

Hillsprings Health and Wellbeing Centre

Quality Report

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Date of inspection visit: 22 March 2016

Date of publication: 07/07/2016

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	Requires improvement	
Are services safe?	Inadequate	
Are services effective?	Requires improvement	
Are services caring?	Requires improvement	
Are services responsive to people's needs?	Requires improvement	
Are services well-led?	Requires improvement	

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 Hillsprings Health and Wellbeing Centre on 22 March 2016. Overall the practice is rated as requires improvement.

Our key findings were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, the practice did not review significant events for trends or themes. There was no evidence to support that learning and changes had become embedded into practice.
- Risks to patients were not always assessed and well managed, such as the management of patients who took high risk medicines and it was also not clear if appropriate action had been taken following receipt of medicines and equipment alerts.

- The practice did not have robust arrangements for identifying, recording and managing risks and implementing mitigating actions. For example, infection prevention and control measures and the correct storage of vaccines.
- 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.
- Patients told us they could usually get an appointment when they needed one, with urgent appointments available the same day. However, they told us their biggest challenge was getting through to the practice on the telephone.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

There were particular areas of practice where the provider needs to make improvements.

Importantly, the provider must:

Summary of findings

- Introduce robust systems to monitor patients who are prescribed high risk medicines.
- Introduce a formalised system to act upon medicines and equipment alerts issued by external agencies.
- Put systems in place to monitor when equipment is due for testing / servicing.
- Ensure vaccines are always stored in line with manufacturers' guidelines.
- Review the emergency medicines held at all sites.
- Introduce robust infection prevention and control measures that are in line with current nationally recognised guidance.
- Put systems in place to ensure the learning and changes made as a result of significant events become embedded into practice.
- Ensure that Patient Group Directives (PGDs) are up to date and current.
- Risk assess the need for non clinical staff who chaperone to be subject to Disclosure and Barring Service checks.
- Implement systems for assessing and monitoring risks across all three sites.
- Introduce a system for recording and sharing information discussed at meetings to ensure staff are aware of their responsibilities in relation to any changes in policy or guidance.

In addition the provider should:

- Review significant events and complaints for trends or themes.
- Ensure that prescription forms are held securely at all times, including when in consulting rooms.

- Ensure that the practice has a comprehensive record in place to cover staff recruitment.
- Assure themselves that the landlord is carrying out all the necessary health and safety checks.
- Investigate the reasons for, and where possible improve, lower than average rates of patients engaging in national cancer screening programmes.
- Complete any outstanding staff appraisals and continue to review annually.
- Share the practice vision and values with the staff team.
- Evaluate the system for contacting the practice by telephone.
- Ensure that clinical audit cycles are completed in order to prompt improvement in patient outcomes and consider other clinical quality improvement initiatives.
- Adopt a more proactive approach to identifying and meeting the needs of carers.

Where, as in this instance, a provider is rated as inadequate for one of the five key questions or one of the six population groups it will be re-inspected no longer than six months after the initial rating is confirmed. If, after re-inspection, it has failed to make sufficient improvement, and is still rated as inadequate for any key question or population group, we will place it into special measures. Being placed into special measures represents a decision by CQC that a service has to improve within six months to avoid CQC taking steps to cancel the provider's registration.

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 inadequate for providing safe services and improvements must be made.

Inadequate



- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, the practice did not review significant events for trends or themes. There was no evidence to support that learning and changes had become embedded into practice. For example: We identified that significant events relating to medicine changes from hospital letters had been recorded although we saw no evidence of changes to processes based on a review of these.
- Risks to patients were not always assessed and well managed, such as the management of patients who took high risk medicines, and it was not clear if appropriate action taken was taken following receipt of medicines and equipment alerts.
- The practice processes for managing risks from equipment, storing some medicines and applying national recognised guidance in relation to infection prevention and control had weaknesses and had been inconsistently applied.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from the risk of abuse.

Are services effective?

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

Requires improvement



- The practice had a system in place to keep all clinical staff up to date and to share relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. Information received by the practice was stored electronically and could be accessed by clinicians.
- The practice was a high Quality and Outcomes Framework (QOF) achiever. However, the practice reported a 17.1% clinical exception reporting rate (which was 7% above the CCG average and 7.9% above the national average).
- Clinical audits demonstrated limited 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, although not all staff had received an annual appraisal.

Summary of findings

- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

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

- Data from the National GP Patient Survey published in January 2016 showed patients rated the practice similar to other practices for its satisfaction scores on consultations with GPs.
- 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.
- There was scope to adopt a more proactive approach to identifying and therefore meeting the needs of carers.

Requires improvement



Are services responsive to people's needs?

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

- The practice engaged with the local Clinical Commissioning Group (CCG) and had been involved in shaping local services.
- Patients told us they could usually get an appointment when they needed one, with urgent appointments available the same day. However, they told us their biggest challenge was getting through to the practice on the telephone.
- The practice was equipped to treat patients and meet their needs.
- Patients could get information about how to complain in a format they could understand. Not all of the patients we spoke were aware of the complaints procedure or how to make a complaint.

