

The Barn Surgery

Quality Report

Christchurch Medical Centre
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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

Inadequate



Are services safe?

Inadequate



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Inadequate



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Barn Surgery located at Christchurch Medical Centre on 17, 18 and 19 May 2016. Overall the practice is rated as Inadequate.

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

- Patients were strongly positive about their interactions with staff and said they were treated with compassion and dignity.
- Despite the challenges facing the practice of GP shortages and prioritisation of workload, all of the staff aspired to provide safe, high quality and compassionate care.
- Vulnerable patients were very well supported by a jointly run team. This had significantly reduced the number of unplanned admissions by proactive management of risks associated with frailty and social isolation for patients.
- Patients were at risk of harm because systems and processes were not being followed to keep them safe as a direct result of staff shortages. For example, appropriate fire drills and some training was not undertaken by all staff. The practice did not have assurance that infection control practice followed current guidance. Not all staff had received training in infection control, chaperone duties for those staff undertaking this role, basic life support and the Mental Capacity Act (2005).
- Staff were able to report incidents, near misses and concerns; however wider learning and effective communication across the team was limited by the extreme pressures faced through recruitment difficulties.
- Data showed patient outcomes were low in some areas compared to the locality and nationally. No clinical audits had been carried out, so there was no effective system to manage performance and improve patient outcomes.

Summary of findings

- Patients were strongly positive about their interactions with staff and said they were treated with compassion and dignity.
- Appointment systems worked well in some areas. Patients were able to access urgent care when they needed it. However, significant staff shortages across the GP team was leading to longer waits for routine appointments and delayed appointments at the practice.
- The practice had no clear leadership structure, in particular, insufficient GP leadership capacity and limited formal governance arrangements.

The areas where the provider must make improvements are:

- Ensure all staff receive training in infection control and the practice must introduce and undertake comprehensive infection control audits.
- Ensure systems are put in place so that all staff receive up to date training in fire safety and undertake regular fire drills.
- Ensure systems in support of recruitment are effective so that roles requiring a Disclosure and Barring service check or risk assessment are appropriately assessed.
- Ensure systems and processes are established and operated effectively to prevent the possible abuse of service users, including providing up to date Safeguarding and Mental Capacity Act 2005 training for all staff, and chaperone training for those staff undertaking this role.
- Ensure systems and processes are put in place to improve communication between all staff teams; particularly in regard of sharing learning from significant events, complaints, medicines and healthcare products alerts, prescribing guidelines, audits and service feedback.
- Ensure measures such as clinical audits and re-audits are put in place to improve patient outcomes and reduce any safety risks.

- Ensure more effective governance arrangements are put in place to monitor and improve the quality of services provided to patients.
- Ensure more effective assessment, monitoring and mitigation of risks relating to the collection of prescriptions, training and the wellbeing of clinical staff ensures the health safety and welfare of service users and others who may be at risk takes place.

The areas where the provider should make improvement are:

- Consider providing child safeguarding training to level three for all practice nurses.
- Review the arrangements for emergency medicines, to include the location and content.

I am placing this practice in special measures. Practices placed in special measures will be inspected again within six months. If insufficient improvements have been made so a rating of inadequate remains for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The practice will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service.

On the basis of the ratings given to this practice at this inspection, I am placing the provider into special measures. This will be for a period of six months. We will inspect the practice again in six months to consider whether sufficient improvements have been made. If we find that the provider is still providing inadequate care we will take steps to cancel its registration with CQC.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as inadequate for providing safe services and improvements must be made

Inadequate



- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when there were safety incidents investigations these were not thorough enough, lessons learned were not communicated widely enough and so safety was not improved.
- Patients were at risk of harm because systems and processes had weaknesses and were not implemented in a way to keep them safe: Staff who acted as chaperones had not been trained for the role and a disclosure and barring check (DBS) or risk assessment had not been undertaken. Newly appointed staff working in a role with close contact with patients had provided a DBS check from another GP practice, these are not transferrable between practices. A DBS check had not been undertaken by the practice. (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). Not all staff had received appropriate training in safeguarding vulnerable people or emergency procedures.
- The management of medicines at the practice was not well organised and in line with requirements set out by the Clinical Commissioning Group based on NICE guidelines. This included: Audits had not been carried out and safe prescribing guidance from the clinical commissioning group was not disseminated across the team and acted upon.
- The practice appeared clean and tidy. Staff were familiar with infection control policy but there was confusion about who the infection a control lead at the practice was. Infection control audits had not been implemented.
- There were substantial staff shortages of GPs with staff working long hours to meet patient demands, potentially increasing the risks to people using the practice.

Are services effective?

