

Dr Steven Nimmo

Quality Report

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Date of inspection visit: 8 December 2015
Date of publication: 10/03/2016

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

Requires improvement



Are services safe?

Good



Are services effective?

Requires improvement



Are services caring?

Requires improvement



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



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 Dr Steven Nimmo (Known as Barton Surgery) on Tuesday 8 December 2015. We had previously inspected the practice in April 2015 when we found serious concerns. As a result the practice was rated as inadequate and put into special measures. Following the inspection the practice sent us an action plan of how they were going to address the issues. The practice has made significant improvements in relation to safety; they are continuing improve their effectiveness, responsiveness and leadership. At this inspection we have rated the practice as overall requiring improvement.

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

- There had been improvements since the last inspection. However, the approach to service delivery and improvement continued to be reactive and focused on short term issues. Further improvements were not always identified.
- There was a more structured approach to the reporting of and recording of significant events and complaints.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There had been improvements in the recruitment procedure. Staff were only recruited following a robust recruitment process.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Clinical areas had been tidied and reorganised. Infection control audits had now taken place.
- Information about services and how to complain continued to be available and easy to understand.
- A set of policies and procedures had been made available to staff, these were being developed further.

Summary of findings

- Patients said they found it easy to make an appointment with a GP, although they had to wait longer to see the GP of their choice. Patients also said urgent appointments were available the same day.
- Processes were in place for maintaining clinical equipment, although some emergency equipment was not in place, but was sourced by the next day.
- Patient feedback was sought and acted upon.
- Staff had access to whistleblowing policies, had attended safeguarding training and the practice had advertised chaperoning services.
- Checks had been introduced to ensure fridge temperatures and emergency equipment were checked.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider must make improvement are to:

- Introduce systems to show that consent is obtained and, where appropriate, recorded in line with relevant guidance and legislation and includes details of risks prior to minor surgery and invasive procedures, including excisions being performed.

- Ensure the governance and audit systems are proactive and focussed on improvement and used to identify issues and drive improvements.

The areas where the provider should make improvement are:

- Introduce a system to maintain an overview of significant events and complaints which could be used to and identify and monitor any trends.
- Demonstrate that the remaining patient group directive has been fully adopted by the GP provider to allow nurses to administer the shingles vaccine in line with legislation.
- Introduce systems to ensure the strategic plan is kept under review to ensure it contained up to date details of partners.
- Act upon the national patient GP survey results published in July 2015.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for recording significant events and lessons were shared to make sure action was taken to improve safety in the practice. However systems were not in place to identify and monitor trends.
- When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as requiring improvement for providing effective services.

Requires improvement



- Data showed patient outcomes were average within the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. However, the overview of training did not always reflect the training staff had received.
- The practice offered a minor surgery, including excisions and joint injection service. Consent was not always obtained or, where appropriate, recorded in line with relevant guidance and legislation.

Are services caring?

The practice is rated as requires improvement for providing caring services.

Requires improvement



Results from the national GP patient survey in July 2015 showed a mixed response to whether patients felt they were treated with compassion, dignity and respect. The practice was average for its satisfaction scores on consultations with GPs and nurses. For example:

83.1% said the GP was good at listening to them compared to the CCG average of 92% and national average of 88.6%.

Summary of findings

81.3% said the GP gave them enough time (CCG average 90%, national average 86%).

100% said they had confidence and trust in the last GP they saw (CCG average 98.2%, national average 97.1%)

77.7% said the last GP they spoke to was good at treating them with care and concern (CCG average 89%, national average 85%).

91.1% said the last nurse they spoke to was good at treating them with care and concern (CCG average 93%, national average 90.4%).

Results from the national GP patient survey showed patients responded below the national average to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 78.9% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and national average of 86%.
- 69.2% said the last GP they saw was good at involving them in decisions about their care (CCG average 87.3%, national average 81.9%)

During the inspection eight patients spoke favourably about their experiences, however the results of the national GP patient survey had not been considered by the practice.

