

# Church Farm Surgery

## Quality Report

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

## Ratings

Overall rating for this service

Good



Are services safe?

Good



# 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 Church Farm Surgery on 22 July 2016. The overall rating for the practice was Good with requires improvement for providing safe services. The full comprehensive report on the July 2016 inspection can be found by selecting the 'all reports' link for Church Farm Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 11 April 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 22 July 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as Good for the safe domain. However on the inspection of 22 July 2016, there were areas of practice where the provider needed to make improvements.

We found that the provider must:

- Ensure records relating to the recruitment and management of staff are complete and include

Disclosure and Barring Service (DBS) checks for all clinical staff. (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).

- Ensure systems in place are sufficient to ensure patients who were prescribed high risk medicines had the necessary monitoring to support safe prescribing. The practice must ensure the results of appropriate blood monitoring tests are recorded in the patients' records.

In addition we found the practice should;

- Ensure patients waiting for their appointments in all areas of the practice could be clearly seen by reception staff to enable closer monitoring in case of change in condition.
- Implement an extended clinical audit programme to encompass outcomes wider than prescribing.
- Continue to ensure patients with a learning disability receive annual health checks.
- Continue to proactively identify carers.
- Undertake regular fire drills.

At this inspection, on 11 April 2017, we found evidence that;

# Summary of findings

- The practice had developed a system to ensure that records relating to the recruitment and management of staff were in place. We saw that DBS checks had been undertaken for all clinical staff and a process was in place to audit all records relating to new staff recruitment.
- The practice had ensured the results of appropriate blood monitoring tests were recorded in the patients' records to ensure the necessary monitoring was in place for safe prescribing.

The areas where the provider should continue to make improvement are;

- Continue to risk assess and monitor patients waiting for their appointments in all areas of the practice, to ensure they can be clearly seen by staff to enable closer monitoring in case of a change in their condition.
- Implement an extended clinical audit programme to encompass outcomes wider than prescribing.
- Improve staff understanding of the computer operating system in order to consistently code patient groups and produce accurate performance data.
- Continue to ensure patients with a learning disability receive annual health checks.

**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?

At the previous inspection on 22 July 2016 we found that:

- Records relating to the recruitment and management of staff were not complete. The practice were not able to confirm that the appropriate checks through the Disclosure and Barring Service (DBS) had been completed for some clinical staff. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. However we found the auditing system was not always effective as not all patients on thyroxine (a hormone replacement medicine) had a record of the appropriate blood monitoring test in the last fifteen months recorded on the system.

There were also areas identified at the previous inspection that we told the provider they should improve;

- Patients waiting for their appointments could not be seen by reception or other staff. There was a risk that patients, whose health could deteriorate while waiting for their appointment, may be overlooked.
- Clinical audits were undertaken by the practice and audit cycles were either completed or ongoing at the time of our inspection. However there was scope to implement an extended clinical audit programme to encompass outcomes wider than prescribing.
- The practice held a register of patients with a learning disability. We found that 40% of patients diagnosed with a learning disability had their care reviewed in a face to face meeting in the previous 12 months; this was lower than the national average.
- The practice had up to date fire risk assessments, however there was scope to improve the frequency of fire drills.

During our focused inspection on 11 April 2017 we found that:

Good



# Summary of findings

- The practice had developed a system to ensure that records relating to the recruitment and management of staff were in place. We saw that DBS checks had been undertaken for all clinical staff and a process was in place to audit all records relating to new staff that had been recruited.
- We found that the practice had ensured the results of appropriate blood monitoring tests were recorded in the patients' records to ensure the necessary monitoring was in place for safe prescribing. Patients taking thyroxine (a hormone replacement medicine) had a record of the appropriate blood monitoring test recorded on the system.