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

Requires improvement



Summary of findings

- Data from the Quality and Outcomes Framework 2014/15 showed patient outcomes were below average for the locality and compared to the national average for some areas and above average in others.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Not all staff had received appropriate training in key areas such as safeguarding vulnerable people, infection control, mental capacity or equality and diversity.
- There was evidence that appraisals were not up to date. The new practice manager had dates planned to do this with staff. Personal development plans were being followed, for example a nurse was completing a post graduate qualification to be a nurse practitioner.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.
- No clinical audits had been undertaken so the practice was unable to demonstrate how it was improving patient outcomes.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible in the waiting room. There were a small number of patients with learning disabilities and practice had not considered making this available in easy read and picture formats, which would promote equality and diversity.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified including: The practice offered proactive, personalised care to meet the needs of the vulnerable and older patients in its population. Unplanned hospital admissions were being avoided and patient risks associated with frailty reduced through increased contact with

Summary of findings

them. This was delivered by the Action Management Before Emergency Risk team (AMBER) located at Christchurch Medical Centre and managed on behalf of Barn Surgery by Orchard Surgery.

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. Improvements were needed to reduce the waiting time for routine appointments, which was directly linked to staff shortages.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Patients could get information about how to complain. However, there was no evidence that learning from complaints had been shared with staff.

Are services well-led?

The practice is rated as inadequate for providing well led services and improvements must be made

- The provider was unable to demonstrate assurance of their capability to run the practice. Primarily due to staff shortages, they lacked the capacity to ensure high quality care was being provided. They aspired to provide safe, high quality and compassionate care but were under significant pressure with no capacity, ability or time to deliver this fully. The impact of this was that the provider was dysfunctional, which was affecting decision making and effectiveness of communication.
- Staff said they felt supported by management.
- The practice had a number of policies and procedures to govern activity developed through collaboration with the two other practices based at Christchurch Medical Practice.
- Meetings were held but discussions and decision making processes were not recorded or information shared.
- The practice did not have a robust overarching governance framework which supported the delivery of the strategy and good quality care. This included a lack of arrangements to; monitor and improve quality through audit, ensure an effective training programme was maintained and identification of risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. A culture of openness and honesty. This was evident when as part of the inspection, the risks and challenges facing the practice were made clear to the inspection team. The practice had systems in place for knowing about notifiable safety incidents but this was not embedded so that information was consistently shared with staff to ensure appropriate action was taken

Inadequate



Summary of findings

- The practice was in the early stages of seeking feedback from patients through the patient participation group. It was too early to determine the impact of this on the development of the practice.

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

Inadequate



- The provider was rated as inadequate for safety and well-led and requires improvement for effective. The issues identified as inadequate overall affected all patients including this population group. There were, however, examples of good practice for caring and responsiveness.
- The Barn Surgery has more than double the number of patients over 75 years (15.7% of the practice list) compared with the national average of 7.7%. There was a higher prevalence of chronic disease and life limiting illness for patients, with associated risks of isolation and vulnerability in old age.
- Every patient at the practice including older patients aged over 75 years had a named GP for continuity of care.
- The practice offered proactive, personalised care to meet the needs of the older people in its population. For vulnerable older people this was being delivered through the AMBER team, which covered three linked practices and provided comprehensive support in addition to what was provided by the community nursing services.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

People with long term conditions

Inadequate



- The provider was rated as inadequate for safety and well-led and requires improvement for effective. The issues identified as inadequate overall affected all patients including this population group. There were, however, examples of good practice for caring and responsiveness.
- The nurses undertook chronic disease management and closely monitored patient registers to ensure they attended an annual review.
- Nationally reported data from the Quality and Outcomes Framework showed that 93% of patients diagnosed with chronic obstructive pulmonary disease (COPD) had received an annual health check review within the past 12 months compared with the national average of 89.9%.

Summary of findings

- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Patients at risk of hospital admission were identified as a priority. They were supported by the AMBER team funded by the Clinical Commissioning group and managed by Orchard Surgery one of the three practices at Christchurch Medical Centre. Patients had comprehensive care and support plans in place. Data for the period January to March 2016, showed that 82 patients registered with Barn Surgery were supported by the team. Of these, 13 patients were assessed as being high risk and vulnerable. During the three month timespan, there had been only three unplanned hospital admissions for patients registered at the Barn Surgery.

Families, children and young people

Inadequate



- The provider was rated as inadequate for safety and well-led and requires improvement for effective. The issues identified as inadequate overall affected all patients including this population group. There were, however, examples of good practice for caring and responsiveness.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 78%, which was similar the CCG average of 77% and below the national average of 82%. There was no written safety net policy, but we found that nurses closely monitored and contacted patients by phone who did not attend for their cervical screening test.

Summary of findings

- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Inadequate



- The provider was rated as inadequate for safety and well-led and requires improvement for effective. The issues identified as inadequate overall affected all patients including this population group. There were, however, examples of good practice for caring and responsiveness.
- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Inadequate



- The provider was rated as inadequate for safety and well-led and requires improvement for effective. The issues identified as inadequate overall affected all patients including this population group. There were, however, examples of good practice for caring and responsiveness.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. Adjustments were made enabling people to use the practice to receive health correspondence for homeless people and travellers.
- The practice GPs routinely provided longer appointments for patients.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. The AMBER team funded by the clinical commissioning group was managed by Orchard Surgery on behalf of Barn and Farmhouse surgeries based at Christchurch Medical Centre. Patients had comprehensive care and support plans in place. Data for the period January to March 2016, showed that 82 patients registered with Barn Surgery were supported by the team. Of these,

Summary of findings

13 patients were assessed as being high risk and vulnerable. During the three month timespan, there had been only three unplanned hospital admissions for patients registered at the Barn Surgery.