The opinions of the eight patients we spoke with at this inspection did not align with these findings. Patients told us they chose which GP they preferred to see.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- 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 adequate facilities and was 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 to issues raised. Records in relation to complaint management had improved but a system of keeping complaints under review was still being developed. Learning from complaints was shared with staff.

Good



Summary of findings

Are services well-led?

The practice is rated as requiring improvement for being well-led.

- There had been improvements since the last inspection. However, the approach to service delivery and improvement continued to be reactive and focused on short term issues. Further improvements were not always identified.
- 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 although this did not include arrangements to routinely monitor risk, some areas lacked oversight and analysis to determine where improvements were needed.
- 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.

Requires improvement



Summary of findings

The six population groups and what we found

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

Older people

The provider was rated as requires improvement for effective, caring and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Patients aged 75 and over had an allocated GP but also the choice of seeing the other GP if they preferred.

Pneumococcal vaccination and shingles vaccinations were provided at the practice for older people. The practice maintained a register of 'at risk' patients and made sure each person had a care plan which is reviewed regularly.

The practice was signed up to the avoiding unnecessary admissions to hospital enhanced service and worked with other health care professionals to provide joint working. Unplanned admissions to hospital were reviewed monthly to identify any gaps in care and treatment or areas for service improvement. The practice worked with the community nurses to follow up hospital discharge to ensure all needs were met.

The practice had access to a rapid response service and single point of access for referral to specialist services.

The practice provided care to four local care homes for older people and worked with them to ensure new patients had appropriate health and medicine reviews and treatment escalation plans in place.

There is level access to the practice and all consultation rooms are on the ground floor. The practice offered home visits to patients who had difficulty with mobility or medical issues.

Requires improvement



People with long term conditions

The provider was rated as requires improvement for effective, caring and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice maintained a register of all patients with long term conditions and had computer prompts via the computer system to remind staff to book additional screening as required. The practice had a lead GP and nurse for each clinical area and developed clinical protocols to ensure best practice was followed.

Patients with long term conditions were invited to attend the practice for an annual check and patients told us the recall system

Requires improvement



Summary of findings

worked well. Patients were offered flu, shingles, and pneumococcal vaccinations. Receptionists had been trained to identify these patients and carers opportunistically and arrange appointments to meet all their needs in one visit.

The practice offered clinics for diabetes, cardiovascular disease, asthma and Chronic Obstructive Pulmonary Disease. Some of this care was managed by the GPs whilst nurse recruitment takes place.

The practice referred housebound patients to the community nursing team for follow up of their long term condition as appropriate. There were systems in place to identify patients who were carers. These carers were offered health checks.

The GPs met or spoke with the community and Macmillan nurses to review palliative care patients as appropriate.

GPs contacted patients following bereavement of their relatives to offer support and ensure emotional needs were met.

Families, children and young people

The provider was rated as requires improvement for effective, caring and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Appropriate systems were in place to help safeguard children or young people who may be vulnerable or at risk of abuse. At risk families, children and young people were flagged on the computer system and families were encouraged to register with the same GP.

Receptionists had been given authority to automatically book children in for a face-to-face appointment with a GP without the need for triage as appropriate.

The Health Visitors had full access to the medical records and direct access to the GPs for urgent matters when they visited the practice.

The midwife held weekly clinics at the practice and had access to the patients' computerised notes and could speak with a GP should the need arise. The practice offered childhood immunisations and contacted patients and liaised with the health visitor regarding non-attenders as appropriate.

Patients had access to contraception services and sexual health screening including chlamydia testing and cervical screening. Coils and implants were done by the local Family Planning Clinic. There were designated gynaecological appointments available as appropriate.

The waiting room had a dedicated children's play area.

Requires improvement



Summary of findings

Working age people (including those recently retired and students)

The provider was rated as requires improvement for effective, caring and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Routine appointments were bookable up to 6 weeks in advance and appointments were available before 9am and after 5pm by appointment, although patients said it was sometimes difficult to book these appointments. The practice offered telephone consultations and a telephone triage system.

Patients could book appointments and request repeat prescriptions through the website. Prescription requests could be transferred electronically to a pharmacy of the patient's choice.

The practice had a range of health promotion and screening that reflected the needs for this age group.