Requires improvement



Are services well-led?

The practice is rated as requires improvement for being well-led.

- The practice had a vision and values which was included in the Statement of Purpose and on the practice website. However, the vision and values were not on display around the practice and had not been shared with staff.
- Staff told us the GPs were visible in the practice, approachable and took the time to listen to all members of staff.

Requires improvement



Summary of findings

- The practice did not have an effective overarching governance framework which supported the delivery of good quality care. This included a lack of minutes of meetings and lack of evidence to support that learning and changes made following significant events or complaints had become embedded into practice.
- The practice did not have robust arrangements for identifying, recording and managing risks, and implementing mitigating actions. For example: infection prevention and control measures, servicing and calibration of equipment at each site, management of patient group directives and recording action taken when fridge temperatures exceed the maximum.
- The practice received feedback through the NHS Friends and Family Test and the national GP survey and had a Patient Participation Group.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as requires improvement for effective, caring, responsive and well led and this includes for this population group. The practice is rated as inadequate for safe. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice offered personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in end of life care and avoidance of unplanned admissions.
- It was responsive to the needs of older people and offered home visits as required. Continuity of care was provided for patients living in local care homes as the same GP carried out the visits and reviews.
- The practice identified if patients were also carers and offered them the annual influenza vaccination and discussed their needs.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for effective, caring, responsive and well led and this includes for this population group. The practice is rated as inadequate for safe. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The nursing staff had the knowledge, skills and competency to respond to the needs of patients with a long term condition such as diabetes.
- The practice maintained registers of patients with long term conditions. Patients were offered regular reviews to check that their health, although not all patients' medication needs were being met. Reviews were carried out in the patient's own home for those patients who were unable to visit the practice.
- The practice reviewed the most vulnerable of the practice population who were at risk of admission to hospital. For those people with the most complex needs, the GPs worked with relevant health and social care professionals to deliver a multidisciplinary package of care.

Requires improvement



Summary of findings

Families, children and young people

The practice is rated as requires improvement for effective, caring, responsive and well led and this includes for this population group. The practice is rated as inadequate for safe. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- There were systems in place to identify and follow up children who were at risk, for example families with children in need or on children protection plans.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Same day emergency appointments were available for children.
- There were screening and vaccination programmes in place and the practice's immunisation rates
- The practice's uptake for the cervical screening programme was 90.9%, which was above the national average of 81.83%.
- The practice offered family planning and contraception services including implant/coil fitting.
- The percentage of patients with asthma, on the register, who had an asthma review in the preceding 12 months, was 72.66%, which was comparable to other practice but slightly below the national average of 75.35%.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement for effective, caring, responsive and well led and this includes for this population group. The practice is rated as inadequate for safe. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Extended hours were offered with the GPs on Thursday evenings. Patients could also access telephone advice.
- The practice was proactive in offering online services.
- The practice offered all patients aged 40 to 75 years old a health check with the nursing team.
- The practice offered a range of health promotion and screening that reflected the needs for this age group.

Requires improvement



People whose circumstances may make them vulnerable

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

Inadequate



Summary of findings

- The practice held a register of patients with a learning disability. Sixty patients had been identified and of these, 28 (47%) had received an annual health review. Longer appointments were available for patients with a learning disability.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for effective, caring, responsive and well led and this includes for this population group. The practice is rated as inadequate for safe. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- 89% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was above the national average of 84%. (Exception reporting for dementia was 14%, which was 6% above the CCG and the national averages).
- Performance in three of the mental health related indicators were comparable to other practice and better than the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record was 95% compared with the national average of 88%. (The exception reporting rate was 39%, which was 23% above the CCG average and 26% above the national average).
- The practice held registers of patients with poor mental health and dementia. Patients experiencing poor mental health were offered an annual physical health check.
- Patients with a suspected diagnosis of dementia could be referred to the Memory Clinic.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Requires improvement



Summary of findings

What people who use the service say

We spoke with eight patients at the Hillsprings Surgery. They told us they were satisfied with the care provided by the practice said staff were helpful, caring and treated them with dignity and respect. We received three patient Care Quality Commission comment cards and the comments aligned the views of the patients spoken with.

Patients told us that their biggest challenge was getting through to the practice on the telephone to make an appointment. Patients also told us they often had to wait for an appointment to see the GP of their choice. Patients also commented that they were not always seen on time.

The national GP patient survey results published in January 2016 showed the practice was performing below local and national averages. Two hundred and eighty-nine survey forms were distributed and 113 were returned. This gave a return rate of 39%:

- 44% of patients said they could get through easily to the surgery by phone (Clinical Commissioning Group (CCG) and national average 73%).
- 79% were able to get an appointment to see or speak to someone the last time they tried (CCG average 86%, national average 85%).
- 75% described the overall experience of their GP surgery as fairly good or very good (CCG average 82%, national average 85%).
- 69% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 74%, national average 78%).