- The practice had a Carers lead, who informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. However, some had not had safeguarding training. 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)

Inadequate



The provider was rated as inadequate for safety and well-led and requires improvement for effective. The issues identified as inadequate overall affected all patients including this population group. There were, however, examples of good practice for caring and responsiveness.

- 82% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 84%.
- Performance for mental health related indicators was similar to the national average. For example, 92% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (national average 88.5%)
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Summary of findings

- Staff had a good understanding of how to support patients with mental health needs and dementia. They had signed up for awareness training to become dementia friends. Improvements to the signage throughout the building were being made to make it more accessible to people using the practice.

Summary of findings

What people who use the service say

The national GP patient survey results were published on January 2016. The results showed the practice was performing in line with local and national averages. Two hundred and thirty five survey forms were distributed and 119 were returned. This represented about 2% of the practice's patient list.

- 74.6% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 83.4% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 90.7% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 84% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 25 comment cards which were all positive about the standard of care received. Staff were described as being professional, kind, friendly and caring. Patients had confidence in the treatment and care they were receiving.

We spoke with seven patients during the inspection. All seven patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. However, they did highlight areas for improvement such as running clinics in a more timely way as patients gave examples of their appointment running late. The waiting time to get a routine appointment to see their named GP was also said to be too long, which at the time of the inspection was six weeks.

Areas for improvement

Action the service MUST take to improve

- Ensure all staff receive training in infection control and the practice must introduce and undertake comprehensive infection control audits.
- Ensure systems are put in place so that all staff receive up to date training in fire safety and undertake regular fire drills.
- Ensure systems in support of recruitment are effective so that roles requiring a Disclosure and Barring service check or risk assessment are appropriately assessed.
- Ensure systems and processes are established and operated effectively to prevent the possible abuse of service users, including providing up to date Safeguarding and Mental Capacity Act 2005 training for all staff, and chaperone training for those staff undertaking this role.
- Ensure systems and processes are put in place to improve communication between all staff teams; particularly in regard of sharing learning from significant events, complaints, medicines and healthcare products alerts, prescribing guidelines, audits and service feedback.
- Ensure measures such as clinical audits and re-audits are put in place to improve patient outcomes and reduce any safety risks.
- Ensure more effective governance arrangements are put in place to monitor and improve the quality of services provided to patients.
- Ensure more effective assessment, monitoring and mitigation of risks relating to the collection of prescriptions, training and the wellbeing of clinical staff ensures the health safety and welfare of service users and others who may be at risk takes place.

Summary of findings

Action the service **SHOULD** take to improve

- Consider providing child safeguarding training to level three for all practice nurses.
- Review the arrangements for emergency medicines, to include the location and content.

The Barn Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a second CQC inspector, and a practice nurse specialist adviser and a practice manager specialist adviser. An expert by experience was also on the team.

Background to The Barn Surgery

The Barn Surgery is situated at Christchurch Medical Centre, working collaboratively with two other GP practices located there (Farmhouse Surgery and The Orchard Surgery). The practice provides general medical services in Christchurch, Dorset. The area covered incorporates the coastal town of Christchurch, attracting temporary residents on holiday during the Summer months. There is low social deprivation in the area. At the time of the inspection, there were 6638 patients on the practice list and the majority of patients are of white British background. The practice does have some patients with Polish, Pakastani, Indian and Russian backgrounds and uses translation services and information in different languages where needed. The Barn Surgery has more than double the number of patients over 75 years (15.7% of the practice list) compared with the national average of 7.7%. There is a higher prevalence of chronic disease and life limiting illness for patients, with associated risks of isolation and vulnerability in old age. All of the patients have a named GP.

The practice has three GP partners (two male and one female), the whole time equivalent is three, with 27 GP

sessions provided each week. The practice uses the same GP locums for continuity where ever possible. The nursing team consists of three female nurses. All the practice nurses specialise in certain areas of chronic disease and long term conditions management. The Barn Surgery is managed by a business manager who works for all three practices at Christchurch Medical Centre, a practice support manager, plus administrative and reception staff. Some of these roles are shared across all three surgeries promoting close working with Farmhouse and Orchard surgeries.

The practice has an Action Management Before Emergency Risk team (AMBER), which is co-ordinated on behalf of the Barn Surgery by a GP from Orchard Surgery. The team works across all three practices based at Christchurch Medical Centre. The purpose is to support vulnerable people, provide home visits and proactive monitoring to avoid unplanned hospital admissions where ever possible. It comprises of two female nurses, three healthcare assistants and a dedicated administrator.