However, there were areas identified at the previous inspection that the practice should continue to monitor and improve;

- Continue to risk assess and monitor patients waiting for their appointments in all areas of the practice, to ensure they can be clearly seen by staff to enable closer monitoring in case of a change in their condition.
- Implement an extended clinical audit programme to encompass outcomes wider than prescribing.
- Improve staff understanding of the computer operating system in order to consistently code patient groups and produce accurate performance data.
- Continue to ensure patients with a learning disability receive annual health checks.

# Summary of findings

## Areas for improvement

### Action the service **SHOULD** take to improve

- Continue to risk assess and monitor patients waiting for their appointments in all areas of the practice, to ensure they can be clearly seen by staff to enable closer monitoring in case of a change in their condition.
- Implement an extended clinical audit programme to encompass outcomes wider than prescribing.
- Improve staff understanding of the computer operating system in order to consistently code patient groups and produce accurate performance data.
- Continue to ensure patients with a learning disability receive annual health checks.

# Church Farm Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Church Farm Surgery

Church Farm Surgery provides personal medical services to a population of approximately 4,000 patients in Aldeburgh and the surrounding villages in Suffolk. The practice's patient population is below the CCG and national averages for patients aged 0 – 54 years, but above the CCG and national averages for patients aged 55 and over. The practice patient demographics are mainly affluent, white, middle class residents. The practice provides treatment and consultation rooms on the ground floor with level access. Parking is available.

The practice has a team of three GPs (one male and two female) who are partners which mean they hold managerial and financial responsibility for the practice. In addition to this, there is one male salaried GP. There is a nursing team, which includes three nurses, two phlebotomists and one healthcare assistant who run a variety of appointments for long term conditions, minor illness, and family health. There is a practice manager who joined the practice in March 2017 and is supported by a team of non-clinical administrative, secretarial and reception staff who share a range of roles, some of whom are employed on flexible working arrangements.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments with GPs are from 8.50am to 11.30am and from 3.30pm to 5.30pm with overflow appointments at the end of morning and afternoon surgeries to ensure patients who needed to be seen are seen on the day. In addition to pre-bookable appointments that can be booked up to three weeks in advance, urgent appointments are also available for people that need them. Appointment times with GPs have been increased to 12 minutes to ensure patients are given sufficient time during their consultation to address their needs.

The practice is part of a local group of GP practices, the Deben Health Group. A group of eight practices brought together to work together on financial, educational and clinical matters and to share learning and development.

The practice takes part in the Suffolk Federation GP+ scheme which offers routine appointments outside of opening hours. The practice is able to book appointments for patients with this service.

Out of hours care is provided by CareUK via the NHS 111 service.

## Why we carried out this inspection

We undertook a comprehensive inspection of Church Farm Surgery on 22 July 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good, with requires improvement for providing safe services. The full comprehensive report following the inspection on July 2016 can be found by selecting the 'all reports' link for Church Farm Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

# Detailed findings

We undertook a follow up focused inspection of Church Farm Surgery on 11 April 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

## How we carried out this inspection

During our visit we:

- Spoke with a range of staff including GPs, the practice manager and reception/administration staff and spoke with patients who used the service.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Looked at information the practice used to deliver care and treatment plans.

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

At our previous inspection on 22 July 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of Disclosure and Barring Service checks for clinical staff and managing medicines were not adequate.

These arrangements had improved when we undertook a follow up inspection on 11 April 2017.

The practice is now rated as good for providing safe services.