Areas for improvement

Action the service **MUST** take to improve

Introduce robust systems to monitor patients who are prescribed high risk medicines.

Introduce a formalised system to act upon medicines and equipment alerts issued by external agencies.

Put systems in place to monitor when equipment is due for testing / servicing.

Ensure vaccines are always stored in line with manufacturers' guidelines.

Review the emergency medicines held at all sites.

Introduce robust infection prevention and control measures that are in line with current nationally recognised guidance.

Put systems in place to ensure the learning and changes made as a result of significant events become embedded into practice. .

Ensure that Patient Group Directives (PGDs) are up to date and current.

Risk assessment the need for non clinical staff who chaperone to be subject to Disclosure and Barring Service checks.

Implement systems for assessing and monitoring risks across all three sites.

Introduce a system for recording and sharing information discussed at meetings to ensure staff are aware of their responsibilities in relation to any changes in policy or guidance.

Action the service **SHOULD** take to improve

Review significant events and complaints for trends or themes.

Ensure that prescription forms are held securely at all times, including when in consulting rooms.

Ensure that the practice has a comprehensive record in place to cover staff recruitment.

Assure themselves that the landlord is carrying out all the necessary health and safety checks.

Summary of findings

Investigate the reasons for, and where possible improve, lower than average rates of patients engaging in national cancer screening programmes.

Complete any outstanding staff appraisals and continue to review annually.

Share the practice vision and values with the staff team.

Evaluate the system for contacting the practice by telephone.

Ensure that clinical audit cycles are completed in order to prompt improvement in patient outcomes.

Adopt a more proactive approach to identifying and meeting the needs of carers.

Hillsprings Health and Wellbeing Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) Lead Inspector. The team included a second CQC inspector, a member of the CQC medicines management team, a GP specialist adviser and an expert by experience.

Background to Hillsprings Health and Wellbeing Centre

Horse Fair Practice Group is registered with the Care Quality Commission (CQC) as a partnership provider in Rugeley, Staffordshire. The practice holds a General Medical Services contract with NHS England.

Hillsprings Surgery is the main practice. It also provides primary medical services from two branch practices, Horse Fair Practice (located in Sandy Lane Health Centre) and Armitage Surgery which includes a dispensary. In addition to the essential services provided by the practices, they provide additional services such as childhood vaccinations, rheumatology blood monitoring and minor surgery. They also offer chronic disease management clinics for example, for patients with diabetes, asthma and high blood pressure.

The practice area is one of average deprivation when compared with the national and local Clinical Commissioning Group (CCG) area. At the time of our inspection the practice had 11167 patients. Demographically the practice age distribution is

comparable to the national and CCG area in all age groups. The percentage of patients with a long-standing health condition is 59% which is comparable with the local CCG average of 58% and slightly higher than the national average of 54%. The practice is a training and teaching practice for medical students and GP registrars to gain experience and higher qualifications in general practice and family medicine.

The practice staffing comprises of three GP partners (male), two salaried GPs (female), one nurse practitioner, four practice nurses, one health assistant, two phlebotomists (the taking of blood from a vein for clinical testing), a practice manager, management assistant, three dispensary staff and a team of administrative staff working a range of hours.

Hillsprings Surgery and Armitage Surgery are open between 8am and 6.30pm Monday to Friday, except Wednesdays when they close at 1pm. Horse Fair Practice is open between 8am and 6.30pm Monday to Friday with extended opening hours until 8.30pm on Thursdays. Pre-bookable appointments can be booked up to three weeks in advance, and urgent appointments are also available for people that need them. The dispensary opening hours at Armitage Surgery are 9am until 6.30pm Monday to Friday except for Wednesdays when it closes at 1pm.

The practice has opted out of providing cover to patients in the out-of-hours period and Thursday afternoons. During this time services are provided by Staffordshire Doctors Urgent Care.

Detailed findings

Why we carried out this inspection

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

How we carried out this inspection

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

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

We also looked at how well services are provided for specific groups of people and what good care looks like for them. 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)

Before visiting the practice we reviewed information we held and asked key stakeholders to share what they knew about the practice. We also reviewed policies, procedures and other information the practice provided before the inspection day. We carried out an announced visit on 22 March 2016.

We spoke with a range of staff including the GPs, the nurse practitioner, practice manager, management assistant, dispensing staff and members of reception staff during our inspection. We spoke with patients, one member of the patient participation group who was also a patient, looked at comment cards and reviewed survey information. We also spoke with representatives from two local care homes who cared for patients who received a service from the practice.

Are services safe?

Our findings

Safe track record and learning

Although there was a system in place for reporting and recording significant events, the practice did not review significant events for trends or themes. There was no evidence to support that learning and changes had become embedded into practice. For example, we saw a number of repeat issues that had been raised through significant events. For example, we identified that significant events relating to medicine changes from hospital letters had been recorded, although we saw no evidence of changes to processes based on a review of these.