Requires improvement



People whose circumstances may make them vulnerable

The provider was rated as requires improvement for effective, caring and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Routine appointments were bookable up to 6 weeks in advance and appointments were available before 9am and after 5pm by appointment, although patients said it was sometimes difficult to book these appointments. The practice offered telephone consultations and a telephone triage system.

Patients could book appointments and request repeat prescriptions through the website. Prescription requests could be transferred electronically to a pharmacy of the patient's choice.

The practice had a range of health promotion and screening that reflected the needs for this age group.

Requires improvement



People experiencing poor mental health (including people with dementia)

The provider was rated as requires improvement for effective, caring and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice maintained a register for patients with mental health and dementia.

Annual mental health reviews were offered to patients with long term mental illness and 89.96% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months. This was better than the national average rate of 84.01%

Requires improvement



Summary of findings

Patients with chronic diseases were screened and asked about underlying depression. Patients were encouraged to book double appointments if appropriate to give time for effective conversation.

The practice had access to a local Crisis Team and Depression and Anxiety Service and liaised with healthcare professionals as appropriate. The GPs refer patients to an online cognitive behavioural therapy service (or mindfulness meditation). Cognitive behavioural therapy (CBT) is a talking therapy that can be used to treat anxiety and depression, but can be useful for other mental and physical health problems.

Summary of findings

What people who use the service say

What people who use the practice say

The national GP patient survey results published in July 2015. The results showed the practice was performing in line with local and national averages. 234 survey forms were distributed and 119 were returned. This is a response rate of 50.9%

- 88.9% found it easy to get through to this surgery by phone compared to a CCG average of 84.4% and a national average of 73.3%.
- 86.8% were able to get an appointment to see or speak to someone the last time they tried (CCG average 91%, national average 85.2%). However the comment cards and discussions with the eight people we spoke with at the inspection did not support this view. Patients said they could always get an appointment but added they often had to wait to see a GP of their choice.
- 95.1% said the last appointment they got was convenient (CCG average 95.1%, national average 91.8%).

- 75.8% described their experience of making an appointment as good (CCG average 83.3%, national average 73.3%). However the comment cards and discussions with the eight people we spoke with at the inspection did not support this view. Patients said the reception staff had been particularly helpful in trying to slot them into an appointment.
- 83.8% usually waited 15 minutes or less after their appointment time to be seen (CCG average 71.2%, national average 64.8%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received two comment cards which were positive about the standard of care received.

We spoke with eight patients during the inspection. All eight patients said that they were happy with the care they received and thought that staff were approachable, committed and caring.

Areas for improvement

Action the service **MUST** take to improve

- Introduce systems to show that consent is obtained and, where appropriate, recorded in line with relevant guidance and legislation and includes details of risks prior to minor surgery and invasive procedures, including excisions being performed.
- Ensure the governance and audit systems are proactive and focussed on improvement and used to identify issues and drive improvements.
- Carry out staff supervision and appraisals.

Action the service **SHOULD** take to improve

- Introduce a system to maintain an overview of significant events and complaints which could be used to and identify and monitor any trends.
- Demonstrate that the remaining patient group directive has been fully adopted by the GP provider to allow nurses to administer the shingles vaccine in line with legislation.
- Consider storing emergency medicines with emergency equipment to provide easy access.
- Review the business development plan
- Act upon the national patient GP survey results published in July 2015.

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 and a practice nurse specialist advisor.

Background to Dr Steven Nimmo

Barton Surgery is in the town of Plymstock, Plymouth PL9 9BR. The practice have a General Medical Service (GMS) contract and provide 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 three practice nurses and a locum nurse covering a practice nurse vacancy. The remaining regular nurses collectively work the equivalent of 22 hours. 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 provide 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 appointments on Thursday evenings on request.

The practice have opted out of providing out-of-hours services to their own patients and pay Devon Doctors to cover the out of hours service.

Why we carried out this inspection

This inspection took place under Section 60 of the Health and Social Care Act 2008 and was in response to concerns identified at an inspection in April 2015. The purpose was to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. The inspection looked at specific areas of the service under the Care Act 2014.

