

Dr Steven Nimmo

Quality Report

Barton Surgery
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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 effective?

Good



Are services caring?

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 focused inspection at Dr Steven Nimmo (Barton Surgery) on 10 October 2017. Overall the practice is rated as good.

We carried out an announced comprehensive inspection at Barton Surgery on 8 December 2015. At this inspection the overall rating for the practice was requires improvement. The domains of effective, caring and well led were rated as requires improvement. The domains of safe and responsive were rated as good.

We then carried out an announced focused follow up inspection on 6 September 2016. This was to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations from the previous inspection in December 2015. We focused on the three domains which had been found to require improvement; effective, caring and well led. At that inspection the overall rating for the practice was good. The three domains of effective, caring and well led were rated as good.

We carried out this inspection on 10 October 2017 as an announced focused follow up inspection to establish whether changes seen in 2016 were embedded within the practice. This report covers our findings and any additional improvements made since our last inspection.

The reports on these inspections can be found by selecting the 'all reports' link for Dr Steven Nimmo (Barton Surgery) on our website at www.cqc.org.uk.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with 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.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

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 effective?

At our initial inspection on 8 December 2015 we rated the practice as requires improvement for providing effective services. During our inspection on 6 September 2016 found that significant improvements had been made and we rated this domain as good. These improvements included;

- Clinical audits had been undertaken which demonstrated quality improvement. The practice told us these were in the process of becoming complete two cycle audits.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. The practice now had an overview of training which specified what training staff had received or required.
- Systems were in place to obtain consent for treatment including joint injections and minor surgery and to record this in patient records in line with current guidance.

During our inspection of 10 October 2017 we found that the practice had continued to sustain these improvements. We found that;

- Clinical audit was embedded practice and used to improve patient care. We found evidence that three complete cycle clinical audits had been completed since our previous inspection.
- Staff had received training appropriate to their role. The practice had further improved training records and the oversight of training.
- New protocols had been implemented in line with national guidance on obtaining patient consent prior to care or treatment. The new process covered relevant areas such as minor surgery, joint injections, childhood immunisations, adult injections and vaccinations. We saw evidence of signed consent forms.
- The practice had introduced improvements in the recording of appraisals which enhanced the management of the process. All staff had received an annual appraisal in the last 12 months.
- The percentage of patients diagnosed with dementia whose care plan had been reviewed in a face-to-face review in the preceding 12 months was 100%, which was higher than the clinical commissioning group average of 87% and the national average of 84%.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was within a safe range was 88%, which was higher than the clinical commissioning group average of 84% and the national average of 83%.

Good



Are services caring?

At our initial inspection on 8 December 2015 we rated the practice as requires improvement for providing caring services. During our inspection on 6 September 2016 found that significant improvements had been made, and we rated this domain as good. These improvements included;

- The practice had improved their provision of caring services through an analysis of the GP Patient Survey results from July 2015 to July 2016 and the identification of required improvements. Survey results were now in line with CCG and national averages. For example, 89% of respondents said that they found the receptionists helpful which was higher than the national average of 87%.
- The practice had sought feedback from patients since the previous inspection in December 2015. The survey findings had been positive.

Good



Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

During our inspection of 10 October 2017 we found that the practice had continued to sustain improvements by acting on patient feedback. We found that;

- The practice had continued to audit and analyse patient feedback including the NHS Friends and family survey, the GP Patient national survey and local feedback captured in a comments book at the practice.
- We received seven CQC comment cards during our inspection. All of these contained positive comments from patients. Patients had commented on the friendliness of the staff and of how the GPs had helped them on an individual basis.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- During the July 2017 national GP Patient survey, 221 surveys had been sent out, of which 113 had been completed. This was about 4% of the patient list. Feedback was comparable with local clinical commissioning group (CCG) and national averages. For example,
- 93% of respondents stated that they had confidence and trust in the GP they saw or spoke to. This was comparable with the CCG average of 94% and the national average of 92%.

Are services well-led?

At our initial inspection on 8 December 2015 we rated the practice as requires improvement for providing well led services. During our inspection on 6 September 2016 found that significant improvements had been made and we rated this domain as good. These improvements included;

- The practice had improved their service through the introduction of a structured approach to the reporting of and recording of significant events and complaints, with regular meetings including shared learning to address these.
- Risks to patients were assessed and well managed. For example, Emergency equipment was in place, was easily accessible and was checked on a regular basis.
- Staff were aware of the leadership structure and of their roles and responsibilities.
- The practice had introduced a number of policies and procedures and were in the continual process of ensuring these were embedded in practice.
- There was a governance framework which supported the delivery of the strategy and good quality care.
- The practice had systems in place for knowing about notifiable safety incidents. The practice proactively sought feedback from patients, which it acted on, although to date this feedback had not been in relation to care and treatment.

