Barnard Medical Group

Quality Report

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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 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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Barnard Medical Group on 25 August 2015. Overall the practice is rated as good.

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.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed, with the exception of some relating to recruitment checks
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Most patients we received feedback from told us they found it easy to make an appointment
- The practice had good facilities and was well equipped to treat patients and meet their 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.

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

Importantly the provider must:

- Ensure recruitment arrangements include all necessary employment checks for all staff.

Summary of findings

In addition, the provider should:

- Ensure information is available in the practice premises to help patients understand the complaints system.
- Ensure the patient participation group is publicised within the practice.

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?

Requires improvement

The practice is rated as requires improvement for providing safe services as there are areas where it should make improvements. Staff understood their responsibilities to raise concerns, and to report incidents and near misses. When things went wrong, reviews and investigations were carried out and lessons learned were communicated to support improvement.

The practice had some systems, processes and practices in place to keep people safe, but improvements were needed in the management of risks in relation to the recruitment of new staff.

Are services effective?

Good

The practice is rated as good for providing effective services. Data showed patient outcomes were above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Are services caring?

Good

The practice is rated as good for providing caring services. Data showed that patients rated the practice similar to or slightly below the local area and national averages for its satisfaction scores on consultations with doctors and nurses, and responded positively to questions about their involvement in planning and making decisions about their care and treatment where the practice results were in line with local and national averages.

Most patients we spoke with during our inspection told us 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 also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the local Clinical Commissioning Group (CCG) to secure improvements

Summary of findings

to services where these were identified. Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. The practice had a virtual patient participation group (PPG).

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 that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. Staff had received inductions, regular performance reviews and attended staff meetings and events.

Summary of findings

The six population groups and what we found

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

Older people

Good

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. The practice hosted monthly integrated care meetings to discuss patients with particular enhanced needs, including those near the end of life.

The practice provided care to the residents of two local care homes, and provided twice weekly planned GP ward rounds to the homes, as well as usual acute/urgent care via the Duty GP in core hours.

The practice had a high rate of planned deaths in the community (57% in 2014 compared to 20-30% in other surgeries). The practice data also showed that 78% of their patients died in their preferred place of care. The practice maintained a substantial palliative care register, which was slightly above expected figures, and included 0.5% of their practice population. Of the 156 patients who died in the previous year, 71 were on their palliative care register, and 52 of these had non cancer conditions.

It was responsive to the needs of older people, and offered home visits and rapid access appointments and telephone advice for those with enhanced needs.

People with long term conditions

Good

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

Clinical staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed.

All these patients had a named GP and a structured annual review to check that their health and medication needs were being met.

Data from QOF showed that the practice achieved maximum scores for its performance for indicators relating to the care of people with various long term conditions. These were higher than the local area and national averages. The practice had an established recall system for the management of the care of patients on their chronic disease registers, which took account people with multiple conditions. The practice provided, or hosted, phlebotomy services for annual blood tests at their practice sites.

Summary of findings

For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations. Nurse appointments were available on Saturdays for childhood immunisations assist working parents.

Access to a GP was available through a variety of means, including telephone consultations, urgent and pre-booked appointments. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives and health visitors.

The practice provided a direct enhanced service for sexual health services, including the fitting of coils and contraceptive implants. Clinicians in the practice had also started sexual health training in partnership with Bexley Council, intending to offer further sexual health clinics in the future.

The practice achieved the highest detection rates for opportunistic chlamydia detection in Bexley despite comparatively low numbers of young adult patients registered.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.

The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. Pre-bookable GP and nurse appointments were available on Saturday mornings for a wide range of services including cryotherapy, minor surgery, travel vaccinations, cervical screening, and winter flu vaccination clinics.

People whose circumstances may make them vulnerable

Good

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

register of patients living in vulnerable circumstances including homeless people, and those with a learning disability. It had carried out annual health checks for people with a learning disability and they were offered seasonal flu vaccinations. The practice offered longer appointments for people with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations.

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

The practice maintained a register of carers, and there were 129 patients on the register at the time of our inspection. Carers were offered annual flu vaccinations, and prioritised appointments.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). Of the patients on the practice mental health register, 76% had had a comprehensive care plan documented in the preceding 12months. Patients experiencing poor mental health also had their physical health monitored. For example, 85.7% had had their blood pressure checked with the preceding 12 months.

The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It 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. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.

Staff had received training on how to care for people with mental health needs and dementia. All clinical and non-clinical staff attended a half day Dementia Awareness course in June 2015 and became Dementia Friends.

