

# The Barn Surgery

## Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

### Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Barn Surgery on 14 February 2017 to assess the improvements made at the practice. Overall the practice is now rated as Good.

We had previously inspected the practice during 17, 18 and 19 May 2016 when we rated the practice as inadequate overall. Specifically, the practice was rated as inadequate for safe and for well-led, requires improvement for effective, and good for caring and responsive.

#### Areas which did not meet the regulations following our inspection in May 2016 were:

- Patients were at risk of harm because systems and processes were not being followed to keep them safe. For example, appropriate fire drills and some training was not undertaken by all staff. The practice did not have assurance that infection control practice

followed current guidance. Not all staff had received training in infection control, chaperone duties for those staff undertaking this role, basic life support and the Mental Capacity Act (2005).

- There was no evidence of consistent wider learning and effective communication with staff regarding incidents, near misses and concerns.
- Patient outcomes were low in some areas compared to the locality and nationally. No clinical audits had been carried out, so there was no effective system to manage performance and improve patient outcomes.
- Significant staff shortages across the GP team was leading to longer waits for routine appointments and delayed appointments at the practice.
- The practice had insufficient GP leadership capacity and limited formal governance arrangements.

#### On 14 February 2017, our key findings across all the areas we inspected are as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.

# Summary of findings

- Risks to the safe care of patients were now clearly monitored and managed.
- Patients who attended the practice had their needs assessed and care was delivered in line with current evidence based guidance.
- Staff had the skills and experience to deliver effective care and treatment, but not all had received the training they needed to perform their roles effectively. For example, there were still gaps in training undertaken for infection control and The Mental Capacity Act (2005).
- Information about services and how to complain was available and easy to understand. Complaints were investigated appropriately and in a timely manner.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Clinical audits focussing on safe prescribing had been completed.
- There was a clear leadership structure and most staff felt supported by management.
- The practice proactively sought feedback from staff and patients, which it acted on. Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- The provider was aware of and complied with the requirements of the Duty of Candour.

However, there remain areas where the provider must make improvement. The practice must:

- Ensure staff complete all training the practice considers to be mandatory at the required frequency, to enable them to undertake their role safely and effectively.

The areas where the provider should make improvement are:

- Review process for team meetings to ensure all staff attend relevant meetings.
- Continue to identify carers so they can receive appropriate care and support.

I am taking this service out of special measures. This recognises the improvements made to the quality of care provided by this service.

**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 now rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were 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 patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



### Are services effective?

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

- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Since our last inspection, medicine audits had been conducted. These demonstrated quality improvement.
- Not all staff had received training to enable them to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Requires improvement



### Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

- Data from the national GP patient survey published in January 2017 showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible in the waiting room.
- Staff treated patients with kindness and respect, and maintained patient confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff 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. For example, the practice offered proactive, personalised care to meet the needs of the vulnerable and older patients in its population. Unplanned hospital admissions were being minimised and patient risks associated with frailty reduced through increased contact with these patients. This was delivered by the Action Management Before Emergency Risk team (AMBER) located at Christchurch Medical Centre and managed on behalf of The Barn Surgery by another GP practice.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about services and how to complain was available and easy to understand. Complaints were investigated appropriately and learning from these were shared with staff.

## Are services well-led?

The practice is now rated as good for providing well led services.

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and most staff said they felt well supported by management.

# Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The practice had a number of policies and procedures to govern activity developed through collaboration with the two other practices based at Christchurch Medical Centre and held regular governance meetings.
- Discussions and decision making processes were now recorded and information was shared appropriately.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on.

# 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 good for older people.

Good



- The Barn Surgery has a high proportion of older patients. Approximately 17% of patients are over 75 years compared to the national average of 8%. This patient group can be associated with a higher prevalence of illness along with risks of isolation and increased vulnerability resulting in increased care needs.
- Every patient at the practice including older patients aged over 75 years had a named GP.
- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Patients at risk of hospital admission were identified as a priority. They were supported by the AMBER team. Patients had comprehensive care and support plans in place. Data for the period October 2016 to January 2017, showed that 87 patients registered with The Barn Surgery were supported by the team. Of these, 10 patients were assessed as being high risk and vulnerable. During the three month timespan, there had been three unplanned hospital admissions for patients registered at The Barn Surgery.