How we carried out this inspection

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 8 December 2015. During our visit we:

- Spoke with a range of staff, including the GP provider, salaried GP, a locum nurse, health care assistant and

Detailed findings

phlebotomist, the practice manager and a selection of administration staff. We also spoke with a practice nurse by telephone. We spoke with patients who used the service.

- Observed how people were being cared for and talked with carers and/or family members
- Reviewed the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services 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)

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

Are services safe?

Our findings

Safe track record and learning

At our inspection in April 2015 we found that there were concerns relating to a lack of systems or process to ensure assessment and monitoring was taking place to mitigate risks relating the health, safety and welfare of patients and others. This included a lack of clear, systematic process and record keeping in place to monitor and manage significant events, complaints or untoward incidents. We also found that significant events and complaints were not effectively managed or monitored to identify any trends and risks to patients. Following the inspection the provider sent an action plan describing how they were going to address this.

At this inspection we found a more structured system for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and there was also a recording form available from the practice manager. However, there was no system to maintain an overview of significant events and complaints which could be used to and identify and monitor any trends.

We reviewed six incident reports that had occurred in the last year and looked at minutes of meetings and records where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, an abnormal ECG (Electrocardiogram- heart monitoring) result had been mistakenly filed which had resulted in the GP not being alerted. Although no harm came to the patient the incident was discussed and an action included ensuring administration staff now handed results directly to the GP or GP on duty for action. Staff had been informed by the practice manager.

When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

The practice had defined systems, processes and practices in place to keep people safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were

accessible to all staff. There were whistleblowing policies in place and safeguarding policies which outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.

A notice in the waiting room advised patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (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).

At our inspection in April 2015 we found that there were concerns relating to a lack of systems or process to ensure assessment and monitoring was taking place to mitigate risks relating the health, safety and welfare of patients and others. This included identifying that an infection control audit had not been performed and infection control guidance and policies not being available or kept under review for staff to follow. At this inspection we found an infection control audit had been performed in November 2015. This had highlighted a need to replace foot operated waste bins, which had been introduced by the end of the inspection. There had also been disposable curtains introduced within treatment rooms.

We observed the premises to be clean and tidy. Clinical areas had been decluttered and tidied since our inspection in April 2015. The storage of sharps bins was secure and excess furniture had been removed. There had been cleaning schedules introduced to ensure cleaning staff performed a routine programme of cleaning. The practice nurse was the infection control clinical lead and there was an infection control protocol introduced in July 2015. Staff had received up to date training.

At our inspection in April 2015 we found that there were concerns relating to the proper and safe management of medicines. These included identifying that regular fridge temperatures had not been consistently recorded, medicines policies had not been kept under review, staff not signing all patient group directives and lack of systems were not in place to minimise risks of all vaccine fridges becoming unplugged. The provider sent us an action plan

Are services safe?

explaining how they were going to address these issues. At this inspection we found staff had been reminded to check fridge temperatures on a daily basis and we saw records for the last two months. There was one day missed which was identified as a locum member of staff. New fridge policies had been introduced and were being developed to include what to do if the temperatures were out of range. We saw one significant event had involved a fridge plug being switched off. Records showed that vaccines were disposed of and plugs labelled, warning staff not to unplug or switch off fridges.

The arrangements for managing medicines, including emergency medicines and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and systems, introduced since our last inspection, monitored when blank prescription stationery was issued to GPs and printers.

At our last inspection we noted that Patient Group Directions had not been fully adopted by the practice to allow nurses to administer medicines in line with legislation. For example, the GP provider and nurses had not signed the agreement. At this inspection we noted that the nurses had signed the agreement and the GP had signed all but one.

Patients said the process of obtaining repeat prescriptions was managed well at the practice but some errors occurred with the dispensing pharmacy. Staff explained that communication books and notes were maintained to monitor these issues.

At our inspection in April 2015 we found that systems and process were not in place to ensure secure records were kept in relation to persons employed at the practice. Recruitment records were not kept to show that staff employed were registered with the relevant professional body. Proof of identity was not provided. A full employment history, together with a satisfactory written explanation of any gaps in employment was not provided. Satisfactory evidence of conduct in previous employment was not always sought and satisfactory information about any physical or mental health conditions which are relevant to the person's capability were not recorded for all staff.

