

# Spring 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

Are services safe?

Are services effective?

Are services caring?

Are services responsive to people's needs?

Are services well-led?

# 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 Spring Farm Surgery on 22 May 2017. The overall rating for the practice was inadequate and it was placed into special measures. The full comprehensive report on the May 2017 inspection can be found by selecting the 'all reports' link for Spring Farm Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk). Because of the concerns found at the inspection we served the provider with a notice to impose an urgent suspension of the regulated activities from the location for a period of six months from 23 May 2017 to 24 November 2017 under Section 31 of the Health and Social Care Act 2008 ("the Act").

This inspection was an announced focused inspection carried out on 6 November 2017 to check whether the provider had made sufficient improvements to allow the suspension to end or if further enforcement action was necessary. The practice was not rated on this occasion.

Following our focused inspection we found the provider had implemented sufficient improvements to allow the period of suspension to end.

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

- There were suitable health and safety risk management arrangements, recruitment checks and relevant staff training.
- There were suitable arrangements in place to respond to medical emergencies.
- A mandatory training programme had been identified for the staff team and most staff had completed most of the training identified as relevant to their roles.
- We noted a few gaps in staff training, which the provider has since inspection prepared a schedule and monitoring arrangements to address.
- There was an effective system for handling complaints and concerns.
- There were arrangements in place to seek and act on feedback from staff and patients.

Some of the changes implemented can only be assessed once they have been in use for some time – then the appropriateness, workability and sustainability of the new systems and processes can be determined.

**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?**

We found that the practice had taken action to address the concerns identified at the inspection on 22 May 2017.

- The provider had made arrangements to assess, monitor, manage and mitigate risks to the health and safety of service users. This included suitable risk management arrangements, recruitment checks and relevant staff
- The provider had suitable arrangements in place to respond in the event of medical emergencies.
- The provider had updated their business continuity plan to include relevant information that had been previously omitted.

### **Are services effective?**

We found that the practice had taken action to address the concerns identified at the inspection on 22 May 2017.

- The provider had made arrangements for induction training to be completed for new staff
- The provider had made arrangements for mandatory training to be completed for existing staff. There were still a few gaps in staff training but the provider now had a system in place to allow them to monitor and follow up on these gaps.

### **Are services caring?**

Not assessed on this inspection.

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

We found that the practice had taken action to address the concerns identified at the inspection on 22 May 2017.

- The provider had an effective system for handling complaints and concerns.

### **Are services well-led?**

We found that the practice had taken action to address the concerns identified at the inspection on 22 May 2017:

- The provider had effective systems and processes in place to manage risks to service users and staff.
- The provider now had arrangements in place to seek and act on feedback from staff and patients.

# Spring Farm Surgery

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

a CQC Lead Inspector. The team included a GP specialist advisor and a practice manager specialist advisor.

## Background to Spring Farm Surgery

Spring Farm Surgery is a GP practice based in Rainham, a town in the London Borough of Havering. The practice is situated in a residential area on a main road which is well served by local bus routes. There are a few car parking spaces on the practice forecourt and free parking is available outside the practice on surrounding streets. The premises are a converted semi-detached property. They consist of two consulting rooms, a reception area, a waiting area and toilet facilities on the ground floor. On the first floor, additional rooms used as offices are available as well as additional toilet facilities.

The patient list size at the time of this inspection was around 5300. The practice is staffed by two GP partners (one male, one female) and two long term locum GPs (one male, one female) working a total of 15 sessions per week. There is also a female practice nurse working 26 hours per week. There is a part time practice manager, and a full time assistant practice manager and five part time reception/administrative staff.

The practice has a General Medical Service contract with NHS England. The practice is open from 8.30am to 6.30pm on Monday, Thursday and Friday, 8.30am to 8pm Tuesday and Wednesday. Surgery times are 8.30am to 12.30pm Monday to Friday and then 3pm to 6pm on Monday, 4pm to 8pm on Tuesday and Wednesday (extended hours 6.30pm

to 8pm) and 2pm to 6.30pm on Friday. Outside of these hours patients can contact the local GP hub on a designated number and book appointments in advance. Appointments are available at the hub from 6.30pm daily.

The practice is registered to carry out the following regulated activities: Surgical procedures; Diagnostic and screening procedures; Treatment of disease, disorder or injury; and Family planning from 382 Upminster Road North, Rainham, Havering RM13 9RZ.

