

# Barnfield Hill Surgery

## Inspection report

12 Barnfield Hill

Exeter

Devon

EX1 1SR

Tel: <xxxx xxxxx xxxxxx>

[www.barnfieldhillsurgery.co.uk](http://www.barnfieldhillsurgery.co.uk)

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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 location

Good



Are services well-led?

Good



# Overall summary

This inspection was an announced focused inspection carried out on Wednesday 10 October 2018 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified at our previous inspection in November 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

The November 2017 inspection was an announced comprehensive inspection at Barnfield Hill Surgery. The overall rating for the practice was good and requires improvement in the well led domain. The full comprehensive report on the November 2017 inspection can be found by selecting the 'all reports' link for Barnfield Hill Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Overall the practice is now rated as good.

Our key findings were as follows:

- Staff told us that there had been a period of change in regard to leadership and management and added this had been positive and had provided a more stable management structure and had improved morale and communication.
- The governance systems at the practice had improved and were being embedded.
- Policies had been updated and personalised and a system to keep these under review had been introduced.
- Staff had been provided with administration time to access the training programme. This was being monitored to ensure staff had completed mandatory training and updates.
- Staff had received appraisals, completed safeguarding training, mental capacity act training and sepsis awareness training.

**Professor Steve Field** CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

## Population group ratings

<b>Older people</b>	<b>Good</b>	
<b>People with long-term conditions</b>	<b>Good</b>	
<b>Families, children and young people</b>	<b>Good</b>	
<b>Working age people (including those recently retired and students)</b>	<b>Good</b>	
<b>People whose circumstances may make them vulnerable</b>	<b>Good</b>	
<b>People experiencing poor mental health (including people with dementia)</b>	<b>Good</b>	

## Our inspection team

The inspection team included a CQC Inspector.

## Background to Barnfield Hill Surgery

Barnfield Hill Surgery is a GP practice which provides its services under a Personal Medical Service (PMS) contract for approximately 7,450 patients.

Barnfield Hill Surgery is open between Monday and Friday: 8am – 6.30pm. The practice offers extended hours on Tuesdays, Wednesdays, Thursdays and Fridays. These are pre-bookable appointments. On Tuesdays two GPs provide a service between 7.30am and 8am. On Wednesday, one GP works from 6.30pm to 7.15pm. On Thursday two GPs offer appointments between 7.30am and 8am and on Friday three GPs work between 7.30 and 8am.

The practice is a member of Exeter Primary Care (EPC), a federation of all 16 Exeter GP practices. The EPC group organise increased GP access outside of core hours. All registered patients are therefore able to be seen, by appointment, by an Exeter GP, with read-only access to their medical record upon consent, at an Exeter GP practice between Monday and Thursday 6.30 to 8pm and Saturday and Sunday 9am and 5pm. Information regarding this service is displayed in the practice weekly and explained when patients book their appointment.

Outside of these hours a service is provided by another health care provider by patients dialling the NHS 111 service. This out of hours service also includes a Tuesday lunchtime when the practice closes for meetings on alternate weeks.

Routine appointments are available daily and are bookable up to three months in advance. Urgent appointments are made available on the day and telephone consultations also take place.

The practice population is in the sixth decile for deprivation. In a score of one to ten, the lower the decile the more deprived an area is. There is a practice age distribution of male and female patients equivalent to national average figures. Average life expectancy for the area is similar to national figures with males living to an average age of 79 years and females living to an average of 83 years.

There is a team of six GPs (four female and two male). Of the six GPs, five are GP partners. Together they provide a whole time equivalent (WTE) of 3.5 GPs. The team of GPs are supported by three registered nurses, and a phlebotomist. The clinical team are supported by a new part time practice manager, deputy practice manager and a team of administration and reception staff.

Patients using the practice have access to community staff including community nurses who are based at the practice. Patients can also access the services of counsellors, physiotherapists and midwives at the practice.

The practice is a teaching practice for GP trainees, medical students and is also a Royal College of GPs (RCGPs) research practice.

The GPs provide medical support to two care homes.

The practice is registered to provide regulated activities which include:

Treatment of disease, disorder or injury, surgical procedures, maternity and midwifery services and Diagnostic and screening procedures and operate from the main site of:

10-12 Barnfield Hill  
Exeter  
Devon  
EX1 1SR.

