

Dr Steven Nimmo

Quality Report

Barton Surgery
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Good



Are services effective?

Good



Are services caring?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an inspection at Dr Steven Nimmo (known as Barton Surgery) on the 6 September 2016. This inspection was performed to check on the progress of actions taken following an inspection we made in December 2015. Following the inspection in December 2015 the provider sent us an action plan which detailed the steps they would take to meet their breaches of regulation. During our latest inspection on 7 September 2016 we found the provider had made the necessary improvements in delivering effective, caring and well led services.

This report covers our findings in relation to the requirements and should be read in conjunction with the comprehensive inspection report published in March 2016. This can be done by selecting the 'all reports' link for Dr Steven Nimmo on our website at www.cqc.org.uk

Our key findings across the areas we inspected in this focused follow up inspection were as follows:

- The practice had improved their service through the introduction of a structured approach to the reporting and recording of significant events and complaints. This included regular meetings and shared learning to address these.
- Risks to patients were assessed and well managed.

- Clinical audits were being undertaken and demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. The practice now had an overview of training which specified what training staff had received or required.
- Systems were in place to obtain consent for treatment. Joint injection examples provided evidence of recorded verbal consent.
- Emergency equipment was in place, was easily accessible and was checked on a regular basis.
- The practice had improved their provision of caring services through an analysis of the GP Patient Survey results from July 2015 to July 2016 and the identification of required improvements. Survey results were now in line with CCG and national averages.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice had a new recruitment procedure in line with current guidance. We saw evidence of complete staff files including a new member of staff. Staff were only recruited following a thorough recruitment process.
- A set of policies and procedures had been made available to staff, including a staff handbook.
- Patient feedback was sought and acted upon.

Summary of findings

- Staff feedback had also been sought and acted upon. Staff we spoke with told us they felt listened to and their suggestions had been acted upon.

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 effective?

The practice is rated as good for providing effective services.

Good



- There had been improvements since the last inspection. For example, clinical audits demonstrated quality improvement. The practice told us these were in the process of becoming complete two cycle audits.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. The practice now had an overview of training which specified what training staff had received or required.
- Systems were in place to obtain consent for treatment including joint injections and minor surgery and to record this in patient records in line with current guidance.

Are services caring?

The practice is rated as good for providing caring services.

Good



- The practice had improved their provision of caring services through an analysis of the GP Patient Survey results from July 2015 to July 2016 and the identification of required improvements. Survey results were now in line with CCG and national averages. For example, 89% of respondents said that they found the receptionists helpful which was higher than the national average of 87%.
- The practice had sought feedback from patients since the previous inspection in December 2015. The survey findings had been positive.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

Are services well-led?

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

Good



- There had been significant improvements since the last inspection. For example, the practice had improved their service through the introduction of a structured approach to the reporting of and recording of significant events and complaints, with regular meetings including shared learning to address these.
- Risks to patients were assessed and well managed. For example, Emergency equipment was in place, was easily accessible and was checked on a regular basis.
- Staff were aware of the leadership structure and of their roles and responsibilities.
- The practice had introduced a number of policies and procedures and were in the process of ensuring these were embedded in practice.
- There was a governance framework which supported the delivery of the strategy and good quality care.
- The practice had systems in place for knowing about notifiable safety incidents.
- The practice proactively sought feedback from patients, which it acted on, although to date this feedback had not been in relation to care and treatment.

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

We did not inspect the population groups as part of this inspection. However, the outcomes we found when inspecting the Effective, Caring and Well-led domains mean the rating for this population group is now Good.

Good



People with long term conditions

We did not inspect the population groups as part of this inspection. However, the outcomes we found when inspecting the Effective, Caring and Well-led domains mean the rating for this population group is now Good.

Good



Families, children and young people

We did not inspect the population groups as part of this inspection. However, the outcomes we found when inspecting the Effective, Caring and Well-led domains mean the rating for this population group is now Good.

Good



Working age people (including those recently retired and students)

We did not inspect the population groups as part of this inspection. However, the outcomes we found when inspecting the Effective, Caring and Well-led domains mean the rating for this population group is now Good.

