# Barn Close 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? | Good |
| Are services caring? | Good |
| Are services responsive to people's needs? | Good |
| Are services well-led? | Good |

# Summary of findings

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## Overall summary

**Letter from the Chief Inspector of General Practice**

We carried out an announced comprehensive inspection at Barn Close on 19 May 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and to report incidents and near misses. The practice recorded information about safety and reviewed, monitored and took any action that was necessary.
- The practice assessed risks to patients and managed these well.
- The GPs and practice nurses assessed patients need and planned and delivered care following best practice guidance.
- Staff received training appropriate to their roles and the practice identified and planned any further training needs.
- Patients said the practice staff were caring, respectful and attentive and involved them in decisions about their care and treatment. Most patients had good experiences of contacting the practice and obtaining appointments.
- The practice provided information about how to complain which was easy to understand and aimed to use information from complaints positively to help them improve.
- The practice was well equipped to treat patients and meet their needs. They recognised the limitations of the current practice building and were actively working to secure new, purpose built premises.
- There was an open and supportive approach to management and staff felt supported by their colleagues and by the partners
- The practice encouraged and valued feedback from patients and had an active patient participation group (PPG).

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

Importantly the provider should :

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- Confirm the arrangements for a nurse to be the lead for infection prevention and control (IPC) and ensure IPC audits are completed in line with national guidance.
- Strengthen the clinical leadership arrangements for the practice nursing and healthcare team to support effective management and team work.
- Strengthen the practice's systems for clinical audit to include repeated audit cycles to monitor the impact of any changes or improvements made.

**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?**

Good

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. The practice learned when things went wrong and shared this internally and externally to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients, staff and others using the building were assessed and well managed.

**Are services effective?**

Good

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff were aware of guidance from the National Institute for Health and Care Excellence (NICE) and took this into account in the care and treatment they provided. The clinical team knew patients well and aimed to provide an individualised service. This included being aware of patients' capacity to make decisions and encouraging them to take responsibility for their health. Staff received training appropriate to their roles and the practice supported them to develop their knowledge and skills. Staff received annual appraisals and had training needs assessments. Staff worked in partnership with other professionals involved in providing care and treatment to patients.

**Are services caring?**

Good

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for the care and support provided. Patients described the practice team as caring, respectful and attentive. Patients said they were listened to, valued and supported, some through extremely challenging and life changing circumstances.Information for patients about the services available, including for carers, was easy to understand and accessible.

**Are services responsive to people's needs?**

Good

The practice is rated as good for providing responsive services. It was aware of the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to identify local needs. Patients found it easy to make an appointment with a named GP and that there was continuity of care. Urgent appointments were available the same day or could be booked up to four weeks ahead. The practice was well equipped to treat patients and meet their needs and was actively working to secure

# Summary of findings

new premises. Information about how to complain was available and easy to understand. The practice received few complaints and responded quickly to issues raised. Learning from complaints was shared with staff.

**Are services well-led?**

Good

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were enthusiastic about the future of the practice and supportive of the partners' aims for the future. There was an open and supportive management style and staff felt supported by their colleagues and by the partners. The practice team took part in internal and external meetings and had policies and procedures to support the effective management of the service. There were systems in place to monitor and improve quality and identify risk. The practice encouraged and acted on feedback from staff and patients. There was an active patient participation group (PPG) which was very positive about the practice's leadership and culture.

# Summary of findings

## The six population groups and what we found

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

### Older people

Good

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice provided positive, personalised care to meet the needs of the older people in its population including those living in a local care home. It was responsive to the needs of the high numbers of older people in its patient population and understood the needs of people living with dementia.

Care home staff told us patients registered with the practice were positive about the practice. They told us the practice always responded to requests for advice or visits on the same day in addition to weekly visits to the home. The practice had systems to alert staff to patients with significant health and care needs and those at the end of their life. The GPs provided out of hours contact information to district nurses and out of hours services needing advice regarding patients nearing the end of life.

### People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in supporting patients with long term conditions and longer appointments. The nurses and the GPs visited patients at home if their health or mobility meant they were unable to visit the practice. All patients at the practice had a named GP and those at the end of life had a second named GP. The practice arranged annual health and medicines reviews and booked one appointment for patients with more than one condition to avoid repeat visits to the practice. The practice worked in partnership with relevant health and care professionals to deliver a coordinated care for those people with the most complex needs.

### Families, children and young people

Good

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in circumstances which might place them at risk. Local midwives and health visitors used a room at the practice for their clinics so pregnant women and families with babies and young children could access all their healthcare in one place. The GPs met with health visitors each week and the lead partner for child health held a weekly joint clinic with them so any concerns about the welfare of children could be identified and discussed without delay. Childhood immunisation rates were similar to or higher than the local CCG percentage with 100% of eligible children immunised for

# Summary of findings

five of the standard childhood vaccinations. Appointments were available outside of school hours. The practice was alert to the needs of young people and took steps to reduce the anxieties they might have about visiting the practice.

