BHF Highgate Surgery

Quality Report

The Grimethorpe Centre,
Acorn Way,
Barnsley,
S72 7NZ
Tel: 01226 707414
Website: www.highgatesurgery.co.uk

Date of inspection visit: 6 March 2018
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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	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive to people's needs?	Requires improvement
Are services well-led?	Requires improvement

Key findings

Contents

Letter from the Chief Inspector of General Practice

This practice is rated as requires improvement overall.

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Requires improvement

Are services caring? – Good

Are services responsive? – Requires improvement

Are services well-led? – Requires improvement

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Requires Improvement

People with long-term conditions – Requires Improvement

Families, children and young people – Requires Improvement

Working age people (including those retired and students – Requires Improvement

People whose circumstances may make them vulnerable – Requires Improvement

People experiencing poor mental health (including people living with dementia) - Requires Improvement

We carried out an announced inspection at Barnsley Healthcare Federation, Highgate Surgery on 6 March 2018 as part of our inspection programme. We also carried out an announced comprehensive inspection at Barnsley Healthcare Federation CIC head office based at Oaks Park Medical Centre on 13 and 14 February 2018 to look at governance as part of our inspection programme.

At this inspection we found:

- There was no open and transparent approach to safety and no effective system in place for recording, reporting and learning from significant events.
- The practice did not routinely review the effectiveness and appropriateness of the care it provided. There was limited evidence of audits and quality improvement activities to demonstrate monitoring and assessment of the patient outcomes was being undertaken since the service registered in July 2016.
- We saw minimal evidence of mechanisms for recording actions taken in relation to best practice guidance.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients told us through CQC questionnaires, 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.
- There was a lack of overarching governance arrangements in place that meant patients were not always kept safe from avoidable harm.

Summary of findings

- There was a leadership structure but communication between staff and management needed improvement and some staff felt unsupported by the senior management team.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Ensure governance arrangements are in place to keep patients safe from avoidable harm.
- Ensure that there is an accessible system for identifying, handling. Investigating and responding to complaints made about the service.
- Ensure individual care records are written and managed in a way that keep patients safe

The areas where the provider **should** make improvements are:

- Consider a centralised practice induction pack is available for all staff and clinicians who may not be completely familiar or up to date with practice processes.
- Consider a lone working policy.

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

BHF Highgate Surgery

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 second inspector and a GP specialist adviser.

Background to BHF Highgate Surgery

Highgate surgery is located at the Grimethorpe Centre, Acorn Way, Barnsley, S72 7NZ.The practice provides alternative provider medical services (APMS) under a contract with NHS England for 3,518 patients in the NHS Barnsley Clinical Commissioning Group (CCG) area.

The service is provided by Barnsley Healthcare Federation CIC who have four GP practice locations, two extended hours centres and one out of hours services registered with the Care Quality Commission.

The provider's head office is based at Oaks Park Primary Care Centre in Barnsley. Staffing and governance systems are centrally operated from head office and cascaded to the individual locations. Staff at Highgate surgery had access and support from the senior management team at the head office.

The surgery has a branch :-

Shafton Surgery

Unit 5

Two Gates Way

High Street

Shafton

Barnsley

S72 8WL

Public Health England data shows the practice population is similar to others in the CCG area with a comparable number of patients aged over 50 years old compared to the England average. BHF Highgate Surgery is situated in Grimethorpe on the outskirts of the Barnsley. The practice catchment area has been identified as one of the most deprived areas nationally.

Allocated to BHF Highgate Surgery and Shafton branch are three male salaried GPs, two practice nurses, one healthcare assistant, one physician associate (support doctors in the diagnosis and management of patients. They are trained to perform a number of roles including: taking medical histories, performing examinations, analysing test results, and diagnosing illnesses under the direct supervision of a doctor) and an experienced team of reception and administration staff.

The practice website is www.highgatesurgery.co.uk

When the practice is closed or patients are unable to access an appointment, staff refer patients to the i-heart Barnsley 365. This service is open from 6pm to10pm Monday to Friday and 9am to 1pm on Saturday, Sunday and bank holidays.

The service offers urgent and routine appointments, telephone and email consultations with a nurse or GP. During the out of hour's period the patients call NHS 111, who direct them to the most appropriate service.

Requires improvement

Are services safe?

Our findings

We rated the practice, and all of the population groups, as requires improvement for providing safe services.