Following the inspection the provider sent an action plan describing how they would address these shortfalls. At this inspection we reviewed personnel files of two new members of staff, and the files were more organised and structured. Appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. We spoke with a new member of staff who said they had been impressed by the rigorous recruitment process.

Monitoring risks to patients

At the inspection in April 2015 we found systems or process were not being operated effectively to ensure assessment and monitoring was taking place to mitigate risks relating to the health, safety and welfare of patients and others. Clinical equipment had not all been calibrated or PAT tested where appropriate and action from disability access audits had not been completed. Following the inspection the provider sent us an action plan explaining how these issues would be addressed. At this inspection we found all clinical equipment had been checked for safety and all electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.

Since our inspection in April 2015 the provider had employed a new GP, health care assistant and phlebotomist. Records showed that these staff had been employed to ease the burden on the nursing team. Since April 2015 there had been some staff unrest and changes, however at this inspection the staff groups were more settled and there were arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patient needs.

Arrangements to deal with emergencies and major incidents

At the inspection in April 2015 we found there were ineffective systems to check and monitor the emergency

Are services safe?

medicines and equipment at the practice. At this inspection we found a chart used for checking emergency medicines had been introduced and completed each month.

At this inspection we noted that, the checklist did not include checks of equipment and found that the adult oxygen mask had corroded which rendered the equipment unsuitable for effective resuscitation. There were no masks or oxygen monitoring equipment available for children should they attend the practice in respiratory distress. The equipment used to monitor oxygen levels in adults had been ordered and received since our last inspection but had not been placed with the other emergency equipment. The unsuitable equipment was immediately identified to the practice manager who ordered the equipment on a special order. We received notification within 18 hours of the end of inspection that these items had been delivered.

All the medicines we checked were in date and fit for use. Nursing staff had relabelled emergency medicines.

- 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.
- The practice had a defibrillator available on the premises. There was also a first aid kit and accident book available.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

At the inspection in April 2015 we found that the practice did not have systems in place to keep all clinical staff up to date. Policies and procedures had not been reviewed to enable staff to have up to date and current guidance to follow. At this inspection we found a set of policies had been obtained and were in the process of being communicated to staff at the practice. Staff knew of where to locate these.

Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed 4.2% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was comparable to the CCG and national average. For example, the percentage of diabetic patients who had received an influenza vaccine was 100% compared to the national average of 94.4%
- The percentage of patients with hypertension having regular blood pressure tests was 83.79% which was similar to the national average of 83.6%.
- Performance for mental health related indicators was better than the national average. For example, 100% of patients with schizophrenia, bipolar and other psychoses had had a care plan review which was higher than the national average score of 88.47%.

The GPs had highlighted where there were shortfalls in targets. For example, a low record of foot checks on diabetic patients had prompted one of the GPs to look at why this was occurring. It was identified that this was a possible recording error, so the information had not been captured accurately.

The provider informed us that there had been no further clinical audits conducted since the last inspection in April 2015. However, the salaried GP provided an example of a repeat prescription self-audit that had been conducted in August 2015 and a review of antipsychotic prescribing which was taking place.

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, infection prevention and control, fire safety, health and safety and confidentiality. New staff told us they had been supported and had received sufficient information to safely perform their roles.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- Staff explained that learning needs of staff were identified usually at their annual appraisals, which were due to take place this month.
- Staff received training that included: safeguarding, fire procedures, and basic life support. However an overview of the training did not always reflect the training staff had actually completed. For example, the training matrix highlighted that two members of staff had not completed training in the last year. However, there was a training certificate within one staff file which had not been transferred onto the training matrix. Evidence of basic life support training for the other member of staff was provided after the inspection.

Coordinating patient care and information sharing

Are services effective?

(for example, treatment is effective)

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people 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. Patients said they had been referred promptly and appreciated the information the GPs and nursing staff provided.