### Overview of safety systems and process

- During our inspection on 22 July 2016 we found that nursing staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). However we found the practice did not have a completed record of a DBS check for one member of clinical staff who had been with the practice for four years. We were told the practice had recently ensured this member of staff had undertaken a DBS check; however the practice did not have a record of completion or of the outcome. We noted there were other members of clinical staff whose DBS check had not been confirmed as completed.
- During our focused inspection on 11 April 2017 we found that DBS checks had been undertaken for all clinical staff. The practice manager was able to show us recent risk assessments for those staff that did not require a DBS check and a process was in place to audit all records relating to new staff recruitment.
- During our inspection on 22 July 2016 we found the arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (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. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. However we found the auditing system was not fully effective as not all patients taking thyroxine (a hormone replacement medicine) had a record of the appropriate blood monitoring test in the last fifteen months recorded on the system. We discussed this with the practice who confirmed they would introduce further systems to ensure the appropriate tests were undertaken.
- During our focused inspection on 11 April 2017 we found the practice had ensured the results of appropriate blood monitoring tests were recorded in the patients' records to ensure the necessary monitoring was in place for safe prescribing. Patients taking thyroxine (a hormone replacement medicine) had a record of the appropriate blood monitoring test recorded on the system. However we found there was scope to improve staff understanding of the computer operating system in order to consistently code patient groups and produce accurate performance data. For example, not all patients prescribed a medicine for osteoporosis had a diagnosis recorded in their records.

There were also areas identified at the previous inspection that we told the provider they should improve;

- During our inspection on 22 July 2016 we found that patients waiting for their appointments could not clearly be seen by reception staff and therefore staff were not able monitor patients should there be a change in their condition.
- During our focused inspection on 11 April 2017 we discussed the lay out of the reception and waiting area with the practice manager who had been in post for three weeks. They told us they had no information on a previous risk assessment having been undertaken for this area. However we were told this had been discussed with the partners and with staff and options to better monitor the waiting areas were being looked at. For example, one member of staff had suggested replacing the patterned glass area between the reception and waiting areas with clear or one way vision glass. Alternatively CCTV monitoring was being looked into. The practice manager told us they would be undertaking a risk assessment of this area following the inspection and would continue to review the situation.
- During our inspection on 22 July 2016 we found that clinical audits were undertaken by the practice and

## Are services safe?

audit cycles were either completed or ongoing at the time of our inspection. However there was scope to implement an extended clinical audit programme to encompass outcomes wider than prescribing.

- During our inspection on 11 April 2017 we found that whilst audit cycles were ongoing there was continued scope to improve and extend clinical audit programme to encompass outcomes wider than prescribing. For example an audit of a contraceptive medicine had been undertaken over a long time period rather than a specific time period to identify relevant patients and potential risks.
- During our inspection on 22 July 2016 we found that 40% of patients diagnosed with a learning disability had their care reviewed in a face to face meeting in the previous 12 months 2015 to 2016: this was lower than the national average.
- During our focused inspection on 11 April 2017 we saw that as at 31 March 2017, four out of the ten patients on the practice register diagnosed with a learning disability had received a face to face health care. The practice manager told us the practice continued to promote these reviews and was initiating close working relationships with community learning disability nurses to continue to ensure good communication, encourage health care reviews and build an on-going rapport.
- During our inspection on 22 July 2016 we found the practice had identified 54 patients as carers (1.4% of the practice list). We found the practice should continue to proactively identify carers.
- During our focused inspection on 11 April we found that the practice continued to promote the identification of carers, and had identified 88 patients (2% of the practice list) as carers. However, the read codes used to identify 'carers' were also used to identify patients who 'had a carer' and therefore the searches undertaken to identify patients who were carers were inconsistent. The practice should ensure they maximise the functionality of the computer system in order to accurately and consistently code patient groups and produce accurate performance data.
- During our inspection on 22 July 2016 we found the practice had not undertaken regular fire drills.
- During our focused inspection on 11 April we saw that the practice manager had undertaken a fire drill on 6 April 2017. Staff we spoke with were able to discuss the fire drill and described the learning identified from the drill. For example, ensuring the door latch was put on and ensuring a member of staff was responsible for removing the evacuation list when leaving the building. Staff told us they were pleased they had undertaken a drill and felt they had learnt a lot from the experience. The practice manager showed us the new fire drill log with the action identified from the fire drill, and described plans for further fire risk training and evacuation drills and scenarios in the future.