The practice is open 8.30am to 6.30pm Monday to Friday. Phone lines are open between these hours with the out of hours service picking up phone calls after this time. GP appointment times are from 9am to 12pm and 4pm to 6pm every weekday. Extended opening hours are provided: evening appointments are available on alternate Monday's and Tuesday's from 6.30pm until 7.45pm. Telephone appointments are available alternate Monday and Tuesday evenings from 6.30pm until 7.45pm. Information about opening times and appointments are listed on the practice website and in the patient information leaflet.

Opening hours of the practice are in line with local agreements with the clinical commissioning group. Patients requiring a GP outside of normal working hours

Detailed findings

are advised to contact the out of hours service provided by the 111 services in Dorset. The practice closes for two afternoons a year for staff training and information about this is posted on the practices website.

The practice has a General Medical Service (GMS) contract.

The following regulated activities are carried out at the practice Treatment of disease, disorder or injury; Surgical procedures; Family planning; Diagnostic and screening procedures; Maternity and midwifery services.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 17, 18 and 19 May 2016. During our visit we:

- Spoke with 14 staff (GPs, strategic business manager, practice nurses, practice manager, reception administrative staff) and spoke with seven patients who used the service.

- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed 25 comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There were gaps in the systems for reporting and recording significant events.

- Fourteen staff told us they would inform the practice manager of any incidents. A form used across all three practices at Christchurch Medical Centre was introduced in June 2015 and accessed on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- GP partners had a weekly hour long meeting, for which notes were kept by the practice manager. We were shown minutes for two meetings since December 2015, recorded as being held on 18 December 2015 and 4 March 2016. The practice support manager told us that they had been trying to improve communication systems. For example, regular administrative and reception team meetings had taken place, which were all minuted. These demonstrated that key messages were communicated to the administrative and reception teams. However, no minutes had been kept for nursing team meetings that nursing staff said were held weekly. The lack of minutes for the nursing meetings meant that consistent sharing of information could be difficult for staff who might have been absent at the time.
- We saw records showing that when things went wrong with care and treatment, patients had been informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

The practice did not have embedded processes and practices in place to keep patients safe and safeguarded from potential abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had

concerns about a patient's welfare. Records demonstrated that the Action Management Before Emergency Risk team (AMBER), had raised concerns to a care provider about a vulnerable patient registered at the Barn Surgery. This led to further action being taken to safeguard the person. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. The training matrix provided showed that five out of 18 administrative staff, including the practice manager, had not completed training in safeguarding adults and children. All three GPs were trained to safeguarding level three for children. All three practice nurses had also completed safeguarding training for adults and children. However, this was not at level three as recommended in national intercollegiate guidelines

- A notice in the waiting room advised patients that chaperones were available if required. Not all of the staff who had acted as chaperones were trained for the role or had received a Disclosure and Barring Service (DBS) check or risk assessment for this role. (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 chaperone policy had recently been updated and stated that only staff who were trained and had a DBS check should undertake this role. None of the staff we spoke with knew that this was now the practice policy. A meeting with reception staff was due to take place and the practice manager verified this would be discussed then.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A shared infection control policy had a named management lead across all three practices based at Christchurch Medical Centre. The policy stated that in each practice the senior nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. Staff interviewed gave different information about who the clinical infection control lead at the practice was. A training log sent by the practice before the inspection showed that there were gaps in the training of staff with only nurses having completed an infection control

Are services safe?

update. Annual infection control audits had not been done. This impacted on the practice's ability to demonstrate effective infection control processes and management.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice were not embedded and could put patients at risk (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. However, once signed the practice did not have a system to check whether a patient had collected the prescription in a timely manner so that action could be taken. The practice had not carried out any medicines prescribing audits. The local CCG pharmacy team had written to the prescribing lead, highlighting audits and searches that should be undertaken to ensure prescribing was in line with best practice guidelines for safe prescribing. This information had not been disseminated across the practice so had not been effectively followed up. GPs verified that the submission of two years of mandatory audits to the CCG had not been done.
- The practice manager had undertaken a prescriptions security audit when alerted to a theft in the locality. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. The practice had funded a nurse practitioner course so that a practice nurse could become an independent prescriber. The nurse was due to qualify in July 2016 and would be able to prescribe medicines for specific clinical conditions. Mentoring arrangements were in place, with a GP partner providing support for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. These were all in date and signed by clinical staff. Healthcare assistants were not employed at the practice, so there was no situation when Patient Specific Directions would be used.
- The practice held no stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse).
- We reviewed one personnel file and found that appropriate recruitment checks had not been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring

Service. The practice policy stated that DBS checks should be undertaken for staff in specific positions, including clinical roles such as a nurse. We found that this had not been undertaken, but was initiated during the inspection to obtain a DBS check. The practice used an external agency when locum staff were required to cover staff absences and had obtained confirmation of checks undertaken, which for GPs included confirmation of current status on the performers list (held by NHS England).