The practice was rated as requires improvement for providing safe services because there was no evidence of an induction for locums, individual care records were not always written and managed in a way that kept patients safe and there were gaps in some medicine management processes.

Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The Federation had a suite of safety policies including adult and child safeguarding policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. Policies were regularly reviewed and were accessible to all staff, including locums. They outlined clearly who to go to for further guidance.
- There was a system to highlight vulnerable patients on records and a risk register of vulnerable patients.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- At the time of inspection thirteen out of fourteen staff had completed children's and adults safeguarding training. One member of staff was on long term sickness absence. All staff knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for the role and had received a DBS check.
- The Federation carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required (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 was an effective system to manage infection prevention and control.
- There were systems for safely managing healthcare waste.
- The Federation ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. There was a process to managing staff absences and for responding to epidemics, sickness, holidays and busy periods. Staff told us they tried to provide cover for leave internally first.
- There was a documented induction programme for newly appointed staff. However there was no evidence of an induction for locums employed at the practice.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff did not always have the information they needed to deliver safe care and treatment to patients.

- Based on the written documentation of the patient records we observed we cannot be confident patients' needs were always assessed thoroughly and consistently. There was limited evidence of follow up arrangements where clinically appropriate and repeat medications were not always reviewed
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. There was a documented approach to the management of test results.
- Referral letters included all of the necessary information.

Requires improvement

Are services safe?

Safe and appropriate use of medicines

The practice had adequate systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice had carried out an appropriate risk assessment to identify medicines that it should stock. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was not monitored to ensure medicines were being used safely and followed up on appropriately. Care records we saw were not always written and managed in a way that kept patients safe as there was inconsistent evidence of follow up arrangements where clinically appropriate and repeat medications were not always reviewed.

Track record on safety

The practice had an adequate safety record.

- There were risk assessments in relation to safety issues, such as control of substances, hazardous to health, fire and infection control. However the premises risk assessment did not address the potential hazards associated with pull cord blinds in the waiting area. Subsequent to the inspection a risk assessment, which included the risks associated with pull cord blinds was submitted.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice did not learn and make improvements when things went wrong.

- Significant events were not analysed over time to identify recurring themes. There was limited evidence to demonstrate the practice had a system in place to revisit changes introduced to assure themselves that the changes had been effective and embedded into practice over time. During the inspection, staff told us of one incident that was a significant event. Senior leaders were aware of this event and it had been recorded and investigated. The significant events log did not correlate to the number of significant events that had happened. For example one member of staff informed us of a significant event that had been reported and not recorded on the log. The significant event report and outcome was not shared with all members involved in the significant event.
- We saw that it had been identified in September 2017 that the provider needed to establish a protocol for filing complaints centrally. This item was outstanding and had not been acted upon.
- There was a system for disseminating safety alerts, the medical director/chief nurse emailed the alerts to the relevant staff. However there was no was no evidence of an audit to trail to demonstrate the alerts had been actioned. The federation were in the process of investigating software to provide evidence that all alerts were seen by relevant staff.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice and all of the population groups as requires improvement for providing effective services.

The practice was rated as requires improvement based on the written documentation of the patient records we observed we cannot be confident patients' needs were always assessed thoroughly and consistently. There was limited evidence of audits and quality improvement activities to demonstrate monitoring and assessment of patient outcomes being undertaken since the service registered in July 2016.

Effective needs assessment, care and treatment

The practice did not have systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians did not assess needs and deliver care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. Medicines and Health Regulatory (MHRA), or other patient safety alerts were distributed to all staff, however there was limited evidence that MHRA, or other patient safety alerts were actioned.

- Patients' immediate and on going needs were not always fully assessed. Based on the written documentation of the patient records we observed we cannot be confident patients' needs were consistently assessed thoroughly. For example, there was limited evidence of advice to patients including healthy lifestyles.
- We saw no evidence of discrimination when making care and treatment decisions.
- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received an assessment of their physical, mental and social needs.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- The practice referred patients to 'sound doctor' (This is an online service which provides information in the format of films to patients so patients can understand their own health conditions better, manage them more successfully and improve their quality of life as a result) to empower patients to self-manage long term conditions. They also refer patients to "My Best Life", a health trainer, smoking cessation, and referral to palliative care services.
- The practice have monthly palliative care and multi-disciplinary meetings attended by community matron, McMillan nurse, district nurse and lead by a GP. They also work closely with other community specialist nurses for example continence clinic, epilepsy nurse and physiotherapy.
- The practice have a clinical pharmacist to carry out medication review and adopt shared care requests.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.