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

Good

The practice is rated as good for the care of working-age people (including those recently retired and students). The practice offered some services at the practice to reduce the need for patients to be referred to secondary services further from home. Appointments were available from8.40am to 11am every morning and 3pm to 5.30pm each day. The practice had provided extended hours in the past but discontinued these due to infrequent use by patients. We learned that the GPs stayed at the end of the day to make sure all patients needing to be seen on the same day received an appointment.Patients could book an appointment on the day they wanted to be seen or up to four weeks in advance.

**People whose circumstances may make them vulnerable**

Good

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those with a learning disability. Information packs were available for patients with learning disabilities and the practice provided care plans and completed reviews for all their patients with learning disabilities during 2014/15.

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)**

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The manager of the local care home confirmed that the practice responded positively to the care needs of patients living with dementia, reviewed their medicines regularly (particularly those for the behavioural difficulties dementia can cause), and made referrals to specialist services where this was needed. The practice carried out annual reviews for all their patients with a diagnosis of dementia. The GPs and nurses understood the importance of considering

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patients ability to consent to care and treatment and dealt with this in accordance with the requirements of the Mental Capacity Act 2005. The practice provided a room for a specialist in older adult mental health to see patients at the practice every month.

The practice had completed care plans for a high proportion of its patients experiencing poor mental health (94.74% compared with the national average of 86.04%) and was proactive in monitoring their smoking and alcohol status in addition to their general health. The practice gave patients information about various support groups and voluntary organisations.

# Summary of findings

## What people who use the service say

We gathered the views of patients from the practice by looking at 74 Care Quality Commission (CQC) comment cards completed by patients. During the inspection we spoke with two representatives from the patient participation group (PPG), a group of patients registered with a practice who worked with the practice team to improve services and the quality of care. We also looked at the January 2015 national GP patient survey results.

Examples of the practice's results from showed that –

- 94.9% of patients would recommend the practice to someone new to the area compared with the CCG average of 83.3% and the national average of 78%
- 95.8% find the receptionists at this surgery helpful compared with the CCG average of 88.7% and the national average of 86.9%.
- 94.1% patients said the last appointment they got was convenient compared with the CCG average of 93.6% and national average of 91.8%.
- 76.8% patients said they usually waited 15 minutes or less after their appointment time compared with the CCG average of 65.1% and national average of 65.2%.

The comments from patients in the 74 comment cards were almost all positive about the standard of the service provided by the practice. Many patients had taken the time to write lengthy information providing examples of the care and treatment they had experienced. The common theme running throughout was that the practice team were caring, respectful and attentive. Patients described being listened to, feeling valued, and being well supported - some through extremely challenging and life changing circumstances. There were critical comments in six of the cards. These concerned telephone access, space, and the business of the practice but were all written in the context of overall satisfaction with the service.

## Areas for improvement

**Action the service SHOULD take to improve**

- Confirm the arrangements for a nurse to be the lead for infection prevention and control (IPC) and ensure IPC audits are completed in line with national guidance.
- Strengthen the clinical leadership arrangements for the practice nursing and healthcare team to support effective management and team work.
- Strengthen the practice's systems for clinical audit to include repeated audit cycles to monitor the impact of any changes or improvements made.

# Barn Close Surgery

**Detailed findings**

## Our inspection team

**Our inspection team was led by:**

Our inspection team was led by a Care Quality Commission (CQC) Lead Inspector. The team included a GP specialist advisor and a practice nurse specialist advisor.

## Background to Barn Close Surgery

Barn Close Surgery is in Broadway, a village in Worcestershire. The practice has a rural catchment area with low levels of deprivation. It has around 7,360 patients who live mainly in Broadway and the surrounding rural areas. The practice provides primary medical care to people living in one care home. The practice has limited car parking and so patients also park in the village. The current practice building is a historic timber framed house in the village centre which has housed the practice since 1983. The partners recognise the significant limitations of the building due to limited ground floor provision for patients. They are actively working to obtain the required planning permissions and NHS infrastructure finance for new purpose built premises.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are from 8.40am to 11am every morning and 3pm to 5.30pm each day. The practice does not open on Saturdays.

The practice has two male and one female GP partners and a female salaried GP, an advanced nurse practitioner, three practice nurses and two phlebotomists (staff trained to take blood). The clinical team are supported by a practice manager and an established team of administrative staff and receptionists. The practice is a dispensing practice and employs a team of dispensary staff. The practice places importance on working closely with other health professionals. Community nurses, midwives, a health visitor, palliative care nurse and a mental health worker were all based at the practice on one or more days every week.

The practice provides a range of minor surgical procedures and is a dispensing practice.