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives.
- The practice had a fire risk assessment completed in October 2013. There had been considerable financial investment in a new fire control panel and smoke detectors for the whole Christchurch Medical Centre site. The risk assessment had not been updated to demonstrate it had been reviewed annually as highlighted in the report. However, other records demonstrated that the fire alarm system was last checked by an external specialist in March 2016. None of the staff we spoke with had attended a fire drill and the log seen was blank. We discussed this with the named manager responsible for managing fire safety who verified that fire drills had not taken place in Barn Surgery for more than 12 months. They told us that this had been picked up and one had been arranged for April 2016, but did not go ahead due to staffing issues.
- All electrical equipment was checked throughout the whole Christchurch Medical Centre site to ensure the equipment was safe to use. For example, the fixed wiring was checked by an external specialist in November 2013, and clinical equipment was checked to ensure it was working properly.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed

Are services safe?

to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. However, fourteen staff told us that the practice was under pressure due to available capacity and increasing patient demands. Of the teams, the GPs told us they were under the greatest pressure routinely working beyond 8.30pm during week days and often at weekends when the practice was closed. The practice had previously consisted of five GP partner practice and for 15 months had been down to three, despite constantly advertising to attract new GP partners with a recognised national shortage of GPs. GPs had prioritised patient care to maintain safety. This was a team under considerable pressure, where the partnership did not have the capacity, ability or time to identify any potential risks and mitigate in a timely way.

Arrangements to deal with emergencies and major incidents

The practice had some arrangements in place to respond to emergencies and major incidents; however, there were aspects that required improvement.

- Not all staff had received annual basic life support training. A training log sent by the practice before the inspection showed that there were gaps in the training. Only six clinical staff, GPs and nurses, had completed this training in 2015 and 2016. The practice manager

confirmed that this information was correct. We were given written evidence showing that resuscitation and life support training was arranged on 29 April 2016 for staff to receive this on 24 May 2016 or 7 June 2016.

- There were emergency medicines available in the treatment room.
- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. The practice manager told us that they were in the process of reviewing this with staff as further improvements could be made in terms of updating equipment and location of it.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. Significant event records seen demonstrated that the practice was effective in putting the continuity plan into place when the telephone system failed twice in March 2016.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The implementation of evidenced based guidance, standards and best practice standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines was inconsistent at the practice.

- There were systems in place to keep all clinical staff up to date. Some staff were actively accessing guidelines from NICE and used this information to deliver care and treatment that met patients' needs. For example, nurses used templates based on NICE guidelines that had been developed by another practice located in Christchurch Medical Centre. We looked at one used for assessment and ongoing monitoring the care of patients with chronic respiratory conditions and saw it followed appropriate guidance documents.
- No risk assessments, audits and random sample checks of patient records had been undertaken to ensure that the current evidence based guidance and standards were being followed. For example, in July 2015 the CCG wrote to the practice with a long list of searches that could be undertaken to ensure that prescribing practise was appropriate, current and cost effective. The lead GP in this area was unable to demonstrate that this had been disseminated, discussed or actioned.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 93.6% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was below the national average. For example, 76% of patients on the diabetes register had a record of a foot examination and risk classification within the preceding 12 months (CCG average 91% and national average 88.3%).

Practice prescribing data particularly in diabetes showed there was above average prescribing of high cost medicines, which the clinical commissioning team highlighted in July 2015 needing action. These actions had not been addressed.

- Performance for mental health related indicators was similar to the national average. For example, 92% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (national average 88.5%)

The GPs were unable to give a rationale for these exception rates and did not have improvement to these figures as part of their business plan or governance processes.

There was no evidence of quality improvement. GPs verified that no clinical audits had been undertaken in the last 2 years due to the impact of being understaffed. They told us they had needed to prioritise their time caring and treating patients. No clinical audits were sent to us immediately after the inspection.

Effective staffing

Staff, particularly non-clinical staff, did not have all the skills, knowledge and experience to deliver effective care and treatment. Aspects of staff training needed improving, for example;

- Training records provided prior to the inspection showed gaps in mandatory training for most staff. Records sent by the practice showed that not all staff had completed mandatory training in: safeguarding, fire safety awareness, basic life support and infection control. For example, nine staff including a nurse, reception and administrative staff confirmed they had not completed fire safety awareness. Nursing staff told us had access to and were beginning to make more use of e-learning training modules in addition to using their own professional networks across the locality, including accessing support and learning from nurse specialists in secondary care.
- Mental Capacity Act training had not been provided to all staff, which may result in staff not seeking appropriate consent from patients or failing to act in their best interests. The clinical staff we spoke with were able to describe the actions they would take to ensure a patients best interests were taken into account and recorded.

Are services effective?