Requires improvement

Are services effective?

(for example, treatment is effective)

- For young people, they offer contraception, sexual health advice and screening, smoking cessation, alcohol advice and referrals to child and adolescent mental health services (CAMHS) or family planning services.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

Working age people (including those recently retired and students):

- The practice's uptake for cervical screening was 83.4%, which was in line with the 80% coverage target for the national screening programme.
- The practices' uptake for breast and bowel cancer screening was in line the national average.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- The practice offered extended hours via I-Heart365.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

People experiencing poor mental health (including people with dementia):

- 56.5% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was below the national average of 84%.
- The practice considered the physical health needs of patients with poor mental health and those living with dementia. For example 77% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. (This is below the national average of 91%).
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice have a dementia champion who provides information to patients and their carers on services available.

Monitoring care and treatment

We found limited evidence of audits and quality improvement activities to demonstrate monitoring and assessment of the service was being undertaken since the service registered in July 2016. The senior management team at Barnsley Healthcare Federation acknowledged clinical audit was an area of weakness and were in the process of developing a clinical audit programme.

The most recent published QOF results were 100% of the total number of points available compared with the clinical commissioning group (CCG) average of 91.4% and national average of 95.5%. The overall exception reporting rate was 15.2% which was 4.5% above the national average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were generally maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with on going support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate. However, there was no evidence that one member of the clinical team had received an induction. The practice should ensure a centralised practice induction pack is available for staff and clinicians who may not be completely familiar or up to date with practice processes.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Requires improvement

Are services effective?

(for example, treatment is effective)

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were generally consistent and proactive in helping patients to live healthier lives.

- The practice generally identified patients who may be in need of extra support and direct them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers. for example, they made referrals to “My Best Life”. (My best life is a social prescribing service) and NHS Diabetes prevention programme. However, based on the written documentation of the patient records we observed we cannot be confident patient's needs were always assessed thoroughly and consistently. For example they did not consistently provide advice to patient's including healthy lifestyles, there was limited evidence of follow up arrangements where clinically appropriate and repeat medications were not always reviewed.
- Staff generally encouraged and supported patients to be involved in monitoring and managing their health. Six patients who completed questionnaires confirmed this. We found some care records we viewed were not always clear, accurate and contemporaneous. For example they did not always provide advice to patients including healthy lifestyles.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population’s health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient’s mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Good

Are services caring?

Our findings

We rated the practice as good for caring overall except for the population groups which we rated requires improvement.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- We received 3 patient Care Quality Commission comment cards, 2 were positive about the service experienced. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 371 surveys were sent out and 130 were returned. This represented about 3.7% of the practice population. The practice received mixed satisfaction scores on consultations with GPs. For example:

- 74% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 84% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 95%; national average - 95%.
- 70% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG– 84%; national average - 86%.
- 96% of patients who responded said the nurse was good at listening to them; (CCG) - 92%; national average - 91%.
- 94% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 91%; national average - 91%.

The practice were aware the GP patient survey results were low and had taken action to address this. They had completed an analysis of patient feedback, data included NHS choices website, friends and family cards, GP patient survey and their own patient satisfaction survey. The patient feedback analysis report identified areas for improvement and they were addressing them. The practice conducted a patient satisfaction survey in April-June 2017, 114 surveys were completed. Results from the practices survey showed patients were satisfied or extremely satisfied with their visit to the practice including clinical staff's ability to listen, show respect and maintain patient's dignity. Patients told us on the day of inspection they were treated with compassion, dignity and respect, including GPs listening and understanding their wishes.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. Patients were also told about multi-lingual staff who might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers when they presented to the practice with the patient or as part of their own consultation. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 36 patients as carers (1% of the practice list).

- Staff told us patients who required support would be referred to support services, for example 'my best life' and to the dementia champion who could assist in signposting carers to local support groups.
- Staff told us that if families had experienced bereavement, they would send them a letter to offer their condolences.They would signpost families to the

Good

Are services caring?

links on the practice website to find a support service. They would also refer patients to Improving Access to Psychological Therapies Programme (IAPT), a counselling service to support patients' needs.

Results from the national GP patient survey showed mixed views from patients about their involvement in planning and making decisions about their care and treatment:

- 66% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 85% and the national average of 86%.
- 60% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 81%; national average -82%.
- 94% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 90%; national average - 90%.
- 82% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 86%; national average - 85%.