Good



People whose circumstances may make them vulnerable

We did not inspect the population groups as part of this inspection. However, the outcomes we found when inspecting the Effective, Caring and Well-led domains mean the rating for this population group is now Good.

Good



People experiencing poor mental health (including people with dementia)

We did not inspect the population groups as part of this inspection. However, the outcomes we found when inspecting the Effective, Caring and Well-led domains mean the rating for this population group is now Good.

Good



Dr Steven Nimmo

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 advisor.

Background to Dr Steven Nimmo

Dr Steven Nimmo, known as Barton Surgery is in the town of Plymstock, Plymouth PL9 9BR. The practice has a General Medical Service (GMS) contract and provides a primary medical service to approximately 3,100 patients of a diverse age group.

This is a single handed practice. (A practice with one GP who has managerial and financial responsibility for running the business.) The GP is supported by two salaried GPs. The three GPs (two male and one female) cover a total of 14 GP sessions. The GPs are supported by a practice manager. There are five practice nurses. The nursing team are supported by a health care assistant and a phlebotomist. The clinical team are supported by additional reception, secretarial and administration staff.

Patients using the practice also have access to community staff including community matron, district nurses, community psychiatric nurses, health visitors, physiotherapists, speech therapists, counsellors, podiatrists and midwives. The practice also provides accommodation for aortic aneurysm screening services and ultrasound for patients and surrounding surgeries.

The practice is open from Monday to Friday, between the hours of 8.30am and 6pm. Outside of these times there was a local agreement that the out of hours provider takes calls

from patients. Appointments can be booked up to six weeks in advance and take place between 8.30am and 5pm. Outside of these times the GPs make telephone calls and see patients that have been triaged.

The practice offered extended hours appointments on Thursday evenings on request.

The practice have opted out of providing out-of-hours services. Devon Doctors provided the out of hour's service to patients.

The practice provided regulated activities from a single location at Barton Surgery, Horn Lane, Plymstock, Plymouth PL9 9BR. We visited this location during our focused follow up inspection.

Why we carried out this inspection

We carried out this inspection 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, and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. We visited the practice and reviewed documentation and checked on the progress of actions taken following the comprehensive inspection we completed in December 2015.

We inspected the practice, in part, against three of the five questions we ask about services, is the service effective, caring and well led. This is because the service had previously not met some regulatory requirements. At our

Detailed findings

previous inspection in December 2015 the safe and responsive domains were rated as good. Therefore, these domains were not re-inspected at this focused follow up inspection.

Are services effective?

(for example, treatment is effective)

Our findings

At our inspection in December 2015 we found that the provider needed to make improvements in the overview and delivery of staff training, recording of consent for care and treatment, and additional auditing to identify effective improvements.

At this inspection we found that the provider had made significant improvements. These included:

- A process to review and monitor staff training.
- New protocols to ensure consent was sought and recorded from patients prior to care or treatment taking place.
- A number of clinical audits had been undertaken and emergency medicines were in place and were easily accessible. The practice told us their recently completed clinical audits would be repeated in order to become complete two cycle clinical audits.

The practice had carried out a complete review of staff training. This included a training needs analysis which

identified completed training and required training. For example, staff had completed NVQ training on business and administration and the practice had provided the time and resources to complete this.

New protocols had been implemented in line with national guidance on obtaining patient consent prior to care or treatment. The new process covered relevant areas such as minor surgery, joint injections, childhood immunisations, adult injections and vaccinations.

The practice had completed a number of complete cycle audits including medicine and prescription audits. These ensured that the governance and audit systems were proactive and focused on improvement and used to identify issues and drive improvements. In addition to clinical audits the practice had carried out audits on patient survey feedback, appointments and on staff rotas. Findings from these audits had identified improvements which the practice had implemented. For example, the adjustment of staffing rotas to match the times of peak patient demand.

Are services caring?

Our findings

At our inspection in December 2015 we found that the results from the July 2015 national GP patient survey for Barton Surgery were mixed. For example, the practice survey satisfaction scores were below the national average for the percentage of patients who found the receptionists helpful.