The practice has a patient participation group (PPG), a group of patients registered with a practice who work with the practice team to improve services and the quality of care.

The practice has a General Medical Services (GMS) contract with NHS England.

Barn Close Surgery is a teaching practice offering placements to final year medical students.

The practice does not provide out of hours services. Information for general out of hours cover was provided for patients. This service is provided by the Worcestershire GP Out of Hours Service operated by Care UK a national organisation. The service is accessed by using the NHS 111 out of hours number.

## Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider

# Detailed findings

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

Please note that references to the Quality and Outcomes Framework data in this report relate to the most recent information available to CQC at the time of the inspection.

## How we carried out this inspection

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

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

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups are:

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

Before the inspection, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 19 May 2015. During our inspection we spoke with a range of staff including GPs, practice nurses, the practice manager and members of the dispensary, reception and administration teams.

During the inspection we spoke with two representatives from the patient participation group (PPG), a group of patients registered with a practice who worked with the practice team to improve services and the quality of care. We reviewed 74 CQC comment cards completed by patients and carers to provide information about their views and experiences of the service.

Good

# Are services safe?

## Our findings

### Safe track record and learning

The practice had systems for reporting and recording significant events which had been established for 14 years demonstrating a long standing commitment to safety. Staff were aware of the practice procedures and where they would find the information they needed. They understood the importance of reporting and recording incidents and knew how to do this. We saw evidence that the practice informed patients if a significant event or safety alert affected them. Complaints were recorded as significant events and staff we spoke with told us that that these were discussed in significant events meetings.

The practice monitored safety using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. The practice had a system for recording all national patient safety alerts received through the Central Alerting System (CAS).This ensured staff were aware of and could act on known safety concerns. The practice used the National Reporting and Learning System (NRLS) to report patient safety incidents.

We saw examples of action the practice had taken in response to significant events and safety alerts. For example, in two cases where alerts were received about the safety of medicines we saw the practice had identified and contacted affected patients. Another example involved the vaccine fridge temperature being too high. Following this the practice completed a full review of procedures and records for the safe keeping of vaccines.

Staff described how the practice tailored responses to significant events based on the level of risk. For example, for urgent or serious situations the computer instant messaging system could be used to inform all staff immediately, or a staff meeting might be called at the earliest opportunity. The practice reviewed the themes and actions from the previous year at an annual meeting where each group of staff looked at those relevant to them and then shared the outcome of discussions with the whole team. We highlighted to the practice that some staff we spoke with were less aware of learning from safety incidents than others.

### Overview of safety systems and processes

The practice took its responsibilities to provide patients with a safe service seriously. They had appropriate systems and processes to support staff to deliver this.

The practice had processes to safeguard adults and children from abuse. These reflected relevant legislation and local requirements, for example the practice computer system included a direct link to Worcestershire County Council's safeguarding procedures. Safeguarding information, including relevant contact details were readily available for all staff. One of the GPs was the lead for safeguarding and staff knew who this was. The GPs met with health visitors each week and the lead partner for child health held a weekly joint clinic with them so any concerns about the welfare of children could be identified and discussed without delay. Staff understood their responsibilities and had completed training about safeguarding arrangements relevant to their role.

Information was available in the practice to inform patients that chaperones were available if desired or needed. Staff told us they routinely asked women if they wanted a chaperone for intimate examinations when they booked an appointment. All staff who acted as chaperones were trained for the role and had received a disclosure and barring service (DBS) check. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

The practice had procedures for monitoring and managing risks to patient and staff safety including well organised records for monitoring maintenance and servicing. There was a health and safety policy, an up to date fire risk assessment and evidence of regular maintenance including testing of all fire safety systems by a specialist company. The practice had a comprehensive health and safety risk assessment covering the whole building. This showed that the practice identified risks and took action when necessary.

Portable electrical appliances were tested every year by an electrical contractor. Clinical equipment was maintained and calibrated to make sure it worked correctly. The practice told us they had decided not to use mercury blood pressure monitors and so did not have a mercury spillage kit. During the inspection it emerged that one was still in use. They confirmed this would be taken out of use straight away and disposed of appropriately.

Good

# Are services safe?

The practice did not have a structured legionella risk assessment although they had identified actions to reduce the risk of legionella (bacteria which can contaminate water and air conditioning systems). This included replacement of a hot water tank scheduled to be carried out on 6 June 2015 and regular servicing of the air conditioning system. The practice told us that arrangements were already in hand for a formal risk assessment to be completed. This was scheduled to be done on 10 June 2015.

