Seaforth Farm Surgery

Quality Report

Vicarage Lane
Hailsham
East Sussex
BN27 1BH
Tel: 01323848494
Website: www.seaforthfarm.org.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	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Requires improvement
Are services responsive to people's needs?	Requires improvement
Are services well-led?	Requires improvement

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of this practice on 15 October 2015. Breaches of Regulatory requirements were found during that inspection within the safe and effective domains. After the comprehensive inspection, the practice sent us an action plan detailing what they would do to meet the regulatory responsibilities in relation to the following:

- Ensure the actions taken as a result of significant events are documented to demonstrate how information has been disseminated and reviewed.
- Ensure all staff have satisfactory checks in place to ensure their suitability to carry out their role. This must include a check via the Disclosure and Barring Service (DBS) and proof of identity.
- Ensure all staff receive training in safeguarding as according to job roles and new staff complete an induction to meet the needs of patients and the service.

In addition to these actions we had received concerns regarding access to appointments, patients unable to get through on the phone and the lack of systems to take account of the views of patents and other stakeholders.

We undertook this focused inspection on 2 November 2016 to check that the provider had followed their action plan and to confirm that they now met regulatory requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Seaforth Farm Surgery on our website at www.cqc.org.uk.

This report should be read in conjunction with the last report published in April 2016. Our key findings across the areas we inspected were as follows:-

- We saw evidence that all significant events had been documented and discussed with staff. Meetings had been held to discuss and disseminate information, agree actions and monitor outcomes.

Summary of findings

- We found that not all staff had received a DBS check as required by regulation. Proof of identity was not evident for all staff and not all recruitment checks had been completed for staff employed since our last inspection.
- We found that whilst a training plan was in place for most areas required by the practice safeguarding had not been undertaken by all staff. We also noted that not all staff had received infection control training.
- There had been work undertaken to recruit new clinical and non-clinical staff to address concerns about appointments however this had not had time to make a significant impact on access to the practice.
- The practice no longer had a functioning patient participation group and systems to monitor and take account of patient views had not been established.

Action the provider must take:

- The provider must ensure that a system is in place to monitor the quality of the services provided which includes collating and responding to patient feedback.
- The provider must ensure all staff have undergone a risk assessment and those with unsupervised access to patients have undergone a check via the DBS.
- The provider must ensure all information required by regulation is in place and retained on file.
- The provider must ensure that staff receive the training required to undertake their role and a system of appraisal is established and maintained.
- The provider must ensure that they review the current telephone access arrangements and take the necessary steps to improve access for patients.

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?

Requires improvement

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

- On our previous inspection on 15 October 2015, we found that there was a system in place for reporting significant events however the actions taken, learning from the incident and sharing of information was not always recorded. At this inspection we found that the provider had taken steps to ensure all incidents were recorded. This included the details of actions taken, dissemination of information and outcomes of the investigation.
- On 15 October 2015 the practice could not demonstrate that all practices kept people safe and safeguarded from abuse. For example non-clinical staff had not been trained in safeguarding and recruitment practices were not satisfactory. At this inspection we found that the recruitment practices still did not keep patients safe and not all staff had received training in safeguarding and infection control.

Are services effective?

Requires improvement

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

- At our last inspection on 15 October 2015 we found that not all staff have had inductions, training and development to ensure safe delivery of care and treatment.
- At this inspection we found that whilst training and induction for staff had improved not all staff had training in key areas such as safeguarding and infection control. The practice no longer had an established appraisal system to support staff performance and development.

Are services responsive to people's needs?

Requires improvement

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

- Whilst we saw that the provider had taken steps to improve the telephone system and staffing levels to improve access to appointments we found that this is not as yet embedded.

Summary of findings

Are services well-led?

Requires improvement

The practice is rated as requires improvement for providing well-led services.

- At this inspection we found that the practice did not have systems in place to monitor and take account of the views of patients and other stakeholders.
- The practice Patient Participation Group had stopped meeting and no formal systems had been put in place to respond to patient feedback or involve them in the development of the practice.
- The practice had not ensured that all risks to patients had been assessed and responded to.

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 was rated as requires improvement for safe, effective, responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

Requires improvement

People with long term conditions
The provider was rated as requires improvement for safe, effective, responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

Requires improvement

Families, children and young people
The provider was rated as requires improvement for safe, effective, responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

Requires improvement

Working age people (including those recently retired and students)
The provider was rated as requires improvement for safe, effective, responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

Requires improvement

People whose circumstances may make them vulnerable
The provider was rated as requires improvement for safe, effective, responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

Requires improvement

People experiencing poor mental health (including people with dementia)
The provider was rated as requires improvement for safe, effective, responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

Requires improvement

Summary of findings

What people who use the service say

We spoke with ten patients during the inspection. All of the patients felt that once they saw a clinician they felt 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. Two patients told us that sometimes waiting to be seen by a GP could take upwards of an hour.

Nine patients found the reception staff to be helpful one had mixed experiences with reception staff and found some to be abrupt at times. Three patients were concerned that there was a lack of continuity of care as they did not see the same GP each time they visited.