(for example, treatment is effective)

- Learning opportunities were available to staff however, there were no robust systems in place to ensure staff accessed appropriate training to meet their learning needs and to cover the scope of their work. Governance systems were not effective in identifying where training updates had not been completed.
- The practice had an induction programme for all newly appointed staff. This covered such topics as health and safety and confidentiality. Records demonstrated that a new member of staff had support in place and was being mentored to undertake additional duties to their role.
- The practice could demonstrate that there was some role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. A practice nurse was in the process of obtaining a post graduate nurse practitioner qualification. Once completed, this would enable the nurse to treat patients with prescribed medicines. GPs told us that they were focussing on providing patient care, were working excess hours and were unable to give any extra time for training or updating.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they were up to date with changes to the immunisation programmes; for example, by access to on line resources and explaining how they were following this. Nurses told us that changes to the immunisation schedule had been discussed at one of the nurse meetings held every week. However, minutes were not completed about any discussions taking place at these meetings to demonstrate learning taking place or actions resulting from this.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. The appraisal system had fallen behind and the new practice manager had plans in place with dates for these to be completed. Nursing and administrative staff reported that the meetings they attended included an educational element, which they found helpful. GPs met briefly once a week where they focussed on key issues with no time set aside for education or group support. Records seen demonstrated that all of the GPs had received a clinical appraisal.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment, for example:

The three practices at Christchurch Medical Centre access an Action Management Before Emergency Risk team (AMBER), which is co-ordinated by a GP from Orchard Surgery. The team supported vulnerable patients, provide home visits and proactive monitoring to avoid unplanned hospital admissions where ever possible. Unlike other similar schemes in Dorset, the team had greater resources including, two female nurses, three healthcare assistants and a dedicated administrator employed by the practices. Data provided by the practice demonstrated that for the period January to March 2016, 82 patients registered at the Barn Surgery were supported by the team. Of these, 13 patients were high risk and vulnerable. During the timespan, there had been only three unplanned hospital admissions for patients registered at the Barn Surgery.

Community nursing staff verified that GPs communicated well with them and made appropriate referrals.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Are services effective?

(for example, treatment is effective)

- The process for seeking consent was not routinely monitored through patient records audits. We found GPs did not consistently record patient consent, outlining any discussion of risks and benefits for the patient for any proposed interventions. For example, consent to give an injection had not been recorded.

Supporting patients to live healthier lives

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

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

The practice's uptake for the cervical screening programme was 78%, which was similar the CCG average of 77% and the national average of 82%. There was no written safety net policy for this screening, but we found that nurses closely monitored and contacted patients by phone who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the

screening programme by using information in different languages and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place with nursing staff checking to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages (under two year olds ranged from 48.2% to 97.2% and five year olds from 91.8% to 97.4%). For example, childhood immunisation rates at the practice for the vaccinations given to under two year olds ranged from 51.2% to 100% and five year olds from 93% to 95.1%. We spoke with nursing staff about the immunisation rate for children under two for meningitis C, which was 51.2%. They told us that this had become a combined immunisation mid-year, which then affected the data showing performance in this area.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 25 patient Care Quality Commission comment cards we received were strongly positive about the service experienced. Seven patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with four members of the patient participation group (PPG) at the practice. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They told us that staff responded compassionately when they needed help and provided support when required. This was further illustrated by charitable work that staff were involved in, including:

- Staff were raising funds for the AMBER team by selling books. Over Christmas, this had enabled the AMBER team to invite all the vulnerable patients out for a meal to reduce the risk of social isolation over the festive period.
- The practice had food bank vouchers to give out to the most needy patients and staff donated food to the charity.
- Staff were mindful of the limited finances some patients had to live on. For example, nursing staff tried where ever possible to combine appointments for reviews to limit the number of visits a patient needed to make to the practice if they needed to use buses or taxis to get there.

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

- 97.5% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90.2% and the national average of 89%.
- 96.3% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96.8% and the national average of 95%.
- 97% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 87% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90.4% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

The GP partners all told us they were prioritising patient care and support above everything else because of the GP shortages at the practice.

Patients told us they felt very involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and mostly aligned with these views. Some patients highlighted that appointments were sometimes delayed but they saw this as a positive because they themselves felt GPs listened and gave them the time they needed. We also saw that care plans were personalised and detailed, particularly for those patients being supported by the AMBER team.

Are services caring?

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

- 96% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 93% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 95% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%)

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

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

healthy living was discussed with patients leaflets about self checks were usually given; for example, about how to carry out breast checks. These were not available in easy read or picture formats.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 75 patients as carers (1.2% of the practice list). At the point of registering, patients were asked to identify themselves as being carers if they wished to. The practice had recently appointed a new member of staff, whose role included being the lead for carers. They were being mentored by an experienced carer lead in one of the other practices based at Christchurch Medical Practice. Written information was available to direct carers to the various avenues of support available to them, which was being updated. The practice provided free accommodation for charities supporting patients to use to facilitate this.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- Longer appointments were routinely provided for patients, but this then impacted patients by the late running of surgeries.
- Home visits were available for older patients and patients who had difficulties attending the practice. GPs did on average five a day.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- A hearing loop and translation services were available.
- Adjustments were made enabling people to use the practice to receive health correspondence for homeless people and travellers.
- The practice offered proactive, personalised care to meet the needs of the vulnerable and older patients in its population. This was delivered by the Action Management Before Emergency Risk team (AMBER) located at Christchurch Medical Practice and managed on behalf of Barn Surgery by Orchard Surgery.
- All patients with long term conditions were offered a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, children and young patients who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- The practice was proactive in offering online services as well as a full range of health promotion and screening

that reflected the needs for this working age patients and other patient groups. For example, travel vaccinations, extended hours appointments and telephone consultations.