### People with long term conditions

The provider was rated as good for people with long-term conditions.

Good



- One of the practice nurses had qualified as an independent prescriber and was able to prescribe medicines for patients as part of long-term condition reviews.
- Not all patients with long-term conditions had their care and treatment needs regularly reviewed for safety and appropriateness. However, the practice had devised an action plan to address this and unverified data demonstrated some improvement for the care and treatment of patients in these groups.
- Nationally reported data showed that 76% of patients diagnosed with asthma had received an annual health check

# Summary of findings

review compared to clinical commissioning group (CCG) average of 77% and the national average of 75%. Exception reporting for this indicator was below CCG and national averages.

- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. For example, a practice nurse worked with a diabetes nurse specialist to ensure care for these patients was optimal. For example, by running joint clinics approximately every six weeks.

## Families, children and young people

The provider as rated as good for people with long-term conditions.

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 78%, which was lower than the CCG average of 83% and the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with other professionals, such as health visitors and midwives, to ensure the needs of this group were met.

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

The provider was rated as good for working age people (including those recently retired and students).

Good



- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.



# Summary of findings

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered telephone consultations to meet the needs of this group.

## People whose circumstances may make them vulnerable

The provider was rated as good for people whose circumstances may make them vulnerable.

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had 25 patients registered who also had a learning disability. At the time of our inspection, 20% of these had received an annual health check.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had a carers lead, who informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

The provider was rated as good for people experiencing poor mental health (including people with dementia).

Good



- 91% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is comparable to clinical commissioning group (CCG) of 86% and the national average of 84%.
- Performance for mental health related indicators was comparable to the national average. For example, 88% of patients with schizophrenia, bipolar affective disorder and other psychoses had a blood pressure recorded in the preceding 12 months, compared to a CCG average of 89% and national average of 90%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

# Summary of findings

- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The latest national GP patient survey results were published in January 2017. The results showed the practice was performing in line with local and national averages and similar to our findings at our last inspection. Two hundred and seventeen survey forms were distributed and 118 were returned. The returned responses represented about 2% of the practice's patient list.

- 70% of patients found it easy to get through to this practice by phone compared to clinical commissioning group (CCG) average of 84% and the national average of 73%.
- 88% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 89% and national average of 85%.
- 92% say the last appointment they got was convenient compared to the CCG average of 94% and national average of 92%.
- 91% of patients described the overall experience of this GP practice as good compared to the CCG average of 90% and national average of 85%.
- 81% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 83% and national average of 78%.

At our previous inspection, patient feedback was consistently positive. At this inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 37 comment cards, 34 of which were wholly positive about the standard of care received. Staff were described as being thoughtful, kind and caring. Patients felt the practice offered an excellent service, and some commented upon the ability of the practice to provide this despite low staff numbers. One comment card was wholly negative and felt that reception staff had a poor attitude. Responses from two patient comment cards were mixed and had both positive and negative comments regarding high standards of cleanliness, but also a poor attitude of reception staff.

We spoke with five patients during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. At our previous inspection in May 2016, patients told us the waiting time to get a routine appointment to see their named GP was too long at approximately six weeks. At this inspection, patients told us the wait to get a routine appointment with their preferred GP was around three weeks.

We looked at the practice's friends and family test results for November 2016 to January 2017. A total of 55 patients left feedback during this period, of which 69% would recommend the practice to a friend or family member.

# The Barn 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 GP specialist adviser and a practice manager specialist adviser.

## Background to The Barn Surgery

The Barn Surgery is situated within Christchurch Medical Centre, Christchurch, Dorset. The practice provides personal medical services to patients living in the Christchurch area of Dorset and is part of NHS Dorset clinical commissioning group.

Christchurch Medical Centre hosts other GP practices and The Barn Surgery has a contractual arrangement to share some staff for both management and clinical support.