Summary of findings

The practice had committed to a CCG pilot to host social prescribing volunteer health champions. The Bexley CCG social prescribing initiative is a means by which GP practices will be able to help residents in need to access resources and support from the community and voluntary sector to improve their wellbeing.

Summary of findings

What people who use the service say

The national GP patient survey results published on 4 July 2015 showed the practice was performing close to or slightly below the local and national averages. There were 261 survey forms distributed for Barnard Medical Group and 115 forms were returned. This is a response rate of 44.1%.

- 48.8% find it easy to get through to this surgery by phone compared with a CCG average of 61% and a national average of 74.4%.
- 70.2% find the receptionists at this surgery helpful compared with a CCG average of 80.5% and a national average of 86.9%.
- 58.5% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 54.4% and a national average of 60.5%.
- 77.4% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 79.2% and a national average of 85.4%.
- 83.8% say the last appointment they got was convenient compared with a CCG average of 89.4% and a national average of 91.8%.
- 52% describe their experience of making an appointment as good compared with a CCG average of 63.6% and a national average of 73.8%.
- 63.7% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 57.3% and a national average of 65.2%.
- 54.4% feel they don't normally have to wait too long to be seen compared with a CCG average of 50.6% and a national average of 57.8%.

We also spoke with ten patients during our inspection. They told us they were satisfied with their experiences of the clinical consultations at the practice. Patients spoke about the staff being patient and attentive, that they were involved in their care and treatment, and that they received sufficient explanations about their treatments. Most patients we spoke with were happy with the appointments system and told us they generally ran on time. Patients felt the premises was clean. Whilst patients we spoke with had not had cause to complain, they told us they did not know about the complaints procedures. Patients we spoke with were also unaware of the patient participation group in the practice.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection, and on the day of the inspection itself. We received 30 comment cards which were mostly positive about the standard of care received, and aligned with the views of the patients we spoke with on the day.

Barnard Medical Group

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included two GP specialist advisers, a practice nurse specialist adviser, a practice manager specialist adviser and an expert by experience.

Background to Barnard Medical Group

Barnard Medical Group is located in the London Borough of Bexley, and provides care and treatment to approximately 15,300 patients from its main site at 43 Granville road. Sidcup. Kent. DA14 4TA and its branch location at 82 Marlborough Park Avenue, Sidcup, Kent. DA15 9DX. We visited both sites during this inspection. Patients are able to book appointments at both sites.

Barnard Medical Group was created in 31 March 2014, following the merger of two previous practices, Barnard Medical Practice and Bedside Manor.

The current practice partnership consists of four GPs, a business manager/practice manager and two nurse practitioners.

The practice clinical staff team consisted of seven GPs, two nurse practitioners, three practice nurses, and a healthcare assistant. There is a mix of male and female clinical staff in the practice.

Barnard Medical Group is an accredited training practice and at the time of our inspection there were two trainee GPs at the practice.

The practice clinical staff team were supported by a practice management team that included a practice manager and a team of administrative and reception staff.

Barnard Medical Group has a personal medical services (PMS) contract for the provision of its general practice services. Services provided in the practice include general medical services, management of long term conditions, maternity services, vaccinations and minor surgery.

Barnard Medical Group is registered with the Care Quality Commission (CQC) to carry on the regulated activities of Diagnostic and screening procedures; Treatment of disease, disorder or injury; Maternity and midwifery services; Family planning services; and Surgical procedures to everyone in the population. These regulated activities are provided from the main and branch practice site.

The practice has opted out of providing out-of-hours services to their own patients.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. We had not inspected this service before which was why we included them.

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. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed findings

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, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 25 August 2015. During our visit we spoke with a range of staff (GPs, nursing staff, practice management, administrative and reception staff) and spoke with patients who used the service. We observed how people were being cared for and talked with carers and/or family members and reviewed the personal care or treatment records of patients. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. Significant events were a standing item and regularly discussed at the practice's monthly business meetings. The practice carried out analyses of significant events.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, following an incident where a patient had a fall whilst waiting for a blood test the practice had provided extra seating in the waiting area and stopped booking in extra blood tests during a session to ensure the area could adequately accommodate all waiting patients.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. The practice used the National Reporting and Learning System (NRLS) eForm to report patient safety incidents.

