

# Barn Surgery

## Quality Report

The Barn Surgery,  
22 Ferring Street,  
Ferring,  
Worthing, West Sussex  
BN12 5HJ  
Tel: 01903242638  
Website: [www.barnsurgery-ferring.nhs.uk](http://www.barnsurgery-ferring.nhs.uk)

Date of inspection visit: 23rd February 2016  
Date of publication: This is auto-populated when the report is published

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?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10
Outstanding practice	10

### Detailed findings from this inspection

Our inspection team	11
Background to Barn Surgery	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13
Action we have told the provider to take	23

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Barn Surgery on 23 February 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well generally well managed although there was no record of a criminal record check via the DBS (disclosure and barring service) for one of the nurses and one of the healthcare assistants. In addition not all administrative staff or healthcare assistants had attended safeguarding training.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a GP and they were able to access on the day appointment through the practice walk in clinic. However the practice performed below average in terms of patient satisfaction at being able to see or speak to their preferred GP. The practice was aware of these issues and was addressing them through the recent appointment of a salaried GP.

# Summary of findings

- Some patients had experienced difficulties getting through to the practice by phone and the practice had worked to address this, for example by increasing awareness of online services.
- The practice had good facilities and was well equipped to treat patients and meet their needs. The practice was in the process of a programme of renovation to ensure the practice facilities continued to meet needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw one area of outstanding practice:

- The practice had taken action to improve performance in diabetes care due to a high prevalence (2.88% above national average) by establishing a dedicated diabetic service. This included the practice nurse with the lead for diabetes holding a joint monthly clinic with a visiting diabetic specialist nurse. In addition the lead practice nurse for diabetes ran a mobile 'hot line' for all diabetic patients where they can call the line directly. The nurse also provided email support.

The areas where the provider must make improvement are:

- Ensure that all relevant staff has criminal record checks with the disclosure and barring service.
- Ensure that all staff receive up to date safeguarding training.

In addition the provider should:

- Review patient feedback on the difficulties with access to the service and monitor changes in this area alongside action taken.
- Continue with the programme of annual appraisal for all staff, ensuring that this is embedded in practice for future years.
- Continue to monitor and review patient satisfaction in relation to getting through to the practice by phone in relation to changes made and ensure improvements are achieved.
- Ensure that practice policies are reviewed before their due date.

**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 requires improvement for providing safe services.

Requires improvement



- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. We saw evidence of learning and discussions at team meetings from incidents and near misses.
- Risks to patients who used services were generally assessed, and systems and processes to address these risks were implemented to ensure patients were kept safe.
- However, we found that not all relevant staff had received DBS (disclosure and barring service) checks and not all staff had attended safeguarding training.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- 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, although some of these had not been carried out in the last 12 months. We saw a plan was in place to address this and a programme of annual appraisal for all staff for 2016 had begun.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

### Are services caring?

The practice is rated as good for providing caring services.

Good



- 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.

# Summary of findings

- 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.

- 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 met regularly with other local practices and the CCG to look at ways of collaboration and joint working to meet the needs of the local population.
- Patients said they found it easy to make an appointment with a GP and they were able to access on the day appointment through the practice walk in clinic. However the practice performed below average in terms of patient satisfaction at being able to see or speak to their preferred GP. The practice was aware of these issues and was addressing them through the recent appointment of a salaried GP.
- 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.

Good



## Are services well-led?

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

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

Good



# Summary of findings

- 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

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.
- The practice worked closely with district nurses and the local proactive care team to promote independent living for older people, including attendance at monthly multi-disciplinary team meetings to address the needs of patients identified as at risk

Good



### People with long term conditions

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 at 99.9% was better than national average of 89.2%.
- The practice had worked to identify patients with diabetes and as a result had a higher than average precedence. This had led to them developing a dedicated diabetes service in the practice, including access to a mobile phone line of patients who required additional support.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

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

Good



# Summary of findings

- 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. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 77%, which was comparable to the CCG average of 76.5% and the national average of 74%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice offered immediate access to appointments for young children and parents were able to arrive at the practice without an appointment.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

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

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

- The needs of 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.