The practice is located in an area of relatively low social deprivation compared to the national average. At the time of the inspection, there were approximately 6300 patients on the practice list. The majority of patients are from a white British background. The practice does have some patients with Polish, Pakistani, Indian and Russian backgrounds and uses translation services and information in different languages where needed. The Barn Surgery has more than double the number of patients over 75 years (17% of the practice list) compared with the national average of 8%. Approximately 60% of patients at the practice have a long-term condition compared to the national average of 54%.

The practice has three whole time equivalent GP partners, two are male and one is female. The nursing team consists

of three female nurses, one of whom is a non-medical prescriber. Since our last inspection, Christchurch Medical Centre has employed two female nurse practitioners who are able to diagnose, advise and one is also able to prescribe for minor illness. The nurse practitioners work approximately two days per week at The Barn Surgery. The Barn Surgery is managed by a team shared with the other two practices at Christchurch Medical Centre lead by a strategic business manager. A practice support manager is based at The Barn Surgery along with a team of administrative and reception staff.

The practice is open 8.30am to 6.30pm Monday to Friday. Phone lines are open from 8am until 6.30pm hours with the out of hours service picking up phone calls outside of these times. GP appointment times are from 8.30am to 12pm and 3pm to 6pm every weekday. Since our inspection in May 2016, the practice no longer offers extended hours appointments to reduce any potential risks for patients resulting from a shortage of GPs. Information about opening times and appointments are listed on the practice website and in the patient information leaflet.

The practice shares a large car park for patients with the neighbouring practices. The practice is located over two floors. Care is provided to patients on the ground floor in a variety of clinical areas including a treatment room. The first floor of the practice houses management and administration staff offices. Corridors and doorways are accessible to patients using wheelchairs and pushchairs.

Opening hours of the practice are in line with local agreements with the clinical commissioning group. Patients requiring a GP outside of normal working hours are advised to contact the out of hours service provided by the NHS 111 services in Dorset. The practice closes for two days a year for staff training. Patients are notified about practice closures well in advance.

# Detailed findings

At this inspection we inspected The Barn Surgery which is located at:

1 Purewell Cross

Christchurch

BH23 3AF

## Why we carried out this inspection

The Barn Surgery was inspected during 17, 18 and 19 May 2016. Following this inspection, the practice was given a rating of inadequate and placed in special measures.

Three requirement notices were issued listing areas where improvement was required. A warning notice was also served in relation to serious concerns we had about the practice. The provider gave us an action plan detailing what action they would be taking to meet the regulations. We inspected the practice to check they had met the conditions of the warning notice on 14 December 2016. We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions to monitor ongoing compliance and determine whether improvements had been made following the requirements notices served in May 2016.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 14 February 2017.

During our visit we:

- Spoke with staff including GPs, the strategic business manager, the practice support manager, a practice nurse, a nurse practitioner, reception and administrative staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed 37 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 were provided for specific groups of people and what good care looked 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 May 2016, we found the system for reporting and recording significant events was not consistently safe. Significant events were rarely recorded formally and there was no consistent documentation of discussions around significant events to improve safety.

At this inspection in February 2017, the practice had improved and embedded its systems for the reporting and recording of significant events. Staff told us they would inform the practice manager of any incidents. There was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

Significant events were discussed at all staff meetings and learning and actions recorded within minutes. Any new and ongoing significant events were initially discussed on a weekly basis by the GP partners and actions minuted. Staff told us they attended meetings where significant events were discussed to share wider learning and were aware of learning from significant events. For example, a clinical member of staff had returned from long-term absence of six weeks and found that a patient result from an investigation requested before the absence had not been actioned. The member of staff immediately actioned the result and reported this as a significant event. The practice informed us that no harm came to the patient. The practice reviewed the event and put in place a practice wide procedure for reviewing results in the absence of a clinical member of staff.