## Are services well-led?

At our previous inspection in November 2017, we rated the practice as requires improvement for providing well-led services as the governance structures and systems were not effectively followed in respect of record keeping and staff development.

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 10 October 2018. The practice is now rated as good for being well-led.

Since the last inspection the provider had responded promptly and there had been a period of change in regards to leadership and management at the practice. Staff said this had been positive and had provided a more stable management structure and had improved morale and communication.

### Governance arrangements

At the last inspection in November 2017 we found effective systems and processes were not established to ensure good governance in regard of record keeping and staff development. For example:

- Practice policies, procedures and activities to ensure safety had not been kept under review. For example, the infection control policy had not been updated since 2009 and the whistleblowing policy had not been dated to demonstrate it was kept under review.

At this inspection we saw the governance systems at the practice had improved and were being embedded.

The leadership team had promptly recruited a member of staff to update and personalise all the practice policies to ensure they reflected current best practice and reflected processes at Barnfield Hill Surgery. A system had been introduced which continued with the programme of reviews and allocated staff to be responsible for each review. All policies were accessible from each computer in the practice.

- The processes used for monitoring staff training and development had not been monitored and kept under review. The training matrix was updated on the day of inspection. However, gaps remained in safeguarding adult and child training, including for nursing staff and GPs, including those with lead roles. This information, including evidence that staff had received safeguarding

training, was subsequently provided following the inspection. Records showed that just one of the nursing team had received training in the Mental Capacity Act (MCA).

Since the last inspection the practice manager had introduced a system to monitor and overview all training, including mandatory and external training. The mandatory training system had been expanded to include additional training. For example, sepsis awareness training. The training matrix showed that all staff had received training updates in safeguarding and the Mental Capacity Act. Staff said they had been provided with administration time to complete this mandatory training, although added that due to staff holiday, sickness and retirement this had been harder to access in recent months but was improving in recent weeks.

- The appraisal programme had not been maintained for the last year. The new practice manager had identified this and met with the administration staff to identify any urgent needs. We were told some staff had received appraisals but records for these sessions could not be located.

Since the last inspection the new practice manager and one of the GPs had completed appraisals with all staff. Staff confirmed this and said the process had been a positive experience where well-being was assessed and training needs identified. Staff added that the new practice manager had been proactive outside of these sessions to respond to training requests. For example, one member of staff said they had casually mentioned a need to understand medical terminology and this training had been sourced by the practice manager.

- There were no clear overall management structures for the nursing team in place. Nurses were unaware of the organisational performance of the practice, particularly relating to staff training gaps, low childhood immunisation rates and infection control processes.

Since the last inspection a new practice manager had been recruited. Nursing staff were now responsible for designated roles. For example, infection control, vaccines and immunisations and wound care. Nursing staff had been allocated 'protective administration time' to complete these additional roles and training.

### Managing risks, issues and performance

## Are services well-led?

At the last inspection in November 2017 we found the method of obtaining consent for invasive procedures did not clearly demonstrate it was in line with legislation and guidance.

- At this inspection we found that new forms had been introduced and were being used which were in line with current legislation and guidance.

At the last inspection in November 2017 we found the systems used to identify carers was not always being followed to ensure they are receiving the support they require.

- At this inspection we found the identification of carers had increased from 81 to 95 (1% to 1.3%). This had been achieved by asking new patients at registration and reminding clinical staff to identify and 'code' new carers at they were identified. Carers continued to receive information and written guidance of where further support and information was available. The practice were looking at additional ways to improve the number of carers.

At the last inspection in November 2017 we found that not all staff were aware of the 'red flag' symptoms and actions to take when sepsis is suspected to promote patient safety.

- At this inspection we found that staff had been provided with training and guidance, including a video from the sepsis trust reminding staff what signs to look for. The e-learning mandatory training system had also been expanded to include sepsis as a topic.

At the last inspection in November 2017 we found the training schedules to ensure staff receive sufficient time to undertake mandatory training and information on the Mental Capacity Act.

- At this inspection we found all staff had received this training and had been provided with administration time to complete training.