Consent to care and treatment

Consent was not always obtained or, where appropriate, recorded in line with relevant guidance and legislation. For example, patients said they were asked for verbal consent before procedures took place. Parents said they had been asked for written consent prior to the programme of immunisations taking place. However, evidence was not provided of written consent prior to minor surgery to show that patients had been given details of risks prior to minor surgery and invasive procedures including excisions of minor skin lesions and cysts being performed.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

The practice identified patients who may be in need of extra support. 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. Patients were then signposted to the relevant service.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 80.36%, which was comparable to the national average of 81.83%. 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 CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 86.8% to 100% and five year olds from 87.9% to 100%. Flu vaccination rates for the over 65s were 64.95%, and at risk groups 44.4%. These were also comparable to CCG and national averages.

Patients had access to appropriate health assessments and checks and systems to identify patients who needed additional support, and it was pro-active in offering additional help. For example, the practice had identified the smoking status of 93% of patients over the age of 16 with a combination of conditions including stroke, high blood pressure, asthma, mental illness and chronic pulmonary disease. The practice had actively offered nurse-led smoking cessation clinics to these patients. There was evidence these were having some success. For example, six patients had successfully quit smoking following attendance at these clinics.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations 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.

Results from the national GP patient survey in July 2015 which represented approximately 7.4% of the patient population group showed a mixed response to whether patients felt they were treated with compassion, dignity and respect. For example:

- 83.1% said the GP was good at listening to them compared to the CCG average of 92% and national average of 88.6%.
- 81.3% said the GP gave them enough time (CCG average 90%, national average 86%).
- 100% said they had confidence and trust in the last GP they saw (CCG average 98.2%, national average 97.1%)
- 77.7% said the last GP they spoke to was good at treating them with care and concern (CCG average 89%, national average 85%).
- 91.1% said the last nurse they spoke to was good at treating them with care and concern (CCG average 93%, national average 90.4%).

We discussed these results with the practice manager who was not aware of the national patient survey but said these results would be discussed at the next team meeting.

The two patient CQC comment cards we received were positive about the service experienced. The eight patients

we spoke with represented approximately 0.2% of the patient population group. They said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

Care planning and involvement in decisions about care and treatment

The eight patients we spoke with told us that 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.

However, we looked at results from the national GP patient survey showed patients responded below the CCG and national average to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 78.9% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and national average of 86%.
- 69.2% said the last GP they saw was good at involving them in decisions about their care (CCG average 87.3%, national average 81.9%)

During the inspection eight patients spoke favourably about their experiences, however the results of the national GP patient survey had not been considered by the practice.

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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 43 of the patients as carers. Carers checks were arranged and written information was available to direct carers to the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

- The practice offered extended appointments on Thursday evenings on request.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available. The practice had consulted a patient who used a wheelchair for advice on whether the space was suitable for wheelchair users and had introduced a grab rail in the toilet.

At our inspection in April 2015 we found that one of the couches used for examination and treatment did not have a step stool or other facility to facilitate patients getting on the high couch.

At this inspection we saw that an adjustable couch had been provided.

Access to the service

The practice was open from Monday to Friday, between the hours of 8.30am and 6pm. Appointments could be booked up to six weeks in advance and took place between 8.30am and 5pm. Outside of these times the GPs made telephone calls and saw patients that have been triaged. Urgent same day appointments were also available for people that needed them.

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

- 65.8% of patients were satisfied with the practice's opening hours compared to the CCG average of 77.6% and national average of 74.9%.

- 88.9% patients said they could get through easily to the surgery by phone (CCG average 84.4%, national average 73.3%).
- 75.8% patients described their experience of making an appointment as good (CCG average 83.3%, national average 73.3%).
- 83.8% patients said they usually waited 15 minutes or less after their appointment time (CCG average 71.2%, national average 64.8%).

Patients we spoke with on the day of inspection told us that they were able to get appointments when they needed them but sometimes had to wait to see a GP of their choice.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. This included posters in the waiting room.