- 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 practice had recorded 35 significant events since April 2015.
- The lead GP told us that if there were unintended or unexpected safety incidents, patients would receive an apology.
- We saw a positive culture in the dispensary for reporting and learning from medicines incidents and errors. Dispensary staff recorded errors in the supply of medicines to patients and 'near miss' errors to identify trends. We saw that there were very few recorded and this was attributed to the use of an electronic scanner and a second person check for dispensed medicine. The staff described a process for recording and reporting significant events and we saw evidence of the process being used. Dispensary staff were responsible for amending some patients' medicine records based on communication received from hospitals. All changes were highlighted to the GPs prior to a patient receiving and prescription for the altered medicine

The practice did not have a formalised system to act upon medicines and equipment alerts issued by external agencies, for example from the Medicines and Healthcare products Regulatory Agency (MHRA). The system relied on individual GPs and clinical staff receiving alerts and responding as appropriate. We spoke with two members of clinical staff about medicine alerts. One member of staff was not aware of how the safety alerts and updates were disseminated to staff or what action was required. The

other member of staff could not remember what action had been taken in response to specific alerts. The lack of formalised system could lead to an increased risk of an alert not being investigated and changes being made.

Overview of safety systems and processes

- The practice had policies in place for safeguarding both children and vulnerable adults that were available to all staff. All staff had received role appropriate training to nationally recognised standards, for example GPs had attended level three training in Safeguarding Children. The lead GP was identified as the safeguarding lead within the practice. The staff we spoke with knew their individual responsibility to raise any concerns they had and were aware of the appropriate process to do this. Staff were made aware of children and vulnerable adults with safeguarding concerns by computerised alerts on their records.
- A notice in the waiting room advised patients that chaperones were available if required. Nursing staff acted as chaperones although reception staff undertook this role if a nurse wasn't available. All staff who acted as chaperones were trained for the role. The practice had not carried out risk assessments to assess the need for non clinical staff who chaperone to be subject to Disclosure and Barring Service checks. (DBS)
- The practice was visibly clean and tidy. A recent infection prevention and control audit had been completed for the main practice, although this did not cover the branch locations. We saw examples of practice that were not in line with recognised guidance including infection control in the built environment, published by the Department of Health in 2013. In a consulting room at the Armitage Surgery for example, we saw that wall mounted soap dispensers were empty and the replacement soap dispensers did not promote the guidance of minimal touch to operate them.
- We looked at the arrangements for managing medicines, including emergency drugs and vaccinations at all three sites (including obtaining, prescribing, recording, handling, storing and security). Patients who met the criteria (who lived further than a mile away from the nearest pharmacy) were able to have their prescriptions dispensed at Armitage Surgery. The practice had written procedures in place for the production of prescriptions and dispensing of medicines that were regularly reviewed by dispensary staff and accurately reflected current practice. All repeat

Are services safe?

prescriptions were reviewed and signed by a GP before they were given to the patient. The dispensary staff had a robust procedure to ensure patients requiring medicine review were identified to the GPs prior to a prescription being issued. The practice held a small quantity of stock of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. These were being followed by the dispensary staff. For example, controlled drugs were stored in a controlled drugs cupboard, access to them was restricted, the keys held securely and stock checks completed regularly. There were arrangements in place for medicine expiry date checking and the destruction of patient returned and out of date medicines including controlled drugs. All of the medicines we checked within the dispensary were in date.

- Systems were in place in the dispensary to deal with any medicines recalls, and records kept of any actions taken. We checked medicines stored in the dispensary, controlled drugs cupboard and medicine refrigerator and found they were stored securely and were only accessible to authorised staff. The temperature in the medicines refrigerator was monitored to show that these medicines were stored within the recommended ranges which ensured medicine was stored at the appropriate temperature. There was a policy in place which described what to do in the event of a refrigerator failure and the staff we spoke to were aware of the actions to take.
- We looked at the arrangements for the storage and security of prescription forms and medicines at the practice, these were tracked through the practice and we advised on security improvements to ensure blank forms were held securely at all times.
- We looked at the way the practice stored vaccines (not in the dispensary) and found that the necessary checks had been inconsistently applied. The medicines we looked at were required to be stored within a defined temperature range to ensure they remained effective for use. For example, at Armitage Surgery there had been 10 working days in the previous three months when daily temperature checks had not been performed. Also we saw three occasions within a two month period when the recorded temperature had exceeded the maximum

and no action had been recorded. We undertook checks at Hillsprings Surgery and found that in the previous three months, fridge temperature had not been recorded on 13 working days.

- One nurse was an independent prescriber and had undertaken further training to prescribe medicines within their scope of practice. Practice nurses used Patient Group Directions (PGDs) to administer medicines. We saw that the PGDs although signed had expired and were overdue review.
- We reviewed three personnel files and found the majority of appropriate recruitment checks had been undertaken prior to employment. However two files did not contain proof of identification and a gap in employment had not been explored and recorded for one member of staff. Reception staff had been risk assessed as not requiring a DBS check but this had not taken into account the possibility of acting as a chaperone.
- Staff told us that locum GPs were occasionally used. The practice manager told us the locum GPs were booked through an agency, which supplied the required recruitment information. This was not seen during this inspection as the member of staff responsible for managing agency bookings was not available. Evidence was provided after the inspection that the required recruitment information for locum GPs was made available to the practice.