The practice was initially inspected on 17 February 2016. At that inspection the practice was rated requires improvement overall with an inadequate rating for safety, requires improvement ratings for effective, caring and well-led and a good rating for responsive. Requirement notices were issued in respect of the breaches of the regulations identified during that inspection.

The practice was last inspected on 22 May 2017, where it was rated inadequate overall and placed into special measures. Because of the severity of the concerns we found, on 23 May 2017, an urgent notice to suspend registration was issued. The suspension is due to end on 24 November 2017.

During the period that the provider has been suspended, a caretaking organisation has been appointed by the CCG to continue to provide services to the patient population from the practice's exiting premises. A consultancy organisation has also been contracted by the CCG to provide support to the practice to help them improve.

## Why we carried out this inspection

We undertook a focussed follow up inspection of Spring Farm Surgery on 6 November 2017. This was carried out because at the May 2017 inspection the service was

## Detailed findings

identified as being in breach of the legal requirements and regulations associated with the Health & Social Care Act 2008; specifically breaches of Regulation 12 Safe care and treatment; Regulation 17 Good Governance; and Regulation 18 Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Our concerns led us to impose a suspension of the provider's registration for a period of six months from 23 May 2017 under the powers granted to us by section 31 of the Health and Social Care Act 2008.

## How we carried out this inspection

During our visit we:

- Spoke with a range of staff (GPs, practice manager, assistant practice manager and administrative staff) and spoke with personnel from the caretaker organisation
- Reviewed the suspended provider's action plan and supporting evidence of progress made in relation to the breaches identified in their notice of suspension
- Visited the practice location

# Are services safe?

## Our findings

At our previous inspection on 22 May 2017, we found the following areas of concerns in relation to the provision of safe services:

- The provider did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.
- The practice had failed to adequately review its ability to respond effectively in the event of an emergency or mitigate any risks associated with the absence of oxygen, adequate supplies of emergency medicine and a defibrillator. We found limited evidence of staff receiving basic life support training.
- The practice failed to mitigate any risks associated with fire safety. There was no testing of fire alarms or fire drills. We saw one member of staff had received fire safety training in May 2017 and another in December 2016. The practice was unable to provide evidence of fire safety training for any other members of staff.
- The provider had failed to comply with its own recruitment policy and ensure the specified pre-employment checks were carried out.
- Staff undertaking chaperone duties had not been trained to conduct this role and had limited understanding of what the role entailed.
- The provider did not have systems in place to ensure learning from significant events had been shared with the wider team. The practice manager told us regular staff meetings were not held. The practice was unable to provide evidence of meetings such as meeting minutes.
- The practice's business continuity plan did not include contact numbers for staff and service providers and suppliers. No copy was kept off site in case of the building becoming inaccessible.

At our inspection on 6 November 2017, we found the following:

- The provider had completed a range of health and safety risk assessments since our last inspection. These included risk assessments in relation to infection prevention and control, fire safety, legionella and a general risk assessment for activities undertaken at the surgery. In addition, other servicing and maintenance

checks had been completed such as portable appliance testing, equipment calibration and gas safety. We saw evidence that the provider had made arrangements for identified actions to be addressed.

- The provider had suitable arrangements in place to respond in the event of medical emergencies. They had oxygen available and a defibrillator. They also held a stock of most of the current medicines recommended for treating medical emergencies. However, the provider did not have child masks available for use with the oxygen and did not stock two medicines - Dexamethasone 5mg/2.5ml (used to treat Croup in children) and Furosemide or bumetanide (used to treat left ventricular failure). All these items were ordered by the provider before the end of the inspection day.
- We saw evidence that emergency medicines and equipment listed as stocked was checked monthly, and all these items were in date and fit for use. However we saw a Laerdal mask (used for mouth to mouth resuscitation) which was not labelled and dated, so could not be verified as fit for use, and some gloves and antibacterial hand wipes which had expired in April and August 2006 respectively. These items were found in the nurse's emergency medicines cabinet. We showed these items to the lead GP who arranged to have them removed and disposed of immediately.
- We saw records that indicated all members of the staff team had completed basic life support training.
- We saw evidence that the provider had made suitable fire safety arrangements. We saw records indicating that the fire alarm system was tested regularly and that fire drills were carried out. We saw records that indicated the staff team had received fire safety training and had an agreed plan of action in the event of a fire. The provider had designated two staff as fire marshals and they understood the duties of the role.
- There had been one new member of administrative staff and one locum GP employed since our last inspection. We found that the practice followed their recruitment policy in recruiting these new members of staff. They carried out relevant background checks including proof of identification, obtaining references and checks through the Disclosure and Barring service (DBS). There

## Are services safe?

was no personnel file held for the locum GP on the premises, but the GP partner was able to arrange for them to send us evidence of all the relevant information during the inspection day.