### Overview of safety systems and processes

At our inspection in May 2016, the practice did not have embedded processes and practices in place to keep patients safe and safeguarded from potential abuse. Not all staff had completed safeguarding training to the required level. Not all staff who acted as chaperones were trained for

the role. Annual infection control audits were not completed and not all staff had received training in infection control. Systems for managing medicines were not consistently safe. The practice had not conducted any medicines audits to check that prescribing was in line with recommended guidance for safe prescribing.

At this inspection in February 2017, the practice had developed clearly defined systems, processes and practices in place to keep patients 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. The policies clearly 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. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated that they understood their responsibilities.
- At our last inspection, not all staff had received adult and child safeguarding training to the appropriate level. All staff had now received adult safeguarding training in September 2016. The practice stated that staff would receive child and adult safeguarding training on an annual basis. However with regard to child safeguarding, the completion of training was variable. For 12 non-clinical staff, 11 had not had training but training had been booked for March 2017. One GP had not received an update on level 3 child safeguarding training in the past three years; however they had been booked onto a course to undertake this in September 2017. All nurses were trained to level 2 child safeguarding.
- A notice in the waiting room and clinical areas advised patients that chaperones were available if required. The practice chaperoning policy was reviewed in December 2016 and stated that only clinical staff would act as chaperones. Staff told us that patients would be asked to re-book their appointment if no clinical chaperone was available. All staff who chaperoned had received a Disclosure and Barring Service 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.

## Are services safe?

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. At our last inspection, it was not clear who had a lead role in infection control in the practice and staff had not received appropriate training. At this inspection, the practice had a comprehensive infection control policy dated January 2017. One of the practice nurses was now the designated lead for infection control and had driven improvements in infection control and liaised with the local infection prevention teams to keep up to date with best practice. Four of six clinical staff had not received up to date training in infection control. The practice told us they had given staff a deadline of 31 March 2017 to complete this.
- Infection control audits had been undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, an audit was conducted in November 2016 which identified that the practice scored 48% overall. Actions were taken to minimise the risk of infection, such as removing fans and open shelving. A re-audit was conducted in February 2017 and the practice scored 93%.
- Records of daily checks for cleaning of equipment and clinical rooms had been completed. Carpets and curtains had been cleaned in February 2017. A hand hygiene audit for all staff had also been completed between November 2016 and February 2017.
- The arrangements for managing medicines, including emergency medicines in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). At our last inspection, the practice had limited medicines audits. At this inspection, the practice had carried out six monthly medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing.
- One of the practice nurses had qualified as a non-medical prescriber in November 2016 and could therefore prescribe medicines for specific clinical conditions. Two nurse practitioners had been employed by the practice since our last inspection; one was also a non-medical prescriber. Both received mentorship and support from the medical staff for this extended role.
- Vaccines were stored in fridges that were appropriately maintained and calibrated. An effective system was in place to monitor vaccine stock levels. Patient Group

Directions had been adopted by the practice to allow registered nurses to administer medicines in line with legislation. There were safe systems in place to monitor the use of blank prescription stationery.

- At our last inspection in May 2016, recruitment checks were not consistently undertaken prior to employment. We reviewed five personnel files and found appropriate recruitment checks were now undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employment in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

### Monitoring risks to patients

At our last inspection in May 2016, we found that the fire risk assessment had not been reviewed since October 2013 as recommended. Fire drills had not taken place for more than 12 months.

The practice was under pressure due to available capacity of GPs and increasing patient needs. GPs routinely working beyond 8.30pm during week days and often at weekends when the practice was closed. GPs had prioritised patient care to maintain safety, putting their own health at risk which in turn increased the risks to people who used their services.

At this inspection in February 2017, we found that risks to patients were now assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster which identified local health and safety representatives. The practice had not reviewed the fire risk assessment from October 2013, but could demonstrate that all actions identified in this assessment had been completed. The practice had carried out a fire drill, most recently in September 2016 and had reviewed their fire policy in September 2016. Monthly checks of emergency lighting and fire extinguishers and weekly checks of alarms were undertaken and recorded.