Good



## **People whose circumstances may make them vulnerable**

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Good



# Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

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

- 75.8% of patients diagnosed with dementia that had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 77%.
- Performance for mental health related indicators at 100% was better than the national average 92.8%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 15 November 2017. The results showed the practice was performing in line with local and national averages. 223 survey forms were distributed and 138 were returned. This represented 3.5% of the practice's patient list.

- 60% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 88% 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 85%.
- 87% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 78% 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 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received six comment cards which were all positive about the standard of care received. Patients told us they were happy with their treatment and care, that staff treated them with dignity and respect and were caring and compassionate.

We spoke with 13 patients during the inspection. All 13 patients said they were very happy and satisfied with the care they received and thought staff were approachable, committed and caring. However, five of the 13 patients commented that they had experienced difficulties getting through to the practice by phone.

The practice had published patient experience data on the practice website. We saw from this that the majority of respondents were positive about their consultations with GPs.

## Areas for improvement

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

- Ensure that all relevant staff has criminal record checks with the disclosure and barring service.
- Ensure that all staff receive up to date safeguarding training.

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

- Review patient feedback on the difficulties with access to the service and monitor changes in this area alongside action taken.

- Continue with the programme of annual appraisal for all staff, ensuring that this is embedded in practice for future years.
- Continue to monitor and review patient satisfaction in relation to getting through to the practice by phone in relation to changes made and ensure improvements are achieved.
- Ensure that practice policies are reviewed before their due date.

## Outstanding practice

- The practice had taken action to improve performance in diabetes care due to a high prevalence (2.88% above national average) by establishing a dedicated diabetic service. This included the practice nurse with the lead for

diabetes holding a joint monthly clinic with a visiting diabetic specialist nurse. In addition, the lead practice nurse for diabetes ran a mobile 'hot line' for all diabetic patients where they can call the line directly. The nurse also provided email support.

# Barn 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 manager specialist adviser.

### Background to Barn Surgery

Barn Surgery provided general medical services to people living and working in Ferring.

Barn Surgery has two partner GPs (male and female) and one female salaried GP. There are two practice nurses and two healthcare assistants, as well as a practice manager and a range of reception and administrative staff. There are approximately 3966 registered patients.

The practice was open between 7.45am and 5.00pm on a Monday, Wednesday and Friday, between 7.45am and 6.30pm on a Tuesday and between 7.45am and 12.00pm on a Friday. Telephone access was available until 6.30pm Monday to Friday. The practice was covered by a neighbouring practice on a Thursday afternoon. Morning appointments were from 08.00 to 11.00 on a Monday and Wednesday, 08.00 to 10.30 on a Tuesday and Thursday and from 08.00 to 11.30 on a Friday. An open surgery was available on a Monday, Wednesday and Friday between 2.00pm and 4.00pm and on a Tuesday between 4.00pm and 6.00pm.

The practice runs a number of services for its patients including asthma clinics, child immunisation clinics, diabetes clinics, new patient checks, and weight management support.

Services are provided from:

The Barn Surgery, 22 Ferring Street, Ferring, Worthing, West Sussex, BN12 5HJ

The practice has opted out of providing Out of Hours services to their patients. There are arrangements for patients to access care from an Out of Hours provider via NHS (111.).

The practice population has a significantly higher proportion of patients over the age of 65 and over the age of 85 at more than three times the national average. They had higher than average number of patients being cared for in nursing homes and a higher number of patients with a long standing health condition. They had a smaller percentage of patients under the age of 18 and a lower level of unemployment.

### 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.

### 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 13 January 2016.

# Detailed findings

During our visit we:

- Spoke with a range of staff including GPs, nursing staff, healthcare assistants and administrative staff including the practice manager and spoke with patients who used the service. In total we spoke with 14 staff and thirteen patients.
- We observed how patients were being cared for,
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

Is it safe?

