if there were any areas that needed addressing.

At the inspection in April 2016 we noted the practice had addressed these areas.

### 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 which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The practice were reviewing the new appointment system to ensure it was fit for purpose.
- Feedback was gained from all staff to ensure the appointment system was updated accordingly.
- Nursing team would be more involved in working on the outcomes of the practice.

### 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 a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff however these were mainly in paper format and the practice were looking at transferring to the practice intranet so that they could be accessed easier.

- 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.
- Practice meetings were held with set agenda items to ensure that performance, quality and risks were discussed.
- Minutes were taken and were available for all staff to view on the practice intranet.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions however lower level incidents were dealt with but not recorded as such with actions taken and lessons learned.

### 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.

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.
- The practice held business meetings and clinical meetings fortnightly.

# Are services well-led?

Good 

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

- The reception team held meetings each 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.
- Staff said they felt respected, valued and supported 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.
- The practice had plans that it included this practice and the nearby sister practice merging in the future which would mean that there would be one PPG to cover the provider.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management, the baby immunisation clinic had been implemented following a suggestion from staff.
- Staff told us they felt involved and engaged to improve how the practice was run.
- Patient surveys were reviewed in practice and we saw action plans in place – for example the new appointment system had been developed following patient feedback.

## **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 were in the process of recruiting a participation group (PPG). The practice had a virtual group where they could consult and gather information from.
- Prospective members had been invited to attend the PPG at the sister practice nearby however no one had attended.

## **Continuous improvement**

There was a focus on continuous learning and improvement at all levels within the practice. The practice team were forward thinking and were part of a federation of local practices. The federation would be working together to improve patient care.

The practice had a sister practice nearby and there were plans to merge these practices in the future. This would enable patients to have a choice of where to go for their appointment and it would also mean that the patient appointments could be more flexible and more accessible.