## Are services safe?

- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly, most recently in February 2017. The practice 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.
- A check for legionella had been carried out in October 2015 (legionella is a bacteria which can contaminate water supplies and cause breathing problems). Relevant actions to minimise the risk of legionella were undertaken by the practice.
- GP capacity remained limited. However, arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

### **Arrangements to deal with emergencies and major incidents**

At our inspection in May 2016, we found the practice had limited arrangements in place to respond to emergencies and major incidents. Not all staff had received annual basic life support training.

At this inspection in February 2017, we found the practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff had received annual basic life support training and there were emergency medicines available in the treatment room. All emergency medicines we checked were in date and appropriately stored.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan which had been reviewed in 2016 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

At our last inspection, we rated the practice as requires improvement for providing effective services. This because there were gaps in the training staff needed to carry out their role safely and effectively and a lack of monitoring of patient outcomes and quality improvement.

### Effective needs assessment

At our last inspection, we found that the implementation of evidenced based guidance, standards and best practice standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines was inconsistent. No risk assessments, audits or random sample checks of patient records were undertaken to ensure that evidence based guidance and standards were being followed. Not all staff were actively accessing guidelines from NICE.

At this inspection, we found that systems had been implemented to ensure the practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' 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

At our last inspection, we found that outcomes for patients were not closely monitored by the practice. Practice prescribing data showed there was above average prescribing of high cost medicines, which had not been addressed. There were also areas where exception reporting were higher than average.

At this inspection, we found that the practice used the information collected for the Quality and 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 were 91% of the total number of points available. Overall clinical exception reporting for the practice was 8% which was lower than the clinical commissioning group (CCG) and national average.

(Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. For example, data from April 2015 to March 2016 showed:

- Performance for diabetes related indicators was comparable to local and national averages. For example, 77% of patients on the diabetes register had an acceptable blood pressure reading recorded within the preceding 12 months. This compared to a CCG average of 79% and national average of 78%. Exception reporting for this indicator was lower than CCG and national averages.
- Performance for mental health related indicators was comparable to the national average. For example, 75% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months. This compared to a CCG average of 91% and a national average of 89%. Exception reporting for this indicator was lower than CCG and national averages.
- The percentage of patients with COPD (chronic obstructive pulmonary disease, a lung condition) who had a review, including an assessment of breathlessness in the preceding 12 months was 92%, which was similar to the CCG average of 92% and national average of 90%. Exception reporting for this indicator was comparable to the CCG and national averages.

At our last inspection, there was no evidence of quality improvement. No clinical audits had been undertaken in the previous two years. The practice had not responded to requests by the CCG to ensure prescribing practice was appropriate, relevant and cost effective.

At this inspection, we found that evidence of quality improvement including clinical audit.

- The practice had developed an action plan which was monitored to ensure improvement in its prescribing figures.
- The practice carried out an audit of the prescribing of four high risk medicines every six months to ensure prescribing was in line with current prescribing recommendations.

# Are services effective?

## (for example, treatment is effective)

- The practice carried out an audit of prescribing relating to four health conditions every six months to ensure prescribing and treatment was in line with current recommendations.
- The practice utilised opportunities to improve patient care. For example, the practice had conducted a check of patients who were over 65 years and who attended for a flu vaccination. The practice checked each patient's pulse was for signs of atrial fibrillation (an irregular heartbeat). Patients with suspected atrial fibrillation were offered an ECG (a more detailed check of the heart's rhythm). In the 2016 flu season, 1074 patients had attended the flu clinic and received a pulse check, of which 133 went onto have an ECG. This identified 17 patients who had atrial fibrillation. The practice ensured these patients got the appropriate treatment and monitoring to prevent a stroke or heart attack.

At our last inspection, we identified that the practice did not monitor uncollected prescriptions. At this inspection, the practice completed a monthly review of prescriptions which had not been collected by patients. Appropriate action was taken to ensure that patient's needs were met. For example, a parent had not collected a prescription since they felt their child no longer required the medicine. The GP contacted the parent to explain why the medicine was necessary which resulted in the parent collecting the prescription.

