

# Barnsley Healthcare Federation CIC

# BHF Highgate Surgery

## **Inspection report**

BHF Highgate Surgery The Grimethorpe Centre Acorn Way Grimethorpe S72 7NZ

Tel: 01226707414 Website: http://www.highgatesurgery.co.uk

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### Ratings

Are services safe?

Are services effective?

## Overall summary

### **Background**

We carried out a focused announced inspection of this service on 22 August 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The Care Quality Commission planned the inspection following feedback from members of the public, who raised specific concerns about the numbers of staff and continuity of patient care.

This inspection report relates to the specific areas we reviewed because of the feedback received. We visited the Shafton Surgery site. We did not look at the overall quality of the service therefore have not provided a quality rating of the service.

The provider for BHF Highgate Surgery is Barnsley Healthcare Federation CIC (BHF). BHF also provides general medical services at three GP surgeries and an out of hours service.

CQC registered BHF Highgate Surgery on the 16 August 2017. It provides general medical services to 3,434

patients. BHF Highgate Surgery is situated in Grimethorpe on the outskirts of the Barnsley. The area is rated in one of the third most deprived areas in the UK. The surgery has a branch:-

Shafton Surgery

Unit 5

Two Gates Way

High Street

Shafton

Barnsley

S72 8WL

The surgery is managed by a central team from Barnsley Healthcare Federation CIC. Allocated to BHF Highgate Surgery and Shafton branch are two male part time GPs and two female part time advanced nurse practitioners. They are supported by two practice nurses, a nursing assistant and a team of receptionists.

## Summary of findings

The surgeries are open from 8am to 6.30pm, Monday to Friday.

When the surgeries are closed or patients are unable to access an appointment, staff refer patients to the lheart Barnsley 365. This service is open from 9am to 10pm Monday to Friday and 9am to 1pm on Saturday and Sunday. The service offers urgent and routine appointments, telephone and email consultations with a nurse or GP. During the out of hour's period, the patient is directed to the out of hours service or call NHS 111, who direct them to the most appropriate service.

Our key findings across the areas we inspected on 22 August 2017 were as follows:

### Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations reviewed. This was because:-

- The surgery had carried out the necessary recruitment checks.
- There were arrangements for planning and monitoring the number and mix of staff needed to meet patients' needs.

• BHF had recently recruited two permanent part time GP's for the surgeries.

### Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations reviewed. This was because:

- Most staff had completed the necessary mandatory
- To enable locum GP to follow a consistent approach. the provider had information available about how to follow clinical protocols. at Barnsley Healthcare Federation.
- To ensure continuity of patient care, the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the surgeries patient record system and the intranet system.

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

• The provider should make sure that the carpets at the Shafton Surgery meet the infection prevention and control standards.

## Summary of findings

### The five questions we ask about services and what we found

We always ask the following five questions of services.

#### Are services safe?

CQC have not yet rated this service.

We carried out a focused announced inspection of BHF Highgate Surgery on 22 August 2017 following feedback to the Care Quality Commission which raised specific concerns about the number of staff and the continuity of patient care. We found that this service was providing safe care in accordance with the relevant regulations reviewed.

- The surgery had carried out the necessary staff recruitment checks.
- The surgery had arrangements for planning and monitoring the number and mix of staff needed to meet patients' needs.
- The provider had recently recruited two permanent part time GPs for the surgeries.

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- To enable locum GPs to follow a consistent approach, the provider had information available about how to follow clinical protocols. at Barnsley Healthcare Federation.
- To ensure continuity of patient care, the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the surgeries patient record system and the intranet system.



# BHF Highgate Surgery

**Detailed findings** 

## Background to this inspection

The inspection was carried out by two CQC inspectors.

Before visiting, we reviewed a range of information we hold about the surgeries and asked other organisations to share what they knew. We carried out an announced focused visit on 22 August 2018 at the Shafton branch site.

During our visit we:

- Spoke with a range of staff, this included the management team, a GP, an advanced nurse practitioner, and reception staff.
- Reviewed information about how many staff worked at the surgeries and the staff's skills and experience.

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**

We carried out a focused announced inspection of BHF Highgate Surgery on 22 August 2017 following feedback to the Care Quality Commission which raised specific concerns about the number of staff and the continuity of patient care. We found that this service was providing safe care in accordance with the relevant regulations.

