

Farmhouse Surgery

Quality Report

Christchurch Medical Centre
1 Purewell Cross Road
Christchurch
Dorset
BH23 3AF

Tel: 01202 488486

Website: www.thefarmhousesurgery.co.uk/

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out a focused follow up inspection of the Farmhouse Surgery on 15 December 2016. This inspection was performed to check on the progress of actions taken following an inspection we made on 17 and 18 May 2016. These included;

- Having effective procedures to ensure the security of prescription forms used in printers when consulting and treatment rooms are not in use.
- Ensuring staff receive appropriate support, training and professional development.
- Having effective governance arrangements to monitor and improve the quality of services provided. Specifically, the practice needed to have effective systems to identify training needs and to monitor and address any training gaps in a timely way.

Following the inspection in May 2016, we rated the practice as requires improvement overall. The provider sent us an action plan which detailed the steps they would take to meet their breaches of regulation. During our latest inspection on 15 December 2016, we found the provider had made the necessary improvements in

delivering good safe and well led services. Overall the practice is now rated as good because of the domains of effective, caring and responsive were previously assessed as being good.

This report covers our findings in relation to the requirements and should be read in conjunction with the comprehensive inspection report published in September 2016. This can be done by selecting the 'all reports' link for Farmhouse Surgery on our website at www.cqc.org.uk

Our key findings across the areas we inspected in this focused follow up inspection were as follows:

- There were effective procedures ensuring the security of prescription forms used in printers when consulting and treatment rooms were not in use.
- The practice had systems to ensure staff received appropriate support, training and professional development. Training that staff had completed since May 2016 raised awareness about the Mental Capacity Act, fire safety and chaperone duties for named staff who were undertaking this role. A diary system was in place and appraisals had taken place for all staff or were planned to take place later in the year.

Summary of findings

- There was an effective system to identify needs, monitor and address any staff training gaps in a timely way.

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 our inspection on 17 and 18 May 2016, we found that the provider needed to make improvements. For example;

- Having effective procedures to ensure the security of prescription forms used in printers when consulting and treatment rooms are not in use.
- Ensuring that staff receive appropriate support, training and professional development.

Significant improvements had been made since the previous inspection. The practice is now rated as good for providing safe services. For example;

- There were effective procedures ensuring that security of prescription forms used in printers when consulting and treatment rooms are not in use.
- The practice had systems to identify training needs to ensure staff received appropriate support, training and professional development. Training that staff had completed since May 2016 raised awareness about the Mental Capacity Act, fire safety and chaperone duties for named staff who were undertaking this role.

Good



Are services well-led?

At our inspection on 17 and 18 May 2016 we found that the provider needed to make improvements. For example;

- There was a limited overarching governance framework which affected the delivery of the strategy and good quality care. This included arrangements to monitor staff training needs and development.

Improvements had been made since the previous inspection. The practice is rated as good for being well-led. For example;

The practice had fully updated their overarching governance framework. This included accountability for monitoring staff training needs and delivery of agreed actions was clear and reporting mechanisms in place through management meetings.

Good



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

The provider had resolved the concerns for safety and well-led identified at our inspection on 15 December 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People with long term conditions

The provider had resolved the concerns for safety and well-led identified at our inspection on 15 December 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Families, children and young people

The provider had resolved the concerns for safety and well-led identified at our inspection on 15 December 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Working age people (including those recently retired and students)

The provider had resolved the concerns for safety and well-led identified at our inspection on 15 December 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People whose circumstances may make them vulnerable

The provider had resolved the concerns for safety and well-led identified at our inspection on 15 December 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for safety and well-led identified at our inspection on 15 December 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Farmhouse 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.

Background to Farmhouse Surgery

Farmhouse Surgery is situated at Christchurch Medical Centre. The practice provides general medical services in Christchurch, Dorset. The area covered incorporates the coastal town, 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 6329 patients on the practice list and the majority of patients are of white British background. The Farmhouse Surgery has almost double the number of patients over 75 years (14.3% 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 four GP partners (three male and one female). There is a salaried GP (female). The practice uses the same GP locums for continuity where ever possible. The nursing team consists of four female nurses, three are qualified nurses and one is a nurse practitioner. All the practice nurses specialise in certain areas of chronic disease and long term conditions management. Farmhouse surgery is managed by a Practice Support Manager, plus administrative and reception staff. There is a

strategic Business Manager at Christchurch Medical Centre who oversees all practices. Some of the Farmhouse surgery staff also work in other practices based at the medical centre.