The practice acknowledged the GP patient survey results were low and had taken action to address this. They had completed an analysis of patient feedback, data included NHS choices website, friends and family cards, GP patient survey and their own patient satisfaction survey. The patient feedback analysis report identified areas for improvement and they were addressing them. We viewed the practices patient satisfaction survey in April-June 2017, 114 surveys were completed. Results from the practices survey showed patients were satisfied or extremely satisfied with their visit to the practice including clinical staff's ability to provide explanations. Patients told us on the day of inspection they were satisfied about their involvement in planning and making decisions about their care and treatment, including GPs explaining test results.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- Conversations with receptionists could not be overheard by patients in the waiting room.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as requires improvement for providing responsive services.

The practice was rated as requires improvement because the provider did not have an accessible system for identifying, handling, investigating and responding to complaints made about the service.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example extended hours via I-Heart365, online services such as appointments, repeat prescription requests, advanced booking of appointments.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. home visits were offered to patients who had clinical needs which resulted in difficulty attending the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- The practice was responsive to the needs of older patients, the practice offered urgent appointments for those with enhanced needs and home visits for housebound patients. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability. They also made referrals to "My Best Life". (My best life is a social prescribing service for Barnsley, funded by NHS Barnsley Clinical Commissioning Group. They find local support that's individually tailored to patient's health and wellbeing needs).

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems 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 accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

Working age people (including those recently retired and students):

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, early morning and evening appointments were available on an ad-hoc basis, extended hours via I-Heart365 service and Saturday clinics for health checks.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

People experiencing poor mental health (including people living with dementia):

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held GP led mental health and dementia clinics as and when needed. Patients who failed to attend were proactively followed up by a phone call from a GP.
- The practice have a dementia champion who provides information to patients and carers on services available.
- The practice referred patients to Improving Access to Psychological Therapies Programme (IAPT), a counselling service to support patients' needs.
- The practice had regular multidisciplinary team meetings for by involving the accident and emergency matron, Yorkshire Ambulance Services (YAS), community matron, district nurse and GP for patients who attended accident and emergency regularly.

Timely access to care and treatment

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was satisfactory.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was mixed to local and national averages. This was supported by observations on the day of inspection and completed comment cards. 371 surveys were sent out and 130 were returned. This represented about 1.5% of the practice population.

- 67% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 75% and the national average of 76%.
- 69% of patients who responded said they could get through easily to the practice by phone; CCG – 61%; national average - 71%.
- 84% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 81%; national average - 84%.
- 80% of patients who responded said their last appointment was convenient; CCG - 79%; national average - 81%.
- 67% of patients who responded described their experience of making an appointment as good; CCG - 68%; national average - 73%.
- 61% of patients who responded said they don't normally have to wait too long to be seen; CCG - 60%; national average - 58%.

The practice conducted a patient satisfaction survey in April-June 2017, 114 surveys were completed. Results from the practices survey showed patients were satisfied or extremely satisfied with their visit to the practice including the practices opening hours and being able to contact the practice by telephone and being able to make an appointment. We received mixed reviews from patients on the day of inspection regarding access to appointments. The practice have undertaken an analysis of patient feedback which includes the practices patient satisfaction survey, NHS Choices and the GP National Survey. They have identified appointment availability as an area for improvement and as a result have increased the number of telephone appointments.

Listening and learning from concerns and complaints

All complaints received by the practice were sent directly to Barnsley Healthcare Federation Community Interest Company (BHF CIC) based at Oaks Park Medical Centre. They were managed centrally at the head office. We reviewed the management of complaints as part of the governance inspection at Oaks Park Medical Centre on the 13 February 2018. We found the provider did not take complaints and concerns seriously and did not respond to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff told us that people who wished to complain were sent a complaints pack.
- No evidence was found that the registered provider monitored or looked for trends within complaints, or areas of risk that may have needed to be addressed.
- Appropriate action was not taken to respond to any failures identified by a complaint or the investigation of a complaint.
- The practice documented that they received two complaints within the past nine months. The complaints records had information of actions taken and how

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

learning was implemented. However, there was no evidence that complainants were kept informed of the status of their complaint and its investigation, or that any learning outcomes were shared with them.