During our inspection of 10 October 2017 we found the practice had continued to sustain these improvements. We found that;

- The practice had successfully recruited volunteers for its patient participation group, and had attracted six new members. Records showed the PPG provided feedback to the practice. The PPG worked with other local healthcare providers to signpost patients to relevant local services, such as hearing tests.
- A patient feedback and suggestion book in the waiting room showed that patients had commented on the politeness and kindness of the receptionists, nurses and GPs.

Good



Summary of findings

- The practice maintained an overview of all its policies and procedures, showing the publishing date, date of the latest review and date of the future planned review.

Dr Steven Nimmo

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.
The team included a GP specialist adviser.

Background to Dr Steven Nimmo

Dr Steven Nimmo, known as Barton Surgery is in the town of Plymstock, Plymouth, Devon PL9 9BR. The practice provides a primary medical service to approximately 2,900 patients of a diverse age group.

The deprivation decile rating for this area is five (with one being the most deprived and 10 being the least deprived). The practice provides a primary medical service to approximately 2,900 patients of a diverse age group. The 2011 census data showed that majority of the local population identified themselves as being White British.

This is a single handed practice. (A practice with one GP who has managerial and financial responsibility for running the business.) The GP is supported by one salaried GP. The two GPs (both male) cover a total of 14 GP sessions. The GPs are supported by a practice manager. There is also a clinical co-ordinator.

There are two practice nurses. The nursing team are supported by a health care assistant and a phlebotomist. The clinical team are supported by additional reception, secretarial and administration staff.

Patients using the practice also have access to community staff including community matron, district nurses, community psychiatric nurses, health visitors,

physiotherapists, speech therapists, counsellors, podiatrists and midwives. The practice also provides accommodation for aortic aneurysm screening services and ultrasound for patients and surrounding GP practices.

The practice is open from Monday to Friday, between the hours of 8.30am and 6pm as per local arrangements. The practice offered extended hours appointments on Thursday evenings on request. Outside of these times patients are directed to contact the out of hour's service and the NHS 111 number.

The practice offers a range of appointment types including face to face same day appointments, telephone consultations and advance appointments (four weeks in advance) as well as online services such as repeat prescriptions. Appointments can be booked up to four weeks in advance and take place between 8.30am and 5pm. Outside of these times the GPs make telephone calls and see patients that have been triaged.

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

This report relates to the regulatory activities being carried out at:

Barton Surgery, Horn Lane, Plymstock, Plymouth PL9 9BR.
We visited this location during our inspection.

Why we carried out this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether

Detailed findings

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

We visited the practice and reviewed documentation and checked on the progress of actions taken following the comprehensive inspection in December 2015 and the follow up inspection in September 2016.

At the previous inspection, the safe and responsive domains and the population groups were rated as good. Therefore, these were not re-inspected at this focused follow up inspection.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations such as the clinical commissioning group (CCG) and Healthwatch, to share what they knew. We carried out an announced visit on 10 October 2017. During our visit we:

- Spoke with a range of staff including the practice manager, administration and reception staff and a representative from the local medical committee. We spoke with four patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed a sample of the personal care or treatment records of patients.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Visited all practice locations
- Looked at information the practice used to deliver care and treatment plans.

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 living 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 effective?

(for example, treatment is effective)

Our findings

At our inspection in December 2015, we rated the practice as requires improvement for providing effective services. We identified one area within the effective domain where improvement should be made:

- We found that the provider needed to make improvements in the overview and delivery of staff training, recording of consent for care and treatment, and additional auditing to identify effective improvements.

At our inspection in September 2016 we found that the provider had made significant improvements. These included;

- The introduction of a new process to review and monitor staff training
- New protocols to ensure consent was sought and recorded from patients prior to care or treatment taking place.
- A number of clinical audits had been undertaken and emergency medicines were in place and were easily accessible. The practice told us their recently completed clinical audits would be repeated in order to become complete two cycle clinical audits.
- The practice had carried out a complete review of staff training. This included a training needs analysis which identified completed training and required training. For example, staff had completed NVQ training on business and administration and the practice had provided the time and resources to complete this.
- The practice had completed a number of complete cycle audits including medicine and prescription audits. These ensured the governance and audit systems were proactive and focused on improvement and used to identify issues and drive improvements. In addition to clinical audits the practice had carried out audits on patient survey feedback, appointments and on staff rotas.
- Findings from these audits had identified improvements which the practice had implemented. For example, the adjustment of staffing rotas to match the times of peak patient demand.