Overview of safety systems and processes

The practice had some systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and 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 were lead members of staff for safeguarding children and adults. The GPs provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- A notice was displayed in the waiting room, advising patients that they could request a chaperone, if required. All staff who acted as chaperones were trained for the role 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).
- 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. The practice had up to date fire risk assessments and regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. A practice nurse was the infection control clinical lead. There was an infection control protocol in place and staff had received up to date training.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.
- 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. However members of the nursing team highlighted that more nursing hours would help them cope better with patient demand and reduce the pressures on their service.
- Infection prevention and control audits were undertaken in the practice by the local CCG. The provider sent us reports of the two most recent audits, completed in November 2013 and July 2015. They showed the practice to have suitable infection prevention and control arrangements in place.
- The practice was able to provide evidence of relevant risk assessments to monitor safety of the premises such as infection prevention and control, and legionella.

However we found that the following improvements were needed:

Requires improvement

Are services safe?

- The practice had a recruitment policy, which specified checks that must be carried out prior to new staff being employed. However the six staff files we reviewed showed that appropriate recruitment checks were not consistently undertaken prior to employment. For example, we saw gaps in the obtaining of references, completion of the appropriate DBS checks and completion of induction checklists for new recruits.
- Cleaning schedules were in place for the premises, and general cleaning was contracted to an external company. However we noted the cleaning log for the week of our inspection had been signed as completed ahead of time.

Arrangements to deal with 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. There was also a first aid kit and accident book available. 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 fit for use.

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.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line 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 ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. The practice monitored that these guidelines were followed through audits and reviews.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Their current results, for the year ending 31 March 2015 were 99.9% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets.

Data from QOF showed that the practice achieved maximum scores for its performance for indicators relating to the care of people with various long term conditions. These were higher than the local area and national averages.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. Clinical audits completed in the last two years at Barnard Medical Group included of asthma, chronic obstructive pulmonary disease (COPD), and minor surgery. Both of these were completed audits where the improvements made were implemented and monitored.

The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example, recent action taken as a result included review and update of antibiotic prescribing in response to a local area prescribing audit.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The practice is an accredited training practice for trainee GPs.
- 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 these learning needs and to cover the scope of their work. This included appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff were expected to have annual appraisals and the practice management were progressing through the appraisals of the staff team.
- Staff received training that included: safeguarding, fire safety, and basic life support. Staff had access to and made use of e-learning training modules and CCG provided 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 test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. The practice maintained ongoing dialogue with their community hospice nurse.

The practice worked provided care and treatment to patients in two local care homes. GPs at the practice visited the homes several times a week. We spoke with the clinical

Good

Are services effective?

(for example, treatment is effective)

manager at one of the care homes, who told us the practice was proactive in their provision of clinical care and support to the home. They described the care and support received from the practice including monthly medication reviews, palliative care, involvement in discussions with family members, and supporting them to access contacts for learning sessions from allied services such as the tissue viability nurse, physiotherapist and dentists.

Consent to care and treatment

Patients' consent to care and treatment was always sought 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, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

The practice highlighted when patients in care homes were subject to Deprivation of Liberty Safeguarding in their notes. In these cases they recorded next of kin contacts, involved them in care planning including advance directives. They obtained consent from patients to share information with carers as well as advice/assess for lasting power of attorney.

The practice clinicians told us that when a patient was admitted to their care homes, end of life discussions were initiated, and the patient's decisions were included in their care planning arrangements. DNR (do not resuscitate) discussions were also held, agreed and signed off with the patient/advocate and copies given to the patient to keep at home or care home.

The practice had a system of placing yellow flags on the patient records which highlighted to clinicians who had a DNR order in place, and end of life plans.

Health promotion and ill-health prevention

Patients who may be 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 and those requiring advice on their diet, smoking and alcohol cessation. A dietician was available on the premises and smoking cessation advice was available from a local support group. Patients who may be in need of extra support were identified by the practice.

The practice had a comprehensive screening programme. The practice's performance for cervical screening programme for the current year was 79.53%, which was comparable to the local area and national averages. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to the local area and national averages. For example, childhood immunisation rates for the vaccinations recommended to children of two year olds and younger averaged at 90%, and five year olds from 85% to 99.4%. Flu vaccination rates for the over 65s were 66.32% for the winter of 2014 / 15, and at risk groups 43.1%. These were below the local area and national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that 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 30 patient CQC 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. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. We also spoke with ten patients on the day of our inspection. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was similar to or slightly below the local area and national averages for its satisfaction scores on consultations with doctors and nurses. For example:

- 83.4% said the GP was good at listening to them compared to the CCG average of 85.6% and national average of 88.6%.
- 81.9% said the GP gave them enough time compared to the CCG average of 83.2% and national average of 86.8%.
- 95.4% said they had confidence and trust in the last GP they saw compared to the CCG average of 93.3% and national average of 95.3%
- 79.4% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 79.9% and national average of 85.1%.
- 78.1% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 87.2% and national average of 90.4%.
- 70.2% said they found the receptionists at the practice helpful compared to the CCG average of 80.5% and national average of 86.9%.