- Minutes of a senior management team meeting on September 2017 stated that all complaints would be brought to the future senior management team meetings to discuss but further evidence of discussions was only seen once in January 2018 following this.
- There was no mechanism in place to share the reviews and learning from complaints with any other staff members. We received mixed feedback from staff that they were told about changes that happen as a result of complaints.
- We found no information available with regard to how a patient could take action if they were not happy with the response to their complaint from the provider. A response to a complaint made in October 2017 had no details of the Parliamentary Health Service Ombudsman contact details in case they needed to take further action.

Are services well-led?

Requires improvement

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

Our findings

We rated the practice as requires improvement for providing a well-led service overall except for the population groups which we rated requires improvement.

The practice was rated as requires improvement for well-led because systems to manage, monitor and mitigate risks to the health and safety of service users receiving care and treatment was ineffective.

Highgate Surgery is one of four GP practices, two urgent care centres and one out of hours services managed and operated by Barnsley Healthcare Federation CIC. The provider's head office is based at Oaks Park Medical Centre in Barnsley. Staffing and governance systems are centrally operated from head office and cascaded to the individual locations. Staff at Highgate Surgery have access and support from the senior management team at the head office.

Leadership capacity and capability

Leaders had the skills to deliver high-quality, sustainable care.

- Leaders had the experience, capability and integrity to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were trying to address them.
- Staff told us that leaders within the senior management team were not always visible but were generally approachable. Staff felt they were well supported by the senior receptionist but communication from the senior management team could be improved.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The Federation had a five year strategic vision and a set of aim and objectives. Staff had not been involved in the development of these or made aware of their responsibilities in relation to them.

Culture

We found that the delivery of high-quality care was not always assured by the governance or culture in place.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- The practice was aware of and had systems to ensure compliance with the requirements of the duty of candour and this was demonstrated following a recent incident.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. However, there were delays in giving feedback to staff about incidents or concerns they had reported. There was little evidence of any learning being shared with staff.
- There were limited arrangements in place to ensure the staff were kept informed and up-to-date with developments at the service. This included a lack of clinical and non-clinical meetings.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were generally considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- Staff told us there was insufficient staffing and they did not always feel safe as a lone worker.
- The practice actively promoted equality and diversity. At the time of inspection eleven out of fourteen (78%) staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams at practice level.

Governance arrangements

The issues identified during the inspection did not provide assurance that there was an effective governance framework to support the delivery of the service. The governance framework in place had failed to identify risk and also failed to address known risk.

- A significant event policy was in place however they were not managed appropriately. There was limited evidence of analysis or learning being shared with staff and action was not being taken to improve safety.

Are services well-led?

Requires improvement

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

- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established some policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. However, there was no lone workers policy.

Managing risks, issues and performance

The governance systems and processes to identify and manage risks and issues were not always robust. The practice was not always operating and implementing effective systems or process to assess, monitor and improve the quality and safety of the services. There were not always effective systems for assessing, monitoring and mitigating risks relating to the health, safety and welfare of service users and others who may be at risk. Significant issues that threatened the delivery of safe and effective care were not adequately managed.

- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions.
- We saw that it had been identified in September 2017 that the provider needed to establish a protocol for filing complaints centrally. This item was outstanding and had not been acted upon
- A clinical audit programme was not embedded. There was no system in place to monitor identified actions. There was no evidence of quality improvement activities to demonstrate monitoring and assessment of patient outcomes was being undertaken since the service registered in July 2016.
- We saw minimal evidence of mechanisms for sharing NICE guidance. Two GPs told us they access the guidelines via the internet. The practice nurse told us they received updates via email.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public and external partners to support high-quality sustainable services, however staff at practice level did not always feel engaged.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. For example they conducted an annual patient survey, analysed patient feedback from the NHS Choices website, Friends and Family Test and the GP Patient Survey. They had also invited HealthWatch Barnsley (independent consumer champion created to gather and represent the views of the public) to undertake an Enter and View visit.
- There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

- Staff knew about improvement methods and had the skills to use them.
- The practice did not undertake internal and external reviews of incidents and complaints. Learning was not always shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment **Why you are failing to comply with this regulation:** • **Assessments of the risks to the health and safety of service users receiving care or treatment were not being carried out.** • **Doing all that is reasonably practicable to mitigate risks.** • **Ensuring that the premises are safe.** • **There was no proper and safe management of medicines.** **This was in breach of regulation 12(1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints **Why you are failing to comply with this regulation:** • The provider did not ensure that there was an accessible system for identifying, handling, investigating and responding to complaints made about the service. **This was in breach of Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints.**