At this inspection in September 2016, we found that the provider had made significant improvements. The practice had carried out a detailed audit of the GP Patient Survey results for July 2015, December 2015 and July 2016 (the survey is updated every six months, in December and July of each year). The practice had used this audit to identify clear actions which had then been implemented. For example, the practice had introduced an additional receptionist to cope with increasing patient demand and to provide an improved service at reception. Other positive actions included the provision of time and resources for staff to complete relevant training in telephone triage. This enabled more patients to speak with their preferred GP.

Practice GPs were in the process of completing 360 degree feedback surveys carried out by independent consultants, the findings of which would continue to inform and encourage continuous improvement.

The July 2016 GP Patient national survey had received 108 responses from patients at this practice. This represented 3.5% of the practice population. 77% of patients said that they could usually get to see or speak to their preferred GP. This was a significant improvement on the July 2015 result of 63%. This was also higher than the clinical commissioning group average in July 2016 of 71%.

The practice manager explained that improvements in satisfaction rates could be explained by the measures put in place such as the recruitment of another practice nurse and an additional receptionist since the last inspection.

We spoke with four patients during our inspection. All four patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

Are services well-led?

Good 

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

Our findings

At our inspection in December 2015 we found the provider did not have effective systems in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. For example, an overview of significant events and complaints which could be used to monitor any trends and the governance of checks of emergency equipment.

At this inspection on 7 September 2016 we saw that significant improvements had been made. New systems had been created and implemented, staff had been identified to lead on these processes and contingencies were in place to continue the processes in the absence of these named staff. The practice manager had a process to review and monitor that these systems were being recorded.

- Governance arrangements ensured significant events were subject to an overview as soon as possible after the event. At this debrief, shared learning took place. Significant events were discussed formally at meetings on a quarterly basis. For example, in February 2016 an incident had taken place involving a patient attending the practice to receive a travel vaccination. This particular vaccination was not available due to a national shortage at the time. The patient had become aggressive at their wasted trip to the practice. Shared learning which took place included the exploration of other options in future such as notifying the patient in advance that the vaccination was not available and referring them to alternatives such as dedicated travel clinics.
- An overview of complaints was now in place. Records showed that seven complaints had been received within the last 12 months. We saw that complaints had been dealt with appropriately, to timescale and with transparency in line with the Duty of Candour. The practice had offered apologies when appropriate. One patient had complained that their GP refused to issue them with a back to work certificate. The practice investigated this and found that the patient had not been signed off work by their GP and so was unable to comply with this request. A letter had been sent and the patient was satisfied with the outcome.
- Systems and processes for Patient Group Directives (PGDs) had been fully adopted by the provider to allow

nurses to administer the shingles vaccine in line with legislation. We examined PGDs and found these had all been reviewed and were in date, in line with national guidance.

- The practice had reviewed their business continuity plan and updated it within the last six months, including staff contact details. There was a planned review on a regular basis.
- The practice had created a strategic two year business plan which examined future challenges and how the practice proposed to meet them. This included the potential relocation of the practice to new premises.
- The practice management had carried out one to one staff supervision and annual appraisals since the previous inspection. Development areas had been identified and actions agreed to address these, such as the provision of specific areas of IT training for certain staff by a professional IT contractor. Staff we spoke with told us these actions had taken place and they felt supported by the practice.
- A new recruitment procedure had been introduced. We looked at four staff files including a new member of staff and found these to be in order, including photographic identification, references and disclosure barring service (DBS) checks.
- The practice had undertaken an audit of patient feedback from the GP patient national survey results between July 2015 – July 2016 and implemented an action plan to make improvements. They had sought patient feedback and acted upon this, such as the provision of an additional receptionist.
- The practice had reviewed their governance of storage arrangements for emergency medicines to ensure these were now easily accessible in the event of an emergency. This included the emergency oxygen with adult and paediatric (child) masks, and a defibrillator used to restart the heart in an emergency.

Staff we spoke with during the inspection told us that they felt listened to and supported by the practice management. The practice obtains staff feedback by way of regular meetings and a staff comments book which was discussed on a monthly basis at staff meetings.

Staff suggestions which had been acted upon included the provision of more details when booking an appointment to take patient's blood to reduce the risk of mistakes being made. This ensured accuracy in patient care and treatment.