Monitoring risks to patients

- All portable electrical equipment had been tested to ensure it was safe to use. We saw that clinical equipment was overdue to be calibrated to ensure it was accurate. At both Hillsprings Surgery and Armitage Surgery the emergency oxygen delivery flowmeters had been due for an accuracy check in April 2010. We saw examples of other equipment used in patient assessment that were due for testing in a range of dates from 2010, 2014 and 2015. Records showed that the medical equipment at the Horse Fair Practice had been calibrated in November 2015. However the equipment at both Hillsprings Surgery and Armitage Surgery had not been calibrated at the same time. The practice manager arranged this during our inspection and two dates were booked for May 2016.
- Two of the practice sites were located within buildings owned by the NHS Trust, which was responsible for maintaining the building. The Armitage Surgery building

Are services safe?

was owned by the practice. The Trust had procedures in place for monitoring and managing risks to patient and staff safety. A fire risk assessment was in place and records confirmed that fire drills were carried out. The practice had not assured themselves that the Trust had carried out all of the necessary health and safety checks. The practice had not carried out any risk assessments of their own, for example of each consulting room.

- We did not find robust systems in place to regularly check patients taking high risk medicines; this did not assure us that the necessary monitoring was being done to keep patients safe. We identified 42 patients receiving methotrexate, a medicine used to treat rheumatoid arthritis, in the preceding 3 months and we examined the records of 10 patients. Six of those patients did not have appropriate monitoring evidenced in their records. We were told that shared care agreements were in place between the hospital and the practice but none were identified in the patient notes that were reviewed.
- 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 that enough staff were on duty.

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 which alerted staff to any emergency. Panic buttons were also available in all consultation and treatment rooms.
- All staff received annual basic life support training and the practice had emergency equipment at each location which included automated external defibrillators (AEDs), (which provides an electric shock to stabilise a life threatening heart rhythm), nebulisers, oxygen and pulse oximeters (to measure blood oxygen levels).
- The practice held a list of emergency medicines that should be available at each site. This list did not include medicines to treat suspected meningitis or secondary medicines to treat an allergic reaction including anti-histamines or steroids. However, two sites did carry medicines to treat suspected meningitis. The GPs we spoke to were unaware that the third site did not have any on the premises or that their emergency medicines list did not include these medicines.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan was held off site and included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice had a system in place to keep all clinical staff up to date and to share relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. Information received by the practice was stored electronically and could be accessed by clinicians. One member of the nursing team told us that changes to NICE guidance were discussed at the protected learning events organised by the Clinical Commissioning Group.

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 showed that the practice achieved 100% of the total number of points available (which was 6.5% above the local Clinical Commissioning Group (CCG) average and 5.3% above the national average), with 17.1% clinical exception rate (Health and Social Care information Centre 2014/15), which was 7% above the CCG average and 7.9% above the national average. (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). The practice told us patients were invited by letter three times to attend for reviews. The third letter contained a disclaimer for patients to complete if they did not wish to attend for a review. Only patients who had received three invite letters and not attended for a review were exception coded.

Data from 2014/15 showed;

- Performance for the five diabetes related indicators was comparable to other practices and better than the national average. For example: The percentage of patients with diabetes, on the register, in whom a specific blood test was recorded was 88.16% compared with the national average of 77.54%.
- The percentage of patients with hypertension whose blood pressure was within the recommended range (83.46%) was comparable to other local practices and in line with the national average (83.65%).

- Performance in three of the mental health related indicators were comparable to other practices and better than the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record was 95.35% when compared with the national average of 88.47%. (The exception reporting rate was 38.6%, which was 23% above the CCG average and 26% above the national average).
- The percentage of patients with asthma, on the register, who had an asthma review in the preceding 12 months, was 72.66%, which was comparable to other practice but slightly below the national average of 75.35%.
- 89% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was above the national average of 84%. (Exception reporting for dementia was 14%, which was 6% above the CCG and the national averages).

Clinical audits demonstrated limited quality improvement.

- There had been six clinical audits completed, and we looked at two of these. One of these was a completed two cycle audit focusing on a particular medicine, amiodarone, which is prescribed to treat certain heart conditions. The first audit cycle looked at whether patients prescribed this medicine were receiving regular blood tests. Patients identified as not have a recent blood test were asked to attend the practice. The audit had identified actions to address the shortfalls for example routine blood tests for patients, but there was no evidence of system change as a consequence, such as a prompt when prescribing amiodarone for the GP to check that bloods have been taken and the results are within the normal range. The other audit focused on the treatment of urinary tract infections. The first cycle had been completed and identified changes which were being implemented.
- The local Clinical Commissioning Group (CCG) provided information about the practice's performance compared to other practices in the locality each month. This covered areas such as QOF data, antibiotic prescribing, outpatient first appointments and elective admissions.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. It 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. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations were booked onto update training in April 2016.
- 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. Clinical staff attended protected learning time sessions organised by the local CCG and in-house training was provided for other staff. One member of nursing staff had recently completed training on the care of patients with diabetes. Another member of staff was being supported by the practice to undertake training to become a health care assistant. Not all staff had had an appraisal within the last 12 months. The nurse practitioner had not had an appraisal since 2013.
- Staff received training that included: safeguarding, fire procedures, basic life support, dementia awareness, learning disability awareness and information governance awareness. 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 and intranet systems.