At this inspection in October 2017 we found the practice continued to sustain improvements. For example;

- Staff had received training appropriate to their role. The practice had improved training records and the oversight of training. All staff had completed fire safety awareness, infection control and information governance training.
- A detailed staff training matrix had been created in addition to the annual historic training logs which the practice had previously maintained. We saw evidence which showed the subject and date for all staff mandatory training completed and planned.
- The practice continued to sustain its improvement in clinical audit. We found evidence that three complete cycle clinical audits had been completed since our previous inspection. High risk medicines had been audited and the findings of this audit had resulted in improvements for patients. For example, there were now pop up alerts on computerised records which identified patients in receipt of these medicines, in order to increase monitoring and reduce potential risks for patients.
- A complete cycle clinical audit involving 37 patients' prescriptions for formulary and non-formulary medicines had been completed. Formulary medicines are recommended for their effectiveness and safety. This audit detailed the prescription activity of each GP at the practice for these medicines. The audit identified that 41% of the patients were prescribed formulary medicines and 59% non-formulary medicines. Findings from the audit resulted in 51% of the patients now being prescribed formulary medicines and 49% non-formulary medicines. This meant that risks to patients had been reduced and were under ongoing review.
- An audit on the number of prescriptions issued had been conducted. The audit identified that 37 prescriptions had been issued in one six week period, an average of 6.17 per week. Actions had been agreed according to patient need and when the audit was next completed it was found that 45 prescriptions had been issued in the next 23 week period, an average of 1.96 per week. GPs were signposting patients to support services available, which had reduced the need for prescriptions.
- The practice had introduced improvements in the recording of appraisals which enhanced the management of the process. All staff had received an annual appraisal in the last 12 months. We saw evidence

Are services effective?

(for example, treatment is effective)

that a computerised spreadsheet matrix had been developed which provided ease of access, and showed dates of the most recently completed annual appraisal and future planned dates.

- New protocols had been implemented in line with national guidance on obtaining patient consent prior to care or treatment. The new process covered relevant areas such as minor surgery, joint injections, childhood immunisations, adult injections and vaccinations. We saw evidence of signed consent forms. Evidence of

written patient consent forms for joint inspections were seen having been completed over last 12 months. We saw written consent forms for children's immunisations signed by parents or guardians.

- The practice continued to improve its performance in treating patients with mental health issues. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 100% which was higher than the clinical commissioning group average of 87% and the national average of 89%.

Are services caring?

Our findings

At our inspection in December 2015 we found that the results from the July 2015 national GP patient survey for Barton Surgery were mixed. For example, the practice survey satisfaction scores were below the national average for the percentage of patients who found the receptionists helpful.

At our inspection in September 2016, we found that the provider had made significant improvements. The practice had carried out a detailed audit of the GP Patient Survey results for July 2015, December 2015 and July 2016.

The July 2016 GP Patient national survey had received 108 responses from patients at this practice. This represented 3.5% of the practice population. In this survey, 77% of patients said that they could usually get to see or speak to their preferred GP. This was a significant improvement on the July 2015 result of 63%. This was also higher than the clinical commissioning group average in July 2016 of 71%.

At this inspection in October 2017 we found the practice continued to sustain improvements. For example;

- The practice had continued to audit and analyse its patient feedback. Between July and September 2017 the practice had received 26 NHS Friends and Family survey questionnaires. Of these, 92% stated they would recommend the practice to their friends and family.
- During the July 2017 national GP Patient survey, 221 surveys had been sent out, of which 113 had been completed. This was about 4% of the patient list. Feedback was comparable with local clinical commissioning group (CCG) and national averages.

For example;

- 80% of respondents usually waited 15 minutes or less after their appointment time to be seen which was better than the CCG average of 70% and the national average of 64%
- 93% of respondents stated they had confidence and trust in the GP they saw or spoke to. This was comparable with the CCG average of 94% and the national average of 92%.
- 95% said the last nurse they saw or spoke to was good at listening to them which was comparable with the CCG average of 94% and the national average of 91%.
- 68% said they felt they don't normally have to wait too long to be seen at the practice, which was comparable with the CCG average of 65% and better than the national average of 58%.
- 97% of respondents said the last nurse they saw or spoke to was good at treating them with care and concern which was comparable with the CCG average of 94% and the national average of 91%.