Is it effective?

Is it caring?

Is it responsive to people's needs?

Is it well-led?

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

Older people

People with long-term conditions

Families, children and young people

Working age people (including those recently retired and students)

People whose circumstances may make them vulnerable

People experiencing poor mental health (including people with dementia)

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident reporting system supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

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, we saw that an incident relating to a delay in palliative care medicines for a patient at the end of life had led to a review of systems and processes. This included ensuring that updated information was made available to locum GPs to ensure that practice was consistent.

### Overview of safety systems and processes

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. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their

responsibilities and some had received training on safeguarding children and vulnerable adults relevant to their role. However, four staff including a healthcare assistant and administrative staff had not yet received safeguarding training and a further six staff had not attended a training update in the last five years. GPs were trained to child protection or child safeguarding level three. Nursing staff were trained to level two or three.

- 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, however not all staff and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was a practice infection control policy in place that was in the process of being reviewed (due in January 2016) and there were up to date clinical infection control protocols 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 arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. 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 were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to

## Are services safe?

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 three personnel files and generally found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications and registration with the appropriate professional body. However, there was no evidence of appropriate checks through the Disclosure and Barring Service for one of the practice nurses and one of the healthcare assistants. However, we saw that these were in the process of being applied for.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office 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.

### 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 in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available. Emergency equipment was routinely and regularly checked to ensure it was accessible and in good working order.
- 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.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99.5% of the total number of points available. Exception reporting was generally lower than average in the clinical domain indicator groups and significantly lower than average in areas such as diabetes and mental health. (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 at 99.9% was better than national average of 89.2%.
- Performance for mental health related indicators at 100% was better than the national average 92.8%.

There was evidence of quality improvement including clinical audit.

- We viewed two clinical audits completed in the last two years; both of these were completed audits where the improvements made were implemented and monitored. In addition the practice carried out regular prescribing audits.

- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. For example, recent action taken as a result included improving coding of patients with diabetes and chronic kidney disease.

Information about patients' outcomes was used to make improvements. For example, the practice had taken action to improve performance in diabetes care due to a high prevalence (2.88% above national average) by establishing a dedicated diabetic service. This included the practice nurse with the lead for diabetes holding a joint monthly clinic with a visiting diabetic specialist nurse. In addition the lead practice nurse for diabetes ran a mobile 'hot line' for all diabetic patients where they can call the line directly. The nurse also provided email support.

### 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. We saw that new staff received performance reviews as part of their probationary period and that regular meetings took place to discuss and review their induction programmes.
- 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. Nursing staff told us they had attended regular training updates in areas such as respiratory care, travel vaccinations, wound care and contraception.
- 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

# Are services effective?

## (for example, treatment is effective)

training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. Not all staff had received an appraisal within the last 12 months due to internal pressures on the practice, however we saw evidence of historical annual appraisals and there was a clear plan in place to address this. We saw that the process of annual appraisal had begun for the current year.

- Staff received training that included: safeguarding, fire safety awareness, and 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 and their intranet system.

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. We saw that patients were identified for discussion at regular multidisciplinary meetings using a risk stratification tool and that staff were able to add patients to the list for discussion when concerns were raised.

### 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.

### 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 increasing exercise and general health and lifestyle issues. Patients were signposted to the relevant service.
- Smoking cessation and dietary advice was available from nursing staff and healthcare assistants and there were external groups available for support. There were information posters available in the waiting area for patients.

The practice's uptake for the cervical screening programme was 77%, which was comparable to the CCG average of 76.5% and the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe 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.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 55% to 89% and five year olds from 60% to 100%.

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

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

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

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

- 86% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 85% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 95% 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 CCG average of 87% and the national average of 85%.

- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 100% of patients said they had confidence and trust in the last nurse they saw or spoke to compared to the CCG average of 98% and the national average of 97%.
- 93% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

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

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

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 in relation to nursing appointments. However some of responses relating to GP consultations were slightly below average. For example:

- 81% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 93% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG and national average of 90%.
- 79% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national average of 82%.
- 92% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 94% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

## Are services caring?

- Information leaflets were available in easy read format.
- Patients were able to access longer appointments if they needed to.

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. Annual reviews of patients with long term

conditions or additional needs included a review of carer needs where appropriate. For example, as part of reviews of patients with dementia, carers were also asked to contribute in relation to their current and future needs. Written information was available to direct carers to the various avenues of support available to them.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered pre-bookable extended hours clinics via a local clinic where appointments were available until 8.00pm every day and on a Saturday and Sunday.
- The practice offered a flexible approach to appointments and provided telephone appointments where patients experienced difficulties getting to the practice because of work commitments. In addition we were told that staff would sometimes start earlier or finish later to try and accommodate patient needs.
- The practice offered both pre-bookable appointments and a walk in clinic.
- Patients with diabetes had access to a diabetic nurse at the practice via email and a dedicated mobile phone line.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.

### Access to the service

The practice was open between 7.45am and 5.00pm on a Monday, Wednesday and Friday, between 7.45am and 6.30pm on a Tuesday and between 7.45am and 12.00pm on a Friday. Telephone access was available until 6.30pm Monday to Friday. The practice was covered by a neighbouring practice on a Thursday afternoon. Morning appointments were from 08.00 to 11.00 on a Monday and Wednesday, 08.00 to 10.30 on a Tuesday and Thursday and

from 08.00 to 11.30 on a Friday. An open surgery was available on a Monday, Wednesday and Friday between 2.00pm and 4.00pm and on a Tuesday between 4.00pm and 6.00pm.

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

- 68% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and the national average of 75%.
- 60% of patients said they could get through easily to the practice by phone compared to the CCG average of 72% and the national average of 73%.

The practice had recently audited receptionists' duties and in addition to more actively promoting their on line booking facility had installed an automatic patient check in screen to free up receptionist's time to answer the telephone.

People told us on the day of the inspection that they were able to see a GP when they needed to. However, five patients spoke of difficulties getting through by phone.

Patients said they found it easy to make an appointment with a GP and they were able to access on the day appointment through the practice walk in clinic. However the practice performed below average in terms of patient satisfaction at being able to see or speak to their preferred GP. The practice was aware of these issues and was addressing them through the recent appointment of a salaried GP.

### 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 by way of a poster in the waiting area.

We looked at four complaints received in the last 12 months and found that these were satisfactorily handled in a timely way. Lessons were learnt from individual concerns

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

and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. We did not see evidence of any trends in complaints but we saw examples of learning including changes to processes and improvements in documentation.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement “to provide high quality locally delivered care to our patients through appropriate treatment, health promotion and education” which was displayed in the practice 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.
- Areas of development identified included a refurbishment of the premises to better fit the purpose of the practice which we saw was under way to increase clinical space within 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.
- 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.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

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

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, a specific action carried out by the practice following feedback from patients was to move the administrative function of the practice out of the reception area to increase privacy and confidentiality and create more space.

# Are services well-led?

Good 

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

- The practice had gathered feedback from staff through generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice

team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example the practice was involved in a locality group through the CCG to look at collaborative and joint ways of working in order to offer a range of services across the locality.

In addition, one of the GP partners had been involved in setting up a local young GP peer group to proactively support local GPs who were within five years of qualifying. The group met regularly which included educational sessions.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment  We found that the registered provider had not ensured that all staff had attended training or regular training updates in safeguarding children and vulnerable adults.  This was in breach of regulation 13 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed  The provider had failed to ensure that satisfactory information was available about practice staff prior to recruitment by not having records of completed criminal record checks through the Disclosure and Barring Service (DBS) for all relevant staff.  This was a breach of Regulation 19(1)(2)(3) and schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014