The practice premises and equipment were visibly clean and tidy. We saw clinical equipment cleaning schedules in each treatment room. A number of patients who completed CQC comment cards specifically referred to the good standard of cleanliness and hygiene at the practice. Specific measures were in place for elements of infection prevention and control such as staff immunisations, spillages and changing of privacy curtains. The practice had not had a lead nurse for infection prevention and control (IPC) since August 2014. Annual infection control audits had not been carried out. The practice were about to re-structure the practice nursing team and delegate this role to one of the nurses. The practice acknowledged this was an area the new IPC lead nurse would need to address.

The practice was a dispensing practice and had protocols and procedures to help them manage medicines, including emergency medicines and vaccines safely. The practice took part in the Dispensing Services Quality Scheme (DSQS) to help ensure processes were suitable and the quality of the service was maintained. The practice provided information that during 2014/15 they had reviewed 97% of patients taking four or more medicines. The practice also provided information to show they had completed medicines reviews for between 87 and 100% of patients with long term conditions. The manager of the local care home confirmed that the practice completed medicines reviews for patients at least annually and more often for specific medicines. We saw that there were clear processes for ensuring prescriptions were issued in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. The practice operated a remote collection service for patients using two businesses in the surrounding rural area as collection points for patients. The practice had written protocols and agreements to ensure security, safety and patient confidentiality at both collection sites.

The practice carried out recruitment checks in line with legal requirements and good practice. This included proof of identity, evidence of conduct in previous health and care related roles (where required by legislation), information about qualifications, registration with the appropriate professional body and DBS checks. The practice obtained DBS checks for all staff except those who were never left alone with patients. We noted that this was not included in the recruitment policy. The practice used three regular locum GPs and had evidence that they confirmed that the locum agency had completed the expected recruitment checks.

The practice had arrangements for planning and monitoring the number and mix of staff needed to meet patients' needs. A new salaried GP had recently started at the practice and another was due to start in August 2015. The practice planned ahead to ensure that cover was arranged for annual leave and other planned absences. Staff described working co-operatively to provide cover for each other as far as possible.

### Arrangements to deal with emergencies and major incidents

Staff completed annual basic life support training and had emergency medicines and a first aid kit available. The practice had a defibrillator and oxygen with adult and children's masks and staff were trained to use these. Emergency medicines and equipment were easily accessible to staff in a secure area of the practice and staff knew where they were. All the medicines we checked were in date. The practice computer system included an instant messaging system which staff could use to alert the rest of the team about any emergency.

The practice had a business continuity plan covering a range of situations and emergencies that may affect the daily operation of the practice. The plan was available to all staff. Three key members of the practice team held copies off site.

Good

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems, including clinical governance meetings, to ensure this information was shared with all clinical staff so they were kept up to date. Staff we spoke with gave us examples of changes to their practice based on national guidance. However, we noted that the practice did not have a system for recording that this guidance had been circulated and discussed.

The practice had fewer patient accident and emergency attendances, emergency inpatients and secondary care referrals than the national average. Data showed an emergency admissions figure of 7.6% of the number of patients registered compared with the national figure of 9.1% and accident and emergency attendance figures of 23.7% compared with 33.1%. Admissions for a group of 19 specified conditions were also lower (11.1% compared with 14.4%). Some condition specific admission rates were also lower than the national average including for asthma, chronic obstructive pulmonary disease (COPD) and diabetes.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. The practice's QOF results for 2013/14 showed that the practice had achieved 97.8% of the available points. This was 1.1% above the CCG average and 4.3% above the national average. We noted that –

- Performance for four out of six diabetes related indicators was between 1% and 11.63% percentage points above the national average. For the other two indicators, one was the same as the national average and one was less than one percent lower.
- Performance for appropriate treatment of patients who had had fragility fractures with a bone sparing agent was above the national average (practice 100%; national 81.29%).
- Performance for treating patients who had atrial fibrillation with appropriate medicines was above the national average (practice 100%; national 98.33%)
- Performance for treating patients with high blood pressure was above the national average (practice 88.63%; national 83.13%).
- Performance for annual reviews of patients with a diagnosis of dementia was above the national average (practice 100%; national 83.82%)
- Performance for providing patients experiencing poor mental health with an agreed care plan was above the national average (practice 94.74%; national 86.04%)

The practice's prescribing of a specific group of antibiotics which should not be over prescribed was lower than the national average during the period 1 January 2014 to 31 December 2014 (3.84% compared with 5.33%). Prescribing of certain non-steroidal anti-inflammatory medicines which should be prescribed with caution was also lower than the national average during the same period (57.23% compared with 75.13%).

The practice carried out blood monitoring for patients taking medicines to reduce the risk of blood clotting. Patients could have this treatment commenced and monitored at the practice rather than needing to travel to hospital for these. The practice worked in partnership with district nurses for patients who needed to have this done at home. The practice also provided electrocardiograms (ECGs) and 24 hour blood pressure monitoring.

Designated time was allocated to summarising of new patient records. To help ensure this was done promptly and accurately this was undertaken by a specific member of staff who was previously a practice nurse or by one of the partners.