### Overview of safety systems and processes

We reviewed three personnel files and found appropriate recruitment checks had been carried out prior to staff commencing work. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS) checks.(These 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.)

BHF had recently recruited two permanent part time GPs for the surgeries. Although the GPs could be allocated to work at other surgeries within the Federation, their main sites were BHF Highgate Surgery and the Shafton branch.

### Monitoring risks to patients.

There were arrangements in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.

- Barnsley Health Care Federation organised recruitment centrally for the four locations. BHF had a system in place to inform the BHF board about the arrangements for planning and monitoring the number of staff and skill mix of staff. The human resources advisor explained that BHF did not use an evidence-based tool to determine if staffing capacity and capability provided a safe service but looked at each locations specific needs.
- To provide treatment for 3,434 registered patients. The surgery had two part time male GPs, one for six sessions and one for four sessions, both were permanent. (This equates to one and a quarter full-time equivalent).

In addition, they had two part-time advanced nurse practitioners (ANP) (One full time equivalent). At all times a GP was available at the main site or the branch surgery.

The ANPs role is a nurse who has undertaken extra training in clinical assessment, including history taking and physical examination, so they can safely manage patients presenting with undifferentiated and undiagnosed conditions. The provider had a BHF GP/ANP appointment protocol flow chart for reception staff to follow that ensured ANPs only saw patients within their clinical experience. For example a ANP could not see patients with a condition related to childbirth.

During week commencing 7 August 2017 the GPs and ANP offered 258 appointments. On the day of our inspection, an appointment was available in the afternoon.

We spoke with a GP, an ANP and reception staff who told us that they had enough time allocated to carry out their work effectively.

The provider provided information to show that BHF Highgate surgery and the branch had used locum GPs in July 2017 to cover three sessions and the surgery planned to use locum cover for three sessions in August. The director of primary care and human resource advisor said the surgery attempted to use locum GPs known to the surgeries.

The minutes of the patient reference group on 25 July 2017 documented that the group had raised questions about the availability of doctors and use of locums. In response, the minutes stated a GP was always available at one of the two sites. The provider had recently recruited two permanent part-time GPs for the site. In addition, an ANP was available and could provide a wide range of services.

The National GP survey was published in July 2017, 371 surveys were sent to patients and 130 were returned:-

- 69% of patients found it easy to get through to this surgery by phone. This compared better than the local CCG average of 61% and slightly lower than the National average of 71%.
- 84% of patients were able to get an appointment to see or speak to someone the last time they tried. This compared better than the local CCG average of 81% and the same as the National average of 84%.
- 80% of patients say the last appointment they got was convenient. This compared slightly better than the local CCG average of 79% and similar to the National average of 81%.

# Are services safe?

• 67% of patients described their experience of making an appointment as good. This was slightly lower than the local CCG average of 68% and the national average of 73%.

## Are services effective?

(for example, treatment is effective)

## **Our findings**

We carried out a focused announced inspection of BHF Highgate Surgery on 22 August 2017 following feedback to the Care Quality Commission which raised specific concerns about the number of staff and the continuity of patient care. We found that this service was providing effective care in accordance with the relevant regulations reviewed.

### **Effective staffing**

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

- The provider did not have a dedicated induction programme for locum GPs. However, to enable locum GPs to follow a consistent approach the surgeries had information available that included referral pathways, the management of blood results and local telephone numbers of other professionals.
- Staff had access to and made use of e-learning training modules and in-house training. BHF was developing a training record to enable them to have a full overview of what training staff had attended. Following the

- inspection the provider sent information to show that most staff had completed their mandatory training. A GP and an ANP both told us that BHF provided them with the appropriate training.
- The provider had a protocol in place for staff appraisal dated October 2016 that staff had implemented. However, we saw this did not include the procedure for clinical supervision of all staff. A GP and ANP confirmed they had clinical support from their colleagues.

### **Coordinating patient care and information sharing**

A GP told us that to ensure continuity of care, the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the surgeries patient record system and their intranet system. However, the GP explained that historically staff had not always coded the patient's diagnosis correctly on the computer system. (Clinical diagnoses have a specific numerical code on the computer system. This enables the GP to quickly access information about a patients specific diagnosis). They explained that the present staff now coded diagnosis correctly.