- The staff team had completed chaperone training, and we found the members of staff we spoke with during the inspection understood their duties as chaperones. However we found that the practice's chaperone policy needed to be updated to reflect their current practice. this update was made by the end of the inspection day.
- We found the provider was now holding monthly staff meetings, and minutes from these meetings indicated significant events were discussed. We noted that no staff meeting was held in September 2017, however two were held in October 2017.
- We found the provider had updated their business continuity plan to include all relevant contact numbers such as for all members of their staff team and their service providers and suppliers. The practice manager told us hard copies of the plan were kept in the GP partners' homes and the list of contacts was kept in the practice manager's home.

# Are services effective?

(for example, treatment is effective)

## Our findings

At our previous inspection on 22 May 2017, we found the following areas of concerns in relation to the provision of effective services:

- The provider had failed to ensure persons employed in the provision of the regulated activities had received such appropriate training as was necessary to enable them to carry out the duties they were employed to perform. There was no evidence of an induction programme followed for the most recent recruit (January 2016).
- Non clinical staff had not completed all role appropriate training and there were no arrangements in place to monitor the staff training needs.

At our inspection on 6 November 2017, we found the following:

- There had been one new member of administrative staff and one locum GP employed since our last inspection. We saw there was evidence of an induction checklist

being followed during the first days of the administrative staff joining the practice. We were also provided with a copy of their guidance for locums and new doctors, which we were told formed part of the locum welcome pack. The guidance included relevant internal and external telephone numbers, prompts on how to get started and signposting for how to complete certain tasks such as making referrals.

- We saw evidence that most non-clinical staff had completed the majority of mandatory training. The two exceptions we saw were for a part time member of staff and for the newest member of staff employed. Arrangements to monitor staff training needs were in development, but the practice manager was able to prepare a training matrix showing the current status of staff training during the inspection day. Within 48 hours of the inspection, they also sent us additional information on how they would address training gaps. This included an updated training plan and details of training scheduling and monitoring arrangements they have put in place.



# Are services caring?

## Our findings

Not assessed on this inspection.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

At our previous inspection on 22 May 2017, we found the following areas of concerns in relation to the provision of responsive services:

- The practice did not have an effective system for handling complaints and concerns.

At our inspection on 6 November 2017, we found the following:

- We reviewed the two complaints that had been received since our last inspection. We found they were satisfactorily handled, dealt with in a timely way, and that there was openness and transparency with dealing with the complaint.

# Are services well-led?

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

## Our findings

At our previous inspection on 22 May 2017, we found the following areas of concerns in relation to the provision of well led services:

- The provider did not do all that was reasonably practicable to ensure effective systems and processes were in place; specifically in relation to risk management, recruitment checks, staff training, seeking and acting on patient feedback and dealing with complaints.
- There was no evidence of staff meetings or procedures in place to support the discussion of learning from significant events and complaints and the seeking and acting upon of feedback from staff.
- The practice failed to ensure processes and procedures were in place to support the seeking and acting on feedback from patients for the purposes of continually evaluating and improving such services.

At our inspection on 6 November 2017, we found the following:

- The provider now had effective systems and processes in place to manage risks to service users and staff. These arrangements included a range of health and safety risk assessments, updated policies and procedures, and appropriate staff training.

- We saw meeting minutes that indicated staff meetings were now taking place monthly, with the exception of September 2017 when they had no meeting. We saw that significant events and complaints were discussed at staff meetings. There had been one clinical meeting, held in August 2017, since our last inspection.
- The provider had made arrangements to seek patient feedback. They had conducted a patient survey in September 2017, in which they had received responses from 60 patients. The feedback was mostly positive about patient satisfaction with practice's opening times, ease of contacting the practice, being able to make appointments at a convenient time, cleanliness of the premises, staff attitudes and feedback about the GPs and nurses. However they received lower scores for being able to see a GP or nurse within 48 hours. As a result of this feedback, the practice has introduced an additional GP session per week.
- The practice had a newly established patient participation group (PPG), that had its first meeting in October 2017 which was attended by four PPG members. The minutes of the meeting were displayed on the new PPG noticeboard located in the practice waiting room, along with other useful information about the PPG and how to join. The PPG also had a closed Facebook group that had 136 members. The practice manager told us it was starting to be used a forum for patients to share their views and provide feedback about the service.