The practice used care plans and annual reviews to monitor the care of patients with specific health needs. The practice provided information to show that in 2014/15 2.5% of the practice population had a care plan and that the practice had reviewed between 87% and 100% of patients recognised as having specific risk factors. The practice explained that they reviewed patients with chest related

conditions during the summer so it was less likely a secondary condition such as a chest infection would affect their results or prevent them from keeping their appointment.

A practice nurse had created information packs for patients with learning disabilities and we saw an example of a comprehensive and person centred care plan. The practice provided information confirming that they had completed reviews for all their patients with learning disabilities during 2014/15.

Clinical audits are a process by which practices can demonstrate ongoing quality improvement and effective care. The practice showed us examples of a number of clinical audit cycles including two for cancer referrals and the management of diabetes which were part of wider audit and information gathering work in the NHS. GPs we spoke with talked to us about some of the clinical audits they had carried out. These included audits relating to referral rates for women's health procedures and for specialist scans which had established that the GPs had made appropriate referrals. The practice did not provide us with examples of completed audit cycles to show they had re-visited aspects of care and treatment and reviewed the impact of any changes or improvements after a first audit cycle.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment and were encouraged and supported by the practice to complete training relevant to their roles. Training was available through e-learning and in house or external training sessions and the practice manager had a system for monitoring when mandatory training was due for each member of the practice team. We saw evidence that the training completed by staff included safeguarding, chaperoning, information governance and confidentiality, basic life support and fire safety. Staff had also completed training about customer care, bullying and conflict resolution.

The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as fire safety, health and safety, confidentiality and the practice's policies and procedures. One of the GPs was the mentor for the advanced nurse practitioner and had initially provided support through weekly meetings. This GP was also responsible for the appraisals of all the practice nurses. We talked with a GP who had recently started at the practice. They said they had been well supported but we identified that their induction process had been limited. The practice had another GP joining them in August and said they would develop a more comprehensive induction in preparation for them starting.

The GPs took part in required annual external appraisals and had been revalidated. Every GP is appraised annually and every five years undertakes a fuller assessment called revalidation. Only when revalidation has been confirmed by General Medical Council (GMC) can the GP continue to practice and remain on the performers list with the NHS England. Other staff also received annual appraisals and had training needs assessments to identify learning needs. The GPs' appraisals included 360 degree feedback. This meant that the GPs received individual feedback from a sample of practice staff and patients about their performance to contribute to their appraisal. The practice hoped to extend this to other staff in the future.

### Coordinating patient care and information sharing

The information staff needed to plan and deliver care and treatment was available to them through the practice's patient record system and the practice computer system. This included all essential information about individual patients' care and treatment including test results and alerts to highlight patients with specific needs. Staff described to us the GPs' 'buddy' system used to make sure that important information such as test results was checked when any of them was away. The practice had systems for sharing information about patent care with the out of hours GP service and the ambulance service.

We identified that the practice did not have a structured process for making sure patients fully understood changes to their medicines whilst in hospital. They acknowledged this and they said they would address it.

The GPs and nurses talked to us about the importance of good teamwork with other health professionals to ensure patients' needs were identified and met. We saw evidence that the GPs took part in weekly meetings with local community teams, health visitors and specialist palliative care staff.

The practice took its responsibilities regarding protecting personal information seriously and staff completed training in this so they understood their responsibilities.

Good

# Are services effective?

(for example, treatment is effective)

## Consent to care and treatment

The GPs and nurses we spoke with understood the importance of gaining informed consent and the legal framework for this including the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves. The manager of a local care home confirmed that the GPs and nurses worked in accordance with the MCA. They told us they worked in partnership with care home staff, families and other professionals in respect of 'do not attempt resuscitation' decisions, best interest decisions and deprivation of liberty authorisations.

The GPs and nurses understood the need to consider Gillick competence when providing care and treatment to young people under 16. The Gillick test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

We saw evidence of consent recorded in patients' notes and that consent forms were available for the clinicians to use.

## Health promotion and prevention

The practice was aware of patients in need of extra support. These included patients at the end of life, carers and those with, or at risk of developing a long-term condition. The practice also had information about the numbers of patients experiencing poor mental health or dementia, those with learning disabilities and patients with drug or alcohol related needs. The practice provided these patients with guidance about diet, smoking and alcohol cessation as part of reviewing their overall health needs. For example, they had checked the alcohol consumption of 95.46% of patients experiencing poor mental health. During 2014/15 the practice had given advice to 90% of patients who smoked to help them stop. Out of 49 patients seen, 28 had stopped smoking.