The practice has an Action Management Before Emergency Risk team (AMBER), which is

co-ordinated on behalf of Farmhouse 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 from 8am to 6pm, with the out of hours service picking up phone calls after this time. GP appointment times are from 8.30am to 6pm every weekday. Extended opening hours are provided: evening appointments are available by arrangement every Monday. Telephone appointments are available Monday to Friday by arrangement. Information about opening times and appointments are listed on the practice website and 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 are advised to contact the out of hours service provided by 111 services in Dorset. In line with other local practices, Farmhouse Surgery closes for a few hours twice a year for staff training; information about this is posted on the practices website.

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

Detailed findings

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 this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. We visited the practice and reviewed documentation and checked on the progress of actions taken following the comprehensive inspection we completed in May 2016.

How we carried out this inspection

We carried out an announced visit on 8 October 2015. During our visit we:

- Spoke with a range of staff.
- Observed how patients were being cared for and talked with carers and/or family members.

We inspected the practice, in part, against two of the five questions we ask about services; is the service safe and well led? This is because the service had previously not met three regulatory requirements. At our previous inspection in May 2016 the effective, caring, responsive domains were rated as good. Therefore, these domains were not re-inspected at this focused follow up inspection.

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 17 and 18 May 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of the security of prescription forms used in printers when consulting and treatment rooms are not in use and ensuring that staff receive appropriate support, training and professional development were not adequate.

These arrangements had significantly improved when we undertook a follow up inspection on 15 December 2016. The practice is now rated as good for providing safe services.

Overview of safety systems and process

The practice had introduced a new protocol for management of prescription stationary. We saw meeting minutes demonstrating that the new prescription stationary security protocol had been discussed with staff. Staff were clear about this protocol when we spoke with them and prescription stationary was kept secure during the inspection. Practice managers told us that spot checks had been carried out and were able to demonstrate through records when these had been completed and any learning from the checks was shared with the team from these checks.

A chaperone policy was in place when we last inspected. However, since then the practice had reviewed the policy ensuring only nursing staff undertook chaperone duties. The strategic business manager explained that this updated policy was now adopted across all three practices based at Christchurch Medical Centre. Staff confirmed that only named nursing staff were authorised to chaperone when required to do so. Staff were made aware of the policy at staff meetings and we saw records showing they had been reminded of the content via the internal notification system.

The practice had reviewed the training of all staff and since the last inspection in May 2016 had addressed knowledge and skills gaps in several areas. These included: chaperone training in July 2016 for all nurses who undertake this role. Mental Capacity Act awareness training was provided for seven staff in July and December 2016, with another session booked for early 2017. A whole site fire drill had taken place at Christchurch Medical Centre in September 2016 and staff had completed on line training about fire safety. Two fire wardens had attended appropriate training for this role since the last inspection and were in the process of completing local fire safety awareness sessions with all staff. Within two days of the inspection, we received further evidence demonstrating these fire awareness sessions had been completed with the remaining staff and regular fire awareness sessions were scheduled for the forthcoming year.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 17 and 18 May 2016, we rated the practice as requires improvement for providing effective services as the arrangements in respect of governance arrangements needed improving.

These arrangements had significantly improved when we undertook a follow up inspection on 15 December 2016. The practice is now rated as good for providing effective services.

Governance arrangements

The practice had fully updated their overarching governance framework. This included accountability for monitoring staff training needs and delivery of agreed actions was clear and reporting mechanisms in place through management meetings.

The practice had fully updated their overarching governance framework since the previous inspection, including relevant policies on prescription security, appraisal, mandatory training requirements and monitoring of these. All of these policies were available on a shared computer system for all staff, and in paper format if required. We saw written evidence that these policies had

been implemented and regular spot checks were conducted to monitor whether prescription stationary was being kept secure when treatment and consultation rooms were not in use, in line with the revised policy.

Since the previous inspection the practice had held regular GP partner meetings, and GPs, nurses and managers had been allocated lead roles in key areas of the practice such as monitoring mandatory training and appraisal was completed. We looked at minutes of meetings and saw training requirements and updated policies and procedures had been discussed with all staff.

We looked at two staff training files, including those for locum staff. The practice had evidence of appropriate training and qualifications for these staff. Training certificates seen included chaperone, Mental Capacity Act, safeguarding (adults and children), resuscitation and information governance all completed in 2016.

The strategic business manager and practice support manager told us they were reviewing various online training providers when we inspected. The aim of this was to provide easy access to good quality e-learning for staff, and management information for greater oversight of this process.