We noted that there was a box in one of the practice disabled toilets where patients were requested to drop off samples for testing. Confidential patient information was visible on the sample labels, and the box did not have a cover. We discussed this finding with the practice, who assured us they would look into a more confidential mode of collecting and storing the samples.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and 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 on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were in line with local and national averages. For example:

- 77.3% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82.5% and national average of 86.3%.
- 75.1% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77.7% and national average of 81.5%

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.

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.

Good

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of patients identified as carers and they were being additionally supported, for example, by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them.

There was a practice-designed death reporting proforma for care homes to use to notify the practice of a death. The practice staff told us this helped streamline the process of death certification and cremation paperwork to reduce the distress to families.

Practice bereavement cards sent to loved ones which have sources of help printed on the back. They told us the cards were handwritten by clinicians, offering support at the practice as well.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. GPs and the practice manager attended locality meetings and practice managers' meetings respectively. The practice manager was also on the committee that made business and development decisions and improvement for the local health authority.

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- The practice offered later appointments on alternate Tuesday and Wednesday evenings until 8.00pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled toilet facilities and translation services available at the practice. However, there was no hearing loop available.

Access to the service

The practice was open between 8.00am and 6.30pm Monday to Friday, and until 8pm on alternate Tuesdays and Wednesdays. Appointments were from 8.30am and 11.30am every morning and 2.30pm to 6.00pm daily. Extended hours surgeries were offered between 6.30pm and 8pm on alternate Tuesdays and Wednesdays, and every Saturday between 8.00am and 12noon. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. The practice offered online services, including appointments booking and cancellation, and repeat prescription ordering.

Results from the national GP patient survey showed that patients' satisfaction scores with how they could access care and treatment was lower than local and national averages. For example:

- 66.2% of patients were satisfied with the practice's opening hours compared to the CCG average of 70.2% and national average of 75.7%.
- 48.8% patients said they could get through easily to the surgery by phone compared to the CCG average of 61% and national average of 74.4%.
- 52% patients described their experience of making an appointment as good compared to the CCG average of 63.6% and national average of 73.8%.
- 63.7% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 57.3% and national average of 65.2%.

However, most patients we spoke with on the day of our inspection, and those that completed comments cards, told us they were satisfied with the appointments system and were able to get appointments when they needed them.

Listening and learning from concerns and complaints

The practice had a 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.

Whilst patients we spoke with had not had cause to complain, they told us they did not know about the complaints procedures. We saw that information was available to help patients understand the complaints system on the practice website, but there was no information available in the practice premises such as displayed posters and summary leaflets.

We looked at the 16 complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, and that there was openness and transparency with dealing with complaints.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, following a patient complaint about a lack of seating for patients awaiting the phlebotomy service, the practice manager informed the reception teams on both sites to ensure patients had an appointment booked before they were sent to phlebotomy and the caretaker was asked to liaise with the reception team to ensure sufficient seating was available in the phlebotomy area.

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 mission statement to promote the health of its patients, and provide them with effective care, as well as maintaining staff wellbeing.

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
- A programme of continuous clinical audit which is used to monitor quality and to make improvements

However we found that particular aspects of the governance arrangements were in need of improvement:

- There were improvements needed in the arrangements for identifying, recording and managing risks, issues and implementing mitigating actions; particularly in relation to the recruitment of new staff.

Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

Staff told us that regular team meetings were held. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.

Staff said they felt respected, valued and supported. 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 had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The practice PPG was a virtual group, which the practice communicate with via email. They told us they had over 300 members at the time of our inspection. Examples of changes made in the practice in response to patients and PPG feedback included the premises improvement works at Marlborough Park Surgery, improvements to their online booking system and updated telephone messages about access options.

However patients we spoke with on the day were not aware of the PPG and we observed that the group was not publicised in the practice.

The practice also gathered feedback from staff 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 and told us the practice manager was particularly available and maintained constant communication with them so they were able to resolve any arising issues promptly.

Innovation

There was a strong 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 had recently committed to the local area social prescribing initiative. GPs at the practice were developing their skills and facilities to allow them to provide more sexual health services.

Barnard Medical Group is a GP training practice. One of the practice's GPs was an approved GP trainer. At the time of our inspection there were two trainee GPs at the practice. The practice also had university medical students attending the practice as part of their course.

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 Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed How the regulation was not being met: The provider did not ensure recruitment procedures were operated effectively to ensure suitable persons were employed. Regulation 19 (2). This was because the provider did not ensure recruitment arrangements included all necessary employment checks for all staff.