- Barn Surgery in conjunction with the other two practices based at Christchurch Medical Centre had begun the process of becoming dementia friendly services. A whole site presentation and training had been provided for staff in March 2016. Actions taken this included improving signage across the medical centre, which had been purchased and was due to be fitted at the time of the inspection.

Access to the service

The practice was open 8.30am to 6.30pm Monday to Friday. Phone lines were open between these hours with the out of hours service picking up phone calls after this time. GP appointment times were from 9am to 12pm and 4pm to 6.15pm every weekday. These varied for each GP who had time set aside to complete at least five home visits each lunchtime. Extended opening hours were provided: evening appointments were available on alternate Monday's and Tuesday's from 6.30pm until 7.45pm. Telephone appointments are available Monday to Friday from 6.30pm until 7.45pm.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available on the same day for people that needed them.

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

- 79% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 75% of patients said they could get through easily to the practice by phone compared to the national average of 73%).

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

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

Are services responsive to people's needs?

(for example, to feedback?)

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

The AMBER team was co-ordinated by a GP partner at Orchard Surgery. The team supported vulnerable patients, providing home visits. It was proactive in monitoring patients to avoid unplanned hospital admissions where ever possible and improved the quality of life for people. Unlike other similar schemes in Dorset, the team was funded by the CCG. It was larger than other schemes comprising of two female nurses, three healthcare assistants and a dedicated administrator. Data provided by the practice demonstrated that for the period January to March 2016, 82 patients registered with Barn Surgery were supported by the team. Of these, 13 patients were assessed as being high risk and vulnerable. During the three month timespan, there had been only three unplanned hospital admissions for patients registered at the Barn Surgery.

Listening and learning from concerns and complaints

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

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

We looked at a log of 14 complaints received in the last 12 months. At the inspection, we specifically reviewed a complex complaint and found this was satisfactorily handled, dealt with in a timely way. Information provided to the patient demonstrated openness and transparency with dealing with the complaint. Opportunities to share lessons from individual concerns to improve the quality of care were not fully utilised. GP partners meetings were held once a week, with limitations on time for discussion and identification of learning or actions and were not minuted.

Are services well-led?

Inadequate 

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

Our findings

Vision and strategy

The practice had a vision to deliver high quality care and promote good outcomes for patients. However there were no detailed or realistic plans to achieve the vision values and strategy.

- The practice had a statement of purpose, published in the business plan shared across all three practices located at Christchurch Medical Centre. The stated aim was to 'utilise all of our available resources to provide a high level of service to the patients within our care'. The practice aimed to do this in a 'friendly, fair, respectful and equitable way, prioritising patients' individually and working with them to achieve the best possible health outcomes'.
- The practice had a draft business plan to support the vision, which included consideration of merging with the two other practices based at Christchurch Medical Centre however; the partnership was in contention about this and faced with considerable pressures due to staff shortages.

Governance arrangements

The delivery of high-quality care was not assured by the leadership and governance in place. This was a team under considerable pressure, which did not have the capacity, ability or time to reflect and identify where improvement was needed. The practice did not have an effective governance framework which supported the delivery of the strategy and good quality care.

Areas of governance which were less well managed and required reviewing were for example;

- Governance arrangements in support of recruitment and chaperone processes did not ensure staff followed the practice procedures. Disclosure and Barring Service checks or risk assessments for some staff had not been completed.
- Systems in support of medicines management were not robust; for example, the monitoring of the collection of prescriptions by patients.
- Systems were not in place to ensure training was monitored effectively to ensure all staff had completed basic learning or annual updates potentially placing patients at risk of harm

- There was no programme of continuous clinical and internal audit to monitor quality or make improvements, making monitoring patient outcomes difficult.
- Arrangements for identifying, recording and managing risks, and implementing mitigating actions were not in place, particularly around alerting clinical staff about patient safety concerns, latest prescribing guidance and staff awareness of patients' mental capacity, appropriate recording of consent, and maintaining a safe environment through fire drills.
- Governance arrangements to support the meetings which took place and the actions identified were not robust, affecting how information was shared amongst staff.

There were some areas that were working well, including:

- Governance arrangements to produce, review and promote practice specific policies were being developed across the three practices based at Christchurch Medical Centre. Complaints were managed appropriately and systems to ensure medicines provided for emergency situations were in place.

Leadership and culture

The provider was unable to demonstrate assurance of their capability to run the practice. Primarily due to staff shortages, they lacked the capacity to ensure high quality care was being provided. GPs had prioritised patient care to maintain safety. This was a team under considerable pressure, where the partnership did not have the capacity, ability or time to identify any potential risks and mitigate in a timely way. The impact of this was that the provider was dysfunctional, which was affecting decision making and effectiveness of communication. This was seen in a number of areas including: gaps in written communications to ensure effective capture of learning and quality improvement. For example no minutes were kept for weekly nursing team meetings making consistent sharing of information difficult particularly for staff who might have been absent at the time; Information to monitor clinical performance or to make decisions was out of date, for example practice prescribing data particularly in diabetes showed well above average prescribing of high cost medicines highlighted for review by the CCG in 2015.