### Effective staffing

At our previous inspection, we found that staff did not have all the skills, knowledge and experience to deliver effective care and treatment. Staff had not completed training the practice considered to be necessary in: safeguarding, fire safety awareness, basic life support, the Mental Capacity Act 2005 and infection control. There were limited systems in place to ensure staff accessed appropriate training to meet their learning needs and governance systems were not effective in identifying where training updates had not been completed.

At this inspection we found that improvements had been made in this area, however these were not yet embedded.

- The practice had invested in an e-learning package. The practice had given staff details of the website, how to

access it and guidance on what training they will be required to do and the frequency of this. There was no specific training policy in place; we were advised by the practice this was in development.

- Training on the Mental Capacity Act 2005 had not been provided to all staff. The practice identified that all staff would undertake this training on a one or two yearly cycle. Two of six clinical members of staff had not received the training and only one member of non-clinical staff had undertaken the training. Mental Capacity Act 2005 training supports staff to seek appropriate consent from patients and to act in their best interests. This has been identified at our previous inspection. Clinical staff we spoke with were able to describe the actions they would take to ensure a patient's best interests were taken into account and recorded.
- The practice had an induction programme for all newly appointed staff.
- The practice could demonstrate that there was some role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they were up to date with changes to the immunisation programmes.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. At our last inspection, we found that the appraisal system was not effective as not all staff had received an appraisal. At this inspection, we found that appraisals had been conducted between July and November 2016 and plans for the next appraisal cycle were in place.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.

# Are services effective?

## (for example, treatment is effective)

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. For example, the three practices at Christchurch Medical Centre accessed an Action Management Before Emergency Risk team (AMBER), which is co-ordinated by a GP from one of the three practices. The team supported vulnerable patients, provided home visits and proactive monitoring to minimise unplanned hospital admissions. Data provided by the practice for the period October 2016 to January 2017, showed that 87 patients registered with The Barn Surgery were supported by the AMBER team. During the three month timespan, there had been three unplanned hospital admissions for patients registered at The Barn Surgery.

### Consent to care and treatment

At our last inspection, we found that although staff sought patients' consent to care and treatment in line with legislation and guidance, not all staff had undergone training in the Mental Capacity Act 2005.

At this inspection we found that:

- Staff understood the relevant consent and decision-making requirements of legislation and guidance. Not all staff had undergone training in the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- 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, recorded the outcome of the assessment.
- The process for seeking consent was routinely monitored through patient records audits. We found GPs recorded patient consent, outlining any discussion of risks and benefits for the patient for any proposed interventions. For example, consent to take cervical smears was recorded.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers and those at risk of developing a long-term condition.
- Patients requiring advice on their diet and alcohol cessation were signposted to the relevant service.
- Some smoking cessation advice was available from practice nurses and information provided about a local support group.

The practice's uptake for the cervical screening programme was 78%, which was similar to the CCG average of 83% and the national average of 81%. The practice demonstrated how they encouraged uptake of the screening programme by eligible women by using information in different languages and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example, 74% of eligible women had received screening for breast cancer in the preceding three years which was comparable to the CCG of 76% and national average of 72%. A total of 62% of eligible patients had received screening for bowel cancer in the preceding three years which was comparable to the CCG of 63% and national average of 60%.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. Vaccines for under two year olds ranged from 71% to 96%. A total of 95% of 41 eligible five year olds received the MMR vaccination compared to the CCG average of 95% and national average of 94%.

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

# Are services caring?

## Our findings

At our last inspection, we rated the practice as good for providing caring services.

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and helpful to patients and treated them with 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; 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.

We received 37 patient Care Quality Commission comment cards. Of these, 34 cards were wholly positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We also spoke with five patients and one carer of a patient registered at the practice. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They told us that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 97% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 93% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 95% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and national average of 85%.

- 100% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 91%.
- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 91% and the national average of 87%.

### Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. Patients particularly highlighted they felt that GPs listened to them and gave them the time they needed.

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

- 95% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 99% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 92% and the national average of 90%.
- 91% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 82%.
- 94% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. Staff told us that information about the communication needs of a patient was entered when they registered with the practice. We saw notices in the reception areas informing patients that translation services were available.
- Information leaflets were not routinely provided in an easy read format.