- 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, or with the out of hour's service for patients with complex care needs.
- The practice participated in the avoiding unplanned hospital admission enhanced service. Two per cent of patients, many with complex health or social needs, had

individualised care plans in place to assess their health, care and social needs. Patients were discussed with other professionals when required and if a patient was admitted to hospital their care needs were reassessed on discharge. The care plans were available in the patient's home to enable other health professionals who may be involved in their care to have comprehensive information about them.

Staff worked together and with other health and social care services 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. We were told that multi-disciplinary team meetings took place with the palliative care team, where patients with palliative care needs were discussed. However, these meetings were not minuted, which would have aided the overall monitoring of the care of these patients.

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, the GPs and nurse practitioner carried out assessments of capacity to consent in line with relevant guidance.
- The practice unable to demonstrate whether clinical staff had attended training on the Mental Capacity Act and Deprivation of Liberty Safeguards. On line training was available to all staff on dementia awareness, learning disability awareness and consent.

We spoke with two representatives from local care homes. They told us that the GPs discussed end of life care when appropriate with patients and relatives, taking into account the patient's capacity to make decisions.

Supporting patients to live healthier lives

Patients who were in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition (disease prevention) and those requiring advice on their diet, smoking and alcohol cessation. Nursing staff provided support and advice with

Are services effective?

(for example, treatment is effective)

weight loss and smoking cessation programmes. Staff told us 798 patients had received smoking cessation advice during the previous 12 months, often during their annual long term condition review. Twenty four patients had been successful in giving up smoking.

The practice's uptake for the cervical screening programme was 91%, which was above the national average of 82%. (Exception reporting for cervical screening was 22%, which was 17% above the CCG average and 15% above the national average).

Chlamydia screening kits were available in the practice. Twenty one patients had been screened for chlamydia between April and September 2015. The practice also offered family planning and contraception services including implant/coil fitting.

Data from 2015, published by Public Health England, showed that the number of patients who engaged with national screening programmes was lower than local and national averages:

- 69% of eligible females aged 50-70 had attended screening to detect breast cancer. This was lower than the CCG average of 73% and national average of 72%.
- 53% of eligible patients aged 60-69 were screened for symptoms that could be suggestive of bowel cancer. This was lower than the CCG average of 57% and national average of 58%.

The practice maintained registers of patients with long term conditions (for example diabetes and asthma) and offered them at least an annual review of their condition. The practice also identified patients who were living with a learning disability, dementia, or a mental health condition. These patients were offered an annual review of their medication and physical health needs. There were 60 patients identified on the learning disability register and 28 patients had attended their annual review so far this year.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 86.6% to 99.3% and five year olds from 88.5% to 96.9%.

Patients had access to appropriate health assessments and checks. New patients were asked to complete a health questionnaire and would be offered a blood pressure checks. NHS health checks for people aged 40–74 were offered although staff told us the uptake was low. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Posters and leaflets relating to health promotion and support groups were available in the waiting room as well as on the television screen at Hillsprings Surgery.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

We spoke with eight patients at the Hillsprings Surgery. They also told us they were satisfied with the care provided by the practice said staff were helpful, caring and treated them with dignity and respect. We received three patient Care Quality Commission comment cards and the comments aligned the views of the patients spoken with.

Results from the national GP patient survey published in January 2016 showed patients felt they were treated with compassion, dignity and respect. The survey invited 289 patients to submit their views on the practice, a total of 113 forms were returned. This gave a return rate of 39.1%. The practice was comparable with other practices for its satisfaction scores on consultations with GPs. For example:

- 84.1% said the GP was good at listening to them compared to the CCG average of 82.9 % and national average of 88.6 %.
- 80.5 % said the GP gave them enough time (CCG average 82.7 %, national average 86.6 %).
- 92.4 % said they had confidence and trust in the last GP they saw (CCG average 93.8%, national average 95.2%)
- 80.51 % said the last GP they spoke to was good at treating them with care and concern (CCG average 80.3%, national average 85.1%).

However, the practice was below average for its satisfaction scores on consultations with nurses. For example:

- 79.35% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90.1%, national average 90.4%).

- 84.9% said the last nurse they saw or spoke to was at listening to them (CCG average 91.8%, national average 91%).

Data showed that 81.3% of respondents said they found the receptionists at the practice helpful. This was slightly below the CCG average of 87.1% and the national average of 86.8%.