Are services well-led?

Inadequate 

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

Staffing shortages had affected performance leading to late running surgeries, and acting on patient feedback about waiting times for routine appointments had not been addressed in a timely way until recently.

Since being appointed, the practice manager with support from the strategic business manager had been trying to make changes. These included attempting to establish robust communication systems, making changes to the clinic rotas to benefit patients whilst at the same time ensuring equity of workloads and reducing the burden where ever possible on over stretched staff. The practice manager had improved fire safety procedures, ensuring that there were appointed fire wardens appropriately trained with clear guidance about processes to be followed in the event of an evacuation of the building.

Staff said the partners were visible in the practice. They told us they were approachable. However, staff were mindful of pressure the provider was under and expressed concerns to us. We saw examples of staff providing additional support to GPs, including IT support for GPs who said they did not feel confident using the computer systems. All of the staff said the appointment of the new manager was a positive step and felt well supported by her. For example, she regularly spent time each week covering reception to talk with patients, observing their experiences and supporting staff.

The management team was aware of and put in systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. A culture of openness and honesty was promoted but not embedded in systems. We found all of the staff were open to every request the inspection team made, providing negative and positive evidence throughout our visit. This was illustrated at the outset with the practice sending us a strengths, weaknesses, opportunities and threats analysis before the inspection.

The practice worked collaboratively with Orchard Surgery, which managed the AMBER team on behalf of all three practices sited at Christchurch Medical Centre. This service was funded by the Clinical Commissioning group and provided significant levels of support for vulnerable

patients registered at Barn Surgery. This team is successfully providing comprehensive support, proactively managing patient risks and preventing unplanned hospital admissions.

The joint appointment of a strategic business manager provided oversight across the three GP practices situated at Christchurch Medical Centre. This enabled the practice to work collaboratively with the two other practices based there.

The practice had systems in place to ensure that when things went wrong with care and treatment:

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

There were some structures and procedures in place which ensured that staff were aware of their own roles and responsibilities. Staff said they felt supported by management.

- Staff told us the practice held regular team meetings, including: nurse, administration and reception team meetings. However, there was inconsistency in the recording of these. Whilst administrative and reception meeting minutes were kept and disseminated to staff. No minutes were kept for weekly nursing team meetings making consistent sharing of information difficult particularly for staff who might have been absent at the time. The practice manager told us that they would initiate recording minutes for the nursing team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at their individual team meetings and felt confident and supported in doing so. In line with other practices in the locality, Barn Surgery closed for a few hours twice a year to facilitate staff training.
- Staff said they felt respected, valued and supported within their teams. All staff were involved in informal discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Are services well-led?

Inadequate 

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

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

Systems to obtain meaningful feedback from patients, the public and staff were under developed.

- The practice had set up a patient participation group (PPG) but it was too early to identify what impact this had on the development of the practice. This was

hampered by the change of management, plus the significant shortage of GPs and Nurse practitioner meant that the resources were severely stretched for developing the PPG any further.

- The practice had gathered feedback from staff through staff meetings, appraisals and informal discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>Risk assessments had not been acted up to provide assurance that staff were safe to support them for example, through Disclosure and Barring service checks or risk assessments and through appropriate chaperone training.</p> <p>Infection control audits had not been undertaken and not all staff had not all received infection control training.</p> <p>12 (1) Care and treatment must be provided in a safe way for service users.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>How the regulation was not being met</p> <p>Not all staff had received up to date training in safeguarding adults and children or the Mental Capacity Act 2005</p> <p>Regulation 13(1) & 13(2) Service users must be protected from abuse and improper treatment in accordance with this regulation. Systems and processes must be established and operated effectively to prevent abuse of service users.</p>

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 18 HSCA (RA) Regulations 2014 Staffing

This section is primarily information for the provider

Requirement notices

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

How the regulation was not being met:

Staff had not received training in infection control, to enable them to undertake their responsibilities safely and to an appropriate standard. In addition:

Staff had not all received training in fire awareness and procedure.

Staff had not all received training in basic life support.

Staff appraisals had not all been completed in the last year.

Regulation 18(2) Persons employed by the service provider in the provision of a regulated activity must receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>Systems in support of effective communication were not in place between all staff teams; particularly in regard of sharing learning from significant events, complaints, medicines and healthcare products alerts, prescribing guidelines, audits and service feedback.</p> <p>Effective governance arrangements were not in place to monitor and improve the quality of services provided to patients. This included: lack of clinical audits and systems in support of training to address gaps in a timely way;</p> <p>There was a significant shortage of GPs, with GP partners working excessive hours, which could increase risks for patients.</p> <p>Systems were not in place to ensure staff undertaking chaperone duties were trained to undertake this role.</p> <p>The practice did not have a system to monitor whether prescriptions were collected in a timely way.</p> <p>17 (1) Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part.</p>