The practice had completed their own full cycle audit of the GP Patient national survey. This audit identified areas for development such as the telephone system. Findings from the audit included the implementation of an updated telephone system from November 2017 to help further improve patient access to appointments.

In order to address increasing patient demand identified by their audits, the practice had joined a local grouping called the Plymstock Alliance to discuss how local GP practices could support each other to address areas such as the sharing of GP locums and nursing services. The practice was also working closely with the local clinical commissioning group (CCG) to ensure the sustainability of services.

Are services well-led?

Good 

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

Our findings

At our inspection in December 2015 we found the provider did not have effective systems in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. For example, an overview of significant events and complaints which could be used to monitor any trends and the governance of checks of emergency equipment.

At our inspection on 7 September 2016 we saw improvements had been made. New systems had been created and implemented, staff had been identified to lead on these processes and contingencies were in place to continue the processes in the absence of these named staff. Governance arrangements ensured significant events were subject to an overview as soon as possible after the event. An overview of complaints had been put in place. Systems and processes for Patient Group Directives (PGDs) had been fully adopted by the provider to allow nurses to administer the shingles vaccine in line with legislation.

At our latest inspection on 10 October 2017 we found the practice continued to sustain improvements. For example;

The practice had reviewed their business continuity plan and updated it in January 2017, including staff contact details. There was a planned review on a regular basis, the next review was planned for January 2018. The practice had created a strategic two year business plan which examined future challenges and how the practice proposed to meet them. This included the potential relocation of the practice to new premises and working more closely with neighbouring practices.

The practice management had carried out one to one staff supervision and annual appraisals since the previous inspection. Development areas had been identified and actions agreed to address these, such as the provision of specific areas of IT training for certain staff by a professional IT contractor. Staff we spoke with told us these actions had taken place and they felt supported by the practice. The practice had continued to provide refresher training to its staff. IT training in November 2017 was planned on a new computer system which allowed patients to review their medicines. Training was also planned on a system which provided a platform to reduce the administrative burden on practices and free up time for patient care.

A new recruitment procedure had been introduced. We looked at four staff files including a new member of staff and found these to be in order, including photographic identification, references and disclosure barring service (DBS) checks. We looked at three staff files during our visit all of which had the required information.

The practice had undertaken an audit of patient feedback from the GP patient national survey results between July 2015 to July 2017 and implemented an action plan to make improvements. They had sought patient feedback and acted upon this, such as the provision of an additional receptionist.

The practice had reviewed their governance of storage arrangements for emergency medicines to ensure these were now easily accessible in the event of an emergency. This included the emergency oxygen with adult and paediatric (child) masks, and a defibrillator used to restart the heart in an emergency. Paediatric pads for the defibrillator were present as well as adult sized pads. The practice had maintained its additional receptionist implemented in September 2016.

Emergency medicines were stored in a cupboard for safety and ease of access, beside the trolley which contained the emergency equipment.

Emergency procedures had been put into practice following a car accident outside the practice in the car park. Patient feedback showed that the practice staff had responded in a caring and effective way to support the person injured during the accident.

Staff we spoke with during the inspection told us that they felt listened to and supported by the practice management. The practice obtains staff feedback by way of regular meetings and a comments book which was discussed on a monthly basis at staff meetings. The comments book included positive feedback from patients such as how polite the staff were, and how the GPs were good at listening to them.

Staff suggestions which had been acted upon included the provision of more details when booking an appointment to take patient's blood to reduce the risk of mistakes being made. This ensured accuracy in patient care and treatment. A member of staff on the front desk had suggested that when they are on telephone other staff

Are services well-led?

Good 

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

should retire to the back office to have conversations as it was very difficult to speak on the telephone at the same time. The need for patient confidentiality had been highlighted to all staff.

The practice had received four complaints in the last 12 months since our previous inspection. For example, a complaint had been received about a GP providing a patient with a medical report. As a result of this report, the requesting organisation made a decision which the patient disagreed with. The patient became abusive and aggressive towards staff. The shared learning from this included the need for increased protection for staff from violence and aggression. This included raising staff

awareness of the currently systems in place for this. These systems included panic alarms which were directly connected to the local Police control room, together with local alarms in all consultation rooms and administration rooms which alerted other staff to the danger. This included a computer operated system staff could use if they did not want to alert the patient that assistance had been requested.

The practice maintained a patient suggestions book in waiting room. We found positive feedback about the information folders on display which provided a wide variety of health promotion information which had been reorganised as a result of previous patient feedback.