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 the staff. Several patients told us they felt reassured by the GPs when they had referred directly to hospital following their consultation. They told us they had received a full explanation and understood the urgency of the situation. The majority of patients told us they had sufficient time during consultations to make an informed decision about the choice of treatment available to them. However, two patients told us they sometimes felt rushed and had been told to book another appointment if they had more than one problem to discuss.

Results from the national GP patient survey published in January 2016 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:

- 80.8% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81.4% and national average of 86%.
- 76.41% said the last GP they saw was good at involving them in decisions about their care (CCG average 75.8%, national average 81.61%).
- 75.64% said the last nurse they saw was good at involving them in decisions about their care (CCG average 85.8%, national average 84.8%).

The 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.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. This included services for patients suffering from cancer, dementia, mental health conditions, alcohol services, smoking cessation and sight and hearing loss.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 54 patients (0.5% of the practice population) who were also carers, and these patients were offered the annual influenza vaccine, although they were not offered an annual health check. Written information was available in the practice booklet to direct carers to the various avenues of support available to them.

The practice recognised that this number was low and a more proactive approach to identifying carers was

required. The practice identified if patients were carers when they registered at the practice, when they received information from secondary care, or when they received completed forms for the Carers Association Southern Staffordshire (CASS). CASS is a voluntary organisation which offers advice and support to people who have a caring role.

The practice did not have a formal policy on bereavement and follow up. Staff told us that if families had suffered bereavement, the practice sent them a sympathy card. They also told us that staff at each of the sites were informed so they were aware to offer support to bereaved relatives if they contacted the practice. Staff told us how the GPs had supported a family following the traumatic death of their relative, and had seen family members as required and offered counselling.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice engaged with the local Clinical Commissioning Group (CCG) and was involved in shaping local services. One of the GP partners was a CCG Board Member and the clinical lead for respiratory care. Clinical staff attended the protected learning time events organised by the CCG.

The services were planned and delivered to take into account the needs of different patient groups and to help provide flexibility, choice and continuity of care.

- Home visits were available for older patients and patients who would benefit from these.
- Annual review visits were out carried at home for patients who were unable to visit the practice.
- Patients with a learning disability were offered an annual health check and longer appointments.
- Dedicated GPs provided weekly visits to three local care homes, to provide continuity of care.
- Same day appointments were available for children as well as patients requesting an urgent appointment.
- Extended hours were offered with the GPs on Thursday evenings.
- All patients on the hospital admission avoidance register were reviewed on discharge following admission to hospital or accident and emergency. These patients were given a dedicated telephone number so they could contact the practice urgently if required.
- The practice referred patients with memory loss to the care facilitator at the memory clinic.
- There were disabled facilities, a hearing loop and translation services available.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- The practice used alerts on the electronic records to notify staff when patients used a different postal address to their home address, for example patients who were permanent residents on narrow boats.

Access to the service

Hillsprings Surgery and Armitage Surgery were open between 8am and 6.30pm Monday to Friday, except Wednesdays when they closed at 1pm. Horse Fair Practice Group was open between 8am and 6.30pm Monday to Friday with extended opening hours until 8.30pm on Thursdays.

Appointments could be booked in person, over the telephone and on line. The practice offered a number of appointments each day with the GPs and nurse practitioner for patients who needed to be seen urgently, as well as pre-bookable appointments. Triage appointments were available Monday to Friday from 9.30am until 12.30pm, and from 1.30pm until 2.20pm with the exception of Wednesday afternoons. Triage could either be pre-booked up to three weeks in advance or booked on the day. Consultation times varied depending which GP was working, the earliest at 8am and the latest at 6.25pm. Telephone advice was also available for patients.

Results from the national GP patient survey published in January 2016 showed that patient's satisfaction with how they could access care and treatment were below national averages:

- 76.03 % of respondents were satisfied with the practice's opening hours compared to the national average of 78.3%.
- 43.59 % patients said they could get through easily to the surgery by phone (national average 73.26%).
- 30.07% patients said they always or almost always see or speak to the GP they prefer (national average 36.17%).

Patients told us on the day of the inspection that their biggest challenge was getting through to the practice on the telephone to make an appointment. Patients commented they would rather have a telephone queueing system rather than having to redial, as the current system discontinued the telephone call once the message about the lines been busy had been played. The practice told us they encourage patients to use the on-line booking facility, and try to have additional staff answering the telephones during busy periods. Patients also told us they often had to wait for an appointment to see the GP of their choice. Patients also commented that they were not always seen on time.

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.

Are services responsive to people's needs?

(for example, to feedback?)

- There was a designated responsible person who handled all complaints in the practice.
- Information was available to help patients understand the complaints system and the complaints process was displayed on notice boards and on the practice website. Complaint forms were available from reception.
- The practice encouraged feedback through the NHS Friends and Family Test and a suggestion box was available in the reception area.
- Not all of the patients we spoke were aware of the complaints procedure or how to make a complaint.