Based on the 2013/14 QOF information the practice's uptake for the cervical screening programme was 90.45%, compared with the national average of 81.88%. The practice showed us they had maintained high screening levels the following year when they had completed 87%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates were similar to or higher than the local CCG percentage with 100% take up for five of these. The practice encouraged patients to have annual flu vaccinations and national data showed that the 67.31% of eligible patients over 65 years had received this compared with the national average of 73.24%. The practice showed us that this increased to 69% the following year. Vaccination rates for patients at particular risk from flu were in line with the national average. The PPG told us the practice worked hard to encourage patients to have flu vaccinations. During the previous flu vaccination season they had booked the village hall all day and all the GPs and most nurses had been involved. They had completed 1,400 vaccinations. The practice's dispensary staff had provided refreshments for this to fund raise in aid of a local youth club.

The practice provided a range of health checks. These included new patient health checks, cervical screening and breast cancer screening. We saw that the GPs and nurses recorded these and noted individual health issues as well as general checks such as weight, smoking status and alcohol consumption. The practice also provided chlamydia screening and was alert to the needs and anxieties of young people. Reception staff received training to help them respond sensitively and discreetly to young people requesting appointments. The practice had information available about an organisation providing support and guidance to young people.

The practice provided travel vaccinations and had been a yellow fever vaccination centre since 1990.

Good

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

During the inspection we observed that members of staff were polite and attentive towards patients. The members of the patient participation group (PPG) we met told us the practice had a positive culture and spoke highly of the helpfulness and caring approach of the practice team. They provided a positive view of the care and treatment provided to patients and to them as individuals. They told us that patients recently demonstrated their high regard for the care provided by the practice when one of the partners retired recently. The PPG organised an event which 90 patients attended and lined up to wish the GP well.

The practice provided curtains around treatment couches so that patients' privacy and dignity was maintained during examinations. We saw that staff closed the doors to consultation and treatment room during consultations and that conversation in these rooms could not be overheard. Reception staff explained that when patients wanted to discuss sensitive issues they could offer them a private room to discuss their needs. However the practice highlighted to us that this was restricted due to the availability of ground floor space for patients unable to use stairs.

All 74 CQC comment cards completed by patients contained complimentary information about the practice. Many patients had taken the time to write lengthy information providing examples of the positive care and treatment they had experienced. The common theme running throughout was that the practice team were caring, respectful and attentive. Patients described being listened to, valued, and supported. There were critical comments in six of the cards. These concerned telephone access, space, and the business of the practice but were all written in the context of overall satisfaction with the service.

Results from the national GP patient survey in January 2015 showed patients were happy with how staff at the practice treated them. The practice had mostly above average scores for satisfaction with consultations with doctors and nurses and other aspects of the service. For example:

- 98.3% said the GP was good at listening to them compared with the CCG average of 90.2% and national average of 87.2%.
- 97.8% said the GP gave them enough time compared with the CCG average of 88.2% and national average of 85.3%.
- 100% said they had confidence and trust in the last GP they saw compared with the CCG average of 93.8% and national average of 92.2%
- 95.8% said they found the receptionists at the practice helpful compared with the CCG average of 88.7% and national average of 86.9%.

The practice's own survey conducted from December 2014 to January 2015 showed similar results.

We identified one issue during the inspection regarding test results being given to a patient by one of the non-clinical staff. This involved a situation where the patient would need treatment and could have caused the patient anxiety. The practice acknowledged that any test result of this type should be communicated to patients by their GP.

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

Information from patients confirmed that they felt listened to by the GPs and nurses. Several wrote specifically about this in comment cards confirming that they felt involved in decision making about the care and treatment they received.

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. Most of the practice's results in this respect were in line with or better than local and national averages. For example:

- 89.4% said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 86.3% and national average of 82%.
- 89% said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 77.9% and national average of 74.6%

Staff had access to translation and interpreting services if patients needed this to help them explain their health concerns or to understand the information their GP or nurse was giving to them.

Good

# Are services caring?

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

In some of the CQC comment cards patients described how their GP and other members of the practice team had supported them and cared for them or a family member through extremely challenging and life changing circumstances. These had included critical illness and bereavement.

Notices in the patient waiting room told patients how to access a number of support groups and organisations. The practice website also provided contact details for national and local organisations providing help, support and guidance.

The practice team used the computer system to record if a patient was also a carer so that staff were aware of this. The practice website had a section dedicated to information and guidance for carers which included links to more in depth information provided by Carers Direct, a national organisation and Carers Action Worcestershire. The practice signposted carers to these organisations and kept a register of patients who were carers so the practice team could respond to their needs appropriately. The PPG was keen to develop additional support for carers locally and the practice had put them in touch with other organisations for discussions.

Staff told us that if families had experienced a bereavement, their usual GP telephoned them and often visited to offer support and information about sources of help and advice.