We looked at eight complaints received in the last 12 months and found these had been satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint. At the last inspection in April 2015 we found some records relating to complaints were disorganised and did not clearly show the lessons learnt. However, at this inspection we found records were more organised and showed what action had been taken to as a result to improve the quality of care. We noted that there was no system to effectively monitor the complaints to identify any trends.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

At the previous inspection in April 2015 the practice did not have a mission statement. Since this inspection the practice had printed a mission statement which read “We are a small, friendly person-centred practice.” Staff were not familiar with this document but added that their aim was to provide the best service they could. The provider explained that the aim of the practice was to survive the financial shortfalls.

At the last inspection there was no business or strategic plan. At this inspection we saw a business development plan which had been written in 2010 for the period 2010-2015 when the previous partners were in post. There was no evidence to show that this document had been reviewed since 2010.

Governance arrangements

The governance arrangements had improved since our last inspection in April 2015. Processes were more organised and record keeping in relation to complaints and significant events was more structured and recorded so that any subsequent learning and action could be identified. However, records were not kept in a way to monitor and review trends.

The approach to service delivery and improvement was reactive and focused on short term issues. The provider and practice manager had responded to the shortfalls identified at the previous inspection in April 2015, but the need for further improvements were not always identified. For example, at the last inspection there were no monitoring systems to show that that infection control audits and emergency medicine checks had been performed. At this inspection we noted that an overview of these checks had not been maintained. As a result it had not been noted that there were two gaps in fridge temperatures and equipment missing from the emergency box.

Recruitment files had been organised and were more structured at this inspection. A training overview document had been introduced but had not been kept up to date. For example, the training matrix highlighted that two members

of staff had not completed training. However, staff we saw training certificates to demonstrate that staff had undertaken the training which the practice manager had not used to update the matrix.

At the last inspection not all staff had been aware of their own roles and responsibilities or those of others. For example, who was the infection control lead, lead nurse or safeguarding lead. At this inspection we found the practice manager had reminded staff of these and produced written guidance for staff regarding these roles.

At the last inspection we found many of the policies had not been reviewed or were unavailable for staff. At this inspection we found that the provider and practice manager had started to introduce a set of policies and procedures and had disposed of the previous documents.

Leadership, openness and transparency

Staff told us that the practice held meetings and we saw minutes to support this.

Staff explained that team meetings were now held but that not all staff could attend because staff did not work on the same days. Staff explained that communication from team happened by telephone when issues needed to be shared. Sometimes staff had been expected to come in on a day off.

The practice had systems in place for knowing about notifiable safety incidents

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

At our inspection in April 2015 we found that a patient survey to ascertain extended experience of patients had not been performed since 2013. At this inspection we found that the practice manager had requested feedback from patients. For example, the manager had responded to a suggestion box request to attend to litter and an overgrown tree. This had been addressed. However, the practice manager was not aware of the national GP patient survey results from July 2015.

Staff were able to give feedback informally and through staff meetings. Minutes demonstrated that staff were able to express concerns. For example, staff expressed concerns about how bereavement care was managed. At our last inspection we noted that the whistleblowing policy had not

Are services well-led?

Requires improvement



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

been reviewed since 2009 and did not include guidance of how staff could report clinical concerns. At this inspection we noted that a new whistleblowing policy had been introduced.

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
Surgical procedures	<p>Regulation 11 HSCA (RA) Regulations 2014 Need for consent</p> <p>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3)</p> <p>Regulation 11(1) Care and treatment of service users must only be provided with consent of the relevant person.</p> <p>How the regulation was not being met:</p> <p>The consent process for minor surgery did not demonstrate that patients were given information about the risks, complications and any alternatives.</p>
Diagnostic and screening procedures	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3)</p> <p>Regulations 17(1): Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part. 17(2)(f): evaluate and improve their practice in respect of the processing of the information referred to in sub paragraphs (a) to (e).</p> <p>How the regulation was not being met:</p> <p>The approach to service delivery and improvement was reactive and focused on short-term issues. Improvements were not always identified or action not always taken promptly. Where changes were made, the impact on the quality of care was not fully understood in advance or was not monitored.</p> <p>This relates to:</p>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	

This section is primarily information for the provider

Requirement notices

- governance and audit systems to include monitoring emergency equipment
- embedding new policies
- Feedback from patients and external stakeholders
- Monitoring staff training records