We looked at the summary of the eight complaints received between 1 April 2015 and 22 March 2016, and a number of complaints in details and found they had been satisfactorily handled and demonstrated openness and transparency. We saw that patients received an apology where appropriate. The practice manager discussed an ongoing verbal complaint that was not recorded on the summary or in the complaints folder. They told us the complaint would be recorded once resolved. There was no formal review of complaints so it was not possible to say if any themes could have been identified or any learning points identified and shared with the staff team.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice had a clear vision to aspire to the highest standards of excellence and professionalism, and to provide high-quality care that was safe, effective and focused on the patient.

- Information about the vision and values was included within the Statement of Purpose and on the practice website. The vision and values were not on display around the practice and had not been shared with staff.

Governance arrangements

The practice did not have an effective overarching governance framework which supported the delivery of good quality care. For example:

- Although there was a system in place for reporting and recording significant events, the practice did not review significant events for trends or themes. There was no evidence to support that learning and changes had become embedded into practice.
- The practice did not have a formalised system to act upon medicines and equipment alerts issued by external agencies, for example from the Medicines and Healthcare products Regulatory Agency (MHRA).
- The practice did not have robust arrangements for identifying, recording and managing risks and implementing mitigating actions. For example: infection prevention and control measures, servicing and calibration of equipment at each site, management of patient group directives and recording action taken when fridge temperatures exceed the maximum.
- Staff told us that regular meetings were held. These included partners meetings, nurse meetings, educational meetings, reception staff meeting and management meetings. However, the majority of these meetings were not minuted. This meant that staff who were not in attendance were not able to update themselves.
- Clinical audits demonstrated limited quality improvement and there were no other clinical quality improvement initiatives in place.

Leadership and culture

We found there had been changes to the practice registration, as two partners had retired from the practice

and another had given up their partnership to become a salaried GP. The provider had not amended their registration with the Care Quality Commission to reflect these changes.

The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff. However, there did not appear to be a clear management structure with individuals taking responsibility for the management and oversight of the running of the practice.

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 knowing about notifiable safety incidents.

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

The practice received feedback through the NHS Friends and Family Test, the national GP survey, complaints and comments. The practice had an active Patient Participation Group (PPG) which met with the practice on a regular basis. We spoke with a representative of the PPG. The chairperson told us they were looking to recruit additional members, especially from the younger age groups. They told us they had a good working relationship with the practice manager and the GPs. The chairperson told us that four members of the PPG also attended the Patient Engagement Network. Representatives from each PPG from the GP practices in the locality attended these meetings, although with representatives from the Clinical Commissioning Group (CCG), GPs and representatives from the voluntary sector. This provided the PPG with the opportunity to raise issues for patients within a wider group.

The results from the national GP survey were below the Clinical Commissioning Group and national averages. The practice had reviewed the results and developed an action plan. In response to the difficulties getting through to the practice by telephone, the action plan indicated that patients were encouraged to use the on-line booking facility, and the practice had tried to increase staffing levels on a Monday morning. The practice also planned to carry out an in-house survey, looking at patient satisfaction with the services provided by the nurses.

Are services well-led?

Requires improvement 

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

The practice had gathered feedback from staff through appraisals, meetings and the annual whole staff meeting. However, as minutes of meetings were not kept, it was not possible to demonstrate in any changes had been made as a consequence of staff suggestions.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. Staff were encouraged to develop their skills, for example supporting

a member of staff to attend training to become a health care assistant, and developing the skills of the nurse practitioner to become an advance nurse practitioner. Educational evenings were held every month. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice had been chosen as a pilot site for a scheme looking at the benefits of integrated care.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Good governance was not operated as the provider did not operate an effective system to record and share information discussed at meetings to ensure staff were aware of their responsibilities in relation to any changes in policy or guidance.</p> <p>Systems were not in place to ensure the learning and changes made as a result of significant events had become embedded into practice.</p> <p>Risk assessments had not been carried out across all three sites.</p> <p>Not all Patient Group Directives (PGDs) were up to date and current.</p> <p>Robust arrangements for identifying, recording and managing risks and implementing mitigating actions were not in place.</p> <p>This was in breach of regulation 17(1)(2)(a)(b)(f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	Safe care and treatment was not provided as robust systems were not in place to ensure that patients who take high risk medicines have received the recommended monitoring in line with the medicine.
Maternity and midwifery services	The provider had not ensured that formalised systems were place to act upon medicines and equipment alerts issued by external agencies.
Surgical procedures	The provider could not demonstrate that vaccines were always stored in line with manufacturers' guidelines.
Treatment of disease, disorder or injury	The provider had not ensured equipment used to provide care or treatment was safe for use as items of medical equipment had not been tested to assure electrical safety or calibrated to ensure its accuracy and systems were not in place to monitor when equipment is due for testing / servicing.
	The provider had not ensured that robust infection prevention and control measures were place.
	This was in breach of regulation 12(1)(2)(a)(b)(e)(g)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.