Good

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice took part in regular meetings with NHS England and worked with the local CCG to plan services and to improve outcomes for patients in the area. Current plans included setting up a group for patients with diabetes in line with an initiative by Worcestershire County Council and the CCG to improve diabetes management in the county. The practice was also involved in an initiative to improve mental wellbeing in the county and was working with its patient participation group (PPG) to distribute a questionnaire to patients as part of this. A PPG is a group of patients registered with a practice who worked with the practice team to improve services and the quality of care. A number of patients who completed CQC comment cards and the PPG members we met gave us examples of GPs responding rapidly when a patient needed prompt treatment.

The practice was the only GP practice in the immediate area and recognised the importance of planning and delivering services which met local needs. For example -

- There were male and female GPs to give patients a choice about the gender of the GP they saw.
- The practice provided contact details at weekends for district nurses who needed to speak with a GP about patients needing care at the end of life. The GPs also made themselves available for consultations from the out of hours service about those patients.
- There were longer appointments available for patients with specific needs such as certain long term conditions, learning disabilities and hearing loss.
- The practice saw patients with mobility difficulties and those with difficulty breathing in the ground floor rooms.
- The practice provided in house electrocardiograms (ECGs), 24 hour blood pressure monitoring and also specific tests for heart failure and blood clots so patients with heart related conditions could have their tests completed closer to home.
- The GPs and nurses made home visits to patients whose health or mobility prevented them from going to the practice for appointments.
- A GP visited the local care home every week to maintain oversight of patient care and build relationships with patients and staff. The GPs and nurses also visited as and when this was necessary.
- The practice provided a room for a specialist in older adult mental health to see patients at the practice every month.
- There were facilities for people with disabilities and a hearing loop to assist patients who used hearing aids.
- Staff had access to translation and interpreter services if a patient needed these.
- The practice catered for high numbers of temporary patients because Broadway is a tourist destination. During 2014/15 the practice treated 381 temporary patients, 289 of whom were registered for more than 15 days.
- The practice was working to obtain finance and permissions for a new practice building to meet the current needs of the population and future increased demand.
- The practice had arranged collection points in the surrounding rural areas for patients to collect their medicines. This was supported by appropriate protocols and agreements to ensure security, safety and patient confidentiality.
- The practice and PPG were trying to broaden the membership of the PPG to increase representation by families with young children and younger people.
- Staff completed e-learning about equality and diversity to assist them to understand the varied needs that patients might have.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.40am to 11am every morning and 3pm to 5.30pm each day. The practice did not open on Saturdays and no early morning or evening appointments were available. The practice told us they had provided these in the past but stopped them due to lack of demand.

Patients could book an appointment on the day they wanted to be seen or up to four weeks in advance. The GPs were committed to returning telephone calls to patients on the same day. Members of the PPG highlighted to us that the GPs stayed at the end of the day to make sure all patients needing to be seen on the same day received an appointment.

Good

# Are services responsive to people's needs?

## (for example, to feedback?)

Results from the January 2015 national GP patient survey showed that patients' satisfaction with how they could access care and treatment was better than local and national averages. For example:

- 94.1% patients said the last appointment they got was convenient compared with the CCG average of 93.6% and national average of 91.8%.
- 76.8% patients said they usually waited 15 minutes or less after their appointment time compared with the CCG average of 65.1% and national average of 65.2%.
- 74.5% said they did not normally have to wait too long to be seen compared with the CCG average of 59.5% and the national average of 57.8%

The results of a survey conducted by the practice from December 2014 to February 2015 highlighted concerns from some patients about telephone access. The practice had taken steps to improve this. They introduced a queuing system and increased the number of staff answering the telephones. The survey covered a period from before to just after the new system began and some patients had indicated that they were not happy with it. The practice and PPG continued to review this.

### Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns including a complaints policy which reflected recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

Brief information about who to speak to about concerns or complaints was available on the website and there was more detailed information at the practice. The staff we spoke with were aware of the importance of acting on any concerns raised by patients.

We looked at three complaints received in the last 12 months and found these were dealt with promptly. We noted a letter of apology from a GP to a patient was an example of an open, friendly and genuinely apologetic response to that patient's concerns.

We saw that when a problem in the practice's processes was highlighted by a concern or complaint the practice recognised this and took action to improve. The practice included a summary of learning from complaints in the staff newsletter.

# Are services well-led?

Good

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

## Our findings

### Vision and strategy

The practice vision and values involved providing modern medical care in a traditional personalised way. The partners recognised the importance of strategic planning and the role of the practice in meeting the needs of the practice population into the future. All of the practice staff we met were enthusiastic about the future and committed to supporting the partners in developing the practice.

The partners had identified that the practice premises no longer had the capacity to meet demand and was not suitable for an ageing population or patients with reduced mobility due to the limited ground floor space. The practice had also needed to reduce some of its in house services such as physiotherapy and specific eye tests for patients with diabetes to accommodate additional GPs. They told us that when a new GP started in August 2015 they would need to have an arrangement to share consultation rooms because they did not have enough rooms for one each. The practice had previously had a planning application for new premises turned down. An alternative site had now been identified and they were in the process of confirming planning permissions and were hoping to be successful in a bid for NHS infrastructure funding.