## Are services caring?

### **Patient and carer support to cope emotionally with care and treatment**

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. Since our last inspection, the practice had identified 42 patients as carers, which was under 1% of the practice list. The practice had a 'carers lead' whose role it

was to update resources for carers, liaise with the clinical commissioning group about the needs of carers and to maintain the carers register in the practice. Carers at the practice were invited to receive a flu vaccination. 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. 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

At our last inspection, we rated the practice as good for providing responsive services.

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- We found that patients sometimes had to wait after their scheduled appointment time even though longer appointments of 15 minutes were routinely provided for all patients.
- Home visits were available for older patients and patients who had difficulties attending the practice.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- A hearing loop and translation services were available.
- The practice offered disabled and baby-changing facilities.
- Adjustments were made enabling people to use the practice to receive health correspondence for homeless patients and travellers.
- The practice offered proactive, personalised care to meet the needs of the vulnerable and older patients in its population. This was delivered by the Action Management Before Emergency Risk team (AMBER) located at Christchurch Medical Centre and managed on behalf of The Barn Surgery by another practice.

### Access to the service

The practice was open from 8.30am to 6.30pm Monday to Friday. Phone lines were open between 8am and 6.30pm with the out of hours service picking up phone calls after this time. GP and nurse practitioner appointment times were from 9am to 12.30pm every morning and from 1.30pm to 5pm with a nurse practitioner and from 4pm to 6.15pm with a GP every afternoon.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments

were also available on the same day for people that needed them. Patients told us it was easy to get an appointment and to get through to the practice by telephone.

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

- 75% of patients were satisfied with the practice's opening hours compared to the clinical commissioning group (CCG) average of 75% national average of 78%.
- 70% of patients said they could get through easily to the practice by phone compared to the CCG average of 84% and national average of 73%.
- 72% of patients usually get to see or speak to their preferred GP compared to the CCG average of 67% and national average of 59%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them. The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

The AMBER team was co-ordinated by a GP partner at another practice based in the building. The team supported vulnerable patients, providing home visits. It was proactive in monitoring patients to avoid unplanned hospital admissions whenever possible and improved the quality of life for patients. Data provided by the practice for the period October 2016 to January 2017, showed that 87 patients registered with The Barn Surgery were supported by the team. Of these, 10 patients were assessed as being high risk and vulnerable. During the three month timespan, there had been three unplanned hospital admissions for patients registered at The Barn Surgery. Patient evaluations of the service showed that 100% of patients supported by the team felt more confident following the team's involvement.

### Listening and learning from concerns and complaints

# Are services responsive to people's needs?

(for example, to feedback?)

At our last inspection, we found that opportunities to learn from complaints and improve care were not utilised.

At this inspection, we found that the practice had an effective system in place for handling complaints and concerns. GP partners meetings were held once a week, and identification of learning or actions and meetings were minuted.

- 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 with posters displayed and a summary of the procedure in the practice leaflet.

We looked at a log of 10 complaints received since our last inspection in May 2016. These were satisfactorily handled, dealt with in a timely way, and with openness and transparency in dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, a patient complained that there was a lack of communication between the reception team and GPs. The practice responded appropriately to the patient and discussed the complaint at a staff meeting so processes could be reviewed and appropriate actions were recorded.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

At our last inspection, we found that there were no detailed plans to achieve the practice vision, values and strategy. At this inspection, we found that:

- The practice aimed to work together to provide high quality, safe and effective healthcare to the local population. They aimed to do this in a friendly, fair, respectful and equitable way, prioritizing patient's individuality and working with them to achieve the best possible health outcomes.
- The practice had temporarily closed their patient list with agreement from NHS England between October 2016 to January 2017 and ceased offering extended hours to patients. This allowed the practice to better manage the risks identified at our previous inspection.
- The practice was in the process of merging with the two practices also based at Christchurch Medical Centre and this was due to be completed during 2017.
- The practice had liaised with the clinical commissioning group (CCG) to achieve the merger and held regular strategy meetings. We saw that staff and patient views were included as part of this process and that staff and patients were kept up-to-date, for example, through whole practice meetings.
- Staff told us they felt informed with regard to the merger process and were positive about the changes.