### Governance arrangements

The practice had a framework to support the management and delivery of the service. This included:

- A clear staffing structure with named staff responsible for designated areas of management and practice.
- Practice specific policies which were available to all staff.
- Structured processes to monitor safety including the maintenance of equipment.
- Engagement with the local Clinical Commissioning Group (CCG) 'Improving Quality and Supporting Practices' initiative.
- Engagement with the CCG training and discussions about care and treatment pathways.
- Involvement in internal and external audit, including clinical audits to monitor quality and identify areas for improvement.

### Leadership, openness and transparency

The partners had the experience and ability to run the practice and provide high quality care. They viewed effective communication as an essential feature of the success of the practice. Practice staff confirmed that there was an open atmosphere where everyone felt able to discuss any issues that arose. The practice nurse team was experienced and took lead roles in areas where they had specific areas of knowledge and skills. They did not have clearly defined management arrangements to support them to work effectively as a team and ensure they received suitable clinical supervision and appraisal. The practice acknowledged this as an area for development.

The practice held a wide range of daily, weekly, monthly and quarterly meetings. Most of these were structured and minuted while others were less formal and were used to foster good communication. Some of the meetings were for practice staff only while others included other health professionals. The areas covered during meetings included clinical governance and audit, safety, education, multi-disciplinary information sharing and nursing and dispensary issues. The practice also took part in local CCG meetings. The GPs and practice manager had an annual 'away day' when they arranged a locum GP so they could take time away from the practice for strategic planning. Staff we spoke with confirmed their involvement in meetings and gave us examples of topics discussed including complaints, significant events and clinical topics.

The GPs valued the contribution to the practice of the practice manager who they recognised had a detailed understanding of the practice and provided continuity of leadership. Staff were very positive about working at the practice. They told us the partners were very approachable and open and that the practice as a whole was caring and supportive.

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

The practice encouraged and valued feedback from patients. It had an active patient participation group (PPG), a group of patients registered with a practice who worked with the practice team to improve services and the quality of care. We saw that the PPG had a noticeboard at the practice and information on the practice website to keep patients informed about the work it did.

Between December 2014 and February 2015 the practice had carried out internal patient surveys with assistance

# Are services well-led?

Good

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

from the PPG. The results of this and previous survey information was published on the practice website and included negative as well as positive comments. The PPG met regularly and the representatives we met during the inspection were very positive about the working relationship with the practice.

We noted that the results of the survey conducted by the practice based on responses from 340 patients broadly reflected the national GP survey results and the comments patients made in the 74 CQC comment cards we received. The main areas which drew negative remarks from patients related to the telephone system, the limited on-site car parking and the limitations of the building. All of these were fully accepted by the practice and changes had already been made to the telephone system. It was evident that a small number of patients did not like the new system any more than the previous one but the practice continued to monitor this with a view to continuing to make any necessary improvements. The PPG told us they were monitoring the new system with random checks and results so far indicated that it was easier to get through than it had been in the past.

Staff told us they were able to express their views about the running of the practice because the partners and practice manager were approachable and open to suggestions. The GPs were involved in an appraisal project co-ordinated externally which included 360 degree feedback. This meant that the GPs received individual feedback from a sample of practice staff and patients about their performance. The practice had found this very constructive and planned to extend this to the practice manager and nurses and potentially to the whole team.

### Innovation

The practice told us they were receptive to change and innovation and looked forward to the possibilities that developing new purpose built premises would offer. Their aspiration was that this building would be a multi-disciplinary community centre and not just a GP practice.

In the past they had been early adopters of information technology and had provided a range of in house services for many years. These included electrocardiograms (ECGs), 24 hour blood pressure monitoring, blood tests for patients taking blood thinning medicines and others aimed at providing services closer to home for patients in their rural community. They had previously used tablet computers for home visits but had lost the ability to do so when their NHS computer system changed. They were waiting for results of a pilot project by another practice and were keen to adopt this technology again in the future.

The practice were engaged with the PPG in projects aimed at improving patient care. These included research into patient wellbeing and establishing a specific group for patients with diabetes.

Barn Close Surgery was a teaching practice offering four placements a year to final year medical students. They had received positive feedback from students about their experiences at the practice. We saw the feedback from one student who had given the top score to their overall placement experience. They specifically commented on the opportunities to be involved with strategic planning and CCG meetings to help them understand the operation of a GP practice. They also commented on the professionalism and support of the practice team. The practice wanted to increase capacity for the number of students they could have in the future when they moved to improved premises but were unable to do so in the current building due to lack of space.