### Governance arrangements

At our last inspection, we found that the delivery of high-quality care was not assured by the leadership and governance in place. Governance arrangements and system monitoring was lacking including for audits, consent procedures, recruitment, chaperone processes, medicines management monitoring of training and health and safety of the environment. Also information regarding significant events and complaints was not shared with staff effectively.

At this inspection we found significant improvements had been made:

- The practice had implemented systems which supported effective communication between all staff teams; particularly in regard of sharing learning from medicines and healthcare products alerts, prescribing guidelines, audits and service feedback.
- Governance arrangements to produce, review and promote practice specific policies had been implemented across The Barn Surgery.
- Effective governance arrangements were in place to monitor and improve the quality of services provided to patients. Clinical audits focussing on safe prescribing had been completed and there were systems in place to ensure the latest prescribing guidance was implemented.
- Learning from significant events and complaints was shared with staff so the quality of care could be improved.
- Systems implemented ensured that staff undertaking chaperone duties were trained to undertake this role.
- The practice had a system in place to address gaps in other training they considered staff needed. Training was closely monitored by the practice leadership.
- Fire risks had been mitigated through staff training, completion of actions on the fire risk assessment and regular monitoring of the premises, including fire drills.

### Leadership and culture

At our last inspection, we found that partnership meetings did not provide adequate time to properly discuss issues and were not minuted so learning was not captured and utilised for quality improvement. Information to monitor clinical performance or to make decisions was out of date. GP partners at that time had withdrawn from actively taking part in management and planning and were concentrating on the clinical workload only.

At this inspection in February 2017, we found that the practice had in part resolved some of the low clinical staffing issues. The practice had appointed two nurse practitioners to help with the management of minor illness and urgent patients' needs. One was a non-medical prescriber and the practice was supporting the other nurse to undertake this qualification. One of the practice nurses was now able to independently prescribe within a set scope of practice, which meant that care for patients with long-term conditions was more efficient.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of



# Are services well-led?

Good 

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

candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The leadership encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

There were now structures and procedures in place which ensured that staff were aware of their own roles and responsibilities. All staff said they felt supported by the partners in the practice.

- Staff told us the practice held regular team meetings such as; clinical nurse; administration and reception team meetings. However, some staff told us they had not been invited to attend relevant meetings
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at their individual team meetings and felt confident and supported in doing so.
- All staff said they felt respected, valued and supported within their teams. All staff were involved in informal discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. The majority of staff told us they felt supported by management.

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

At our last inspection we found that systems to obtain meaningful feedback from patients, the public and staff were under developed. At this inspection we found that:

- The practice sought feedback from patients. Patients were invited to complete the friends and family test and there was also a suggestion box for patients in the reception area. Responses to these were collated by the practice and discussed in team meetings.
- The practice had set up a patient participation group (PPG), and were actively recruiting patients to join the group.
- The practice had gathered feedback from staff through staff meetings, appraisals and informal discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

The practice had been part of a local federation of eight primary care practices, Coastal Health GP Services, operating within the Christchurch area since 2015. The alliance was designed to mitigate the financial demands on practices that impacted upon providing timely and effective patient care and to be the voice of primary care with the local CCG. The alliance was also designed to provide integrated solutions to ensure that the administration of clinical services was delivered in an effective way. For example, the federation was exploring the use of new clinical templates to improve care and had successfully gained a contract to provide some public health services. Patients at The Barn Surgery were now able to access contraception services locally as part of the contract.

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	Regulation 18 HSCA (RA) Regulations 2014 Staffing
Family planning services	How the regulation was not being met:
Maternity and midwifery services	Staff had not received training in infection control, to enable them to undertake their responsibilities safely and to an appropriate standard.
Surgical procedures	Not all staff had received up to date training in The Mental Capacity Act 2005
Treatment of disease, disorder or injury	This was in breach of regulation 18 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.