Six of the patients said that it had been very difficult to access the practice via the telephone system. Three of these patients reported being cut off after waiting on the phone over ten minutes. Three reported a long wait for the phone to be answered. One patient told us that there had been an improvement in the call answering over the last few weeks.

Areas for improvement

Action the service MUST take to improve
Action the provider MUST take to improve:

- The provider must ensure that a system is in place to monitor the quality of the services provided which includes collating and responding to patient feedback.
- The provider must ensure all staff have undergone a risk assessment and those with unsupervised access to patients have undergone a check via the DBS.
- The provider must ensure all information required by regulation is in place and retained on file.
- The provider must ensure that staff receive the training required to undertake their role and a system of appraisal is established and maintained.
- The provider must ensure that they review the current telephone access arrangements and take the necessary steps to improve access for patients.

Seaforth Farm Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector; they were accompanied by a second CQC inspector.

Background to Seaforth Farm Surgery

This recent background should be read in conjunction with that in the last report from the inspection dated 15 October 2015.

Seaforth Farm Surgery offers general medical services to people living and working in Hailsham and the surrounding villages. The current patient list is 13438. It is a practice with four GP partners. Three female and one male. The practice has three associate/salaried GPs who are all female.

The practice also has three practice nurses, five healthcare assistants and a team of receptionists and administration staff. Operational management is provided by the practice manager.

The practice runs a number of services for its patients including a minor illness clinic, asthma clinics, child immunisation clinics, diabetes clinics, new patient checks and weight management support.

The practice is open between 8.00am and 6.30pm Monday to Friday.

There are arrangements for patients to access care from an Out of Hours provider IC24.

Services are provided from the following addresses:

Seaforth Farm Surgery (Main surgery)

Vicarage Lane

Hailsham

East Sussex

BN27 1BH

Vicarage Field Surgery (Branch)

Vicarage Field

Hailsham

East Sussex

BN27 1BE

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 on 15 October 2015 as part of our regulatory functions. This inspection was planned to check whether the provider was 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.

Breaches of legal requirements were found. As a result, we undertook a focused inspection on 2 November 2016 to follow up on whether action had been taken to deal with the breaches.

Additionally we had received information of concern from members of the public regarding some aspects of the practice and we also focused on these concerns raised.

Detailed findings

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 2 November 2016.

During our visit we:

- Reviewed the significant event process now in place at the practice.
- We reviewed the system in place to provide support, training and appraisals to staff.
- We reviewed the recruitment systems and records maintained for staff employed by the provider.
- We looked at the appointment and telephone systems in place at the practice.
- We looked at the systems utilised by the practice to take account of the views of patients and other stakeholders.
- We spoke with a range of staff.
- We spoke with patients.

Requires improvement

Are services safe?

Our findings

Learning and improvement from safety incidents

On our previous inspection on 15 October 2015, we found that there was a system in place for reporting significant events however the actions taken, learning from the incident and sharing of information was not always recorded.

At this inspection we found that the provider had taken steps to ensure all incidents were recorded. This included the details of actions taken, dissemination of information and outcomes of the investigation. We saw evidence to demonstrate regular meetings had taken place to discuss significant events.

Reliable safety systems and processes including safeguarding

At the last inspection we found 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. Staff demonstrated they understood their responsibilities however there was no evidence that administration staff had received training relevant to their role. GPs and nursing staff were trained to safeguarding level three. The practice was unable to provide evidence of that training and guidance in safeguarding had been delivered to any of the non-clinical staff team.

At our inspection on 2 November 2016 we saw from the records that safeguarding training had been delivered to non-clinical staff since our last inspection. However we noted that the last safeguarding training delivered to healthcare assistants as in 2013. Two healthcare assistants had no record of receiving training in safeguarding.

Staffing and recruitment

At the last inspection in October 2015 we reviewed four personnel files and found that appropriate recruitment checks had not always been undertaken prior to employment. For example, we looked at the records for a recently appointed staff member and they had not undertaken a DBS check prior to commencing employment. Another staff record did not contain evidence that the provider had taken up references for the individual and a third staff file had no evidence of the person's proof of identification.

At this inspection we looked at the recruitment records for five staff members and found that none of the records contained evidence that all checks had been completed. For example we looked at the records for a clinical staff member and found that their record did not contain a DBS check. A previous DBS check was on file, produced in 2012 from another employer. We spoke with the staff member and the practice manager and both confirmed that this had not been obtained. Another record we looked at did not contain evidence of proof of identity, references or proof that their professional registration was current. Three records for non-clinical staff had no DBS check in place. Two of these staff files contained a note to say that a DBS check had been applied for on 16 October 2016. We noted that all three staff had started employment and a risk assessment had not been undertaken to ensure any risks when accessing patients had been mitigated.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective staffing

At the inspection carried out on 15 October 2015 we found that the training for non-clinical staff was not clearly defined and there was limited information available to determine the levels of training provided. We confirmed that non clinical staff had received training in basic life support and fire safety. The business manager was aware of this on was undertaking a review of staff skills and experience as part of a review of the practice.

At this inspection we found that whilst training had been provided in a number of areas for non-clincal staff we found other areas had not been completed and this included clinical staff. For example we looked at a training records provided by the practice manager for the staff team. We saw that only two out of 30 non-clinical staff had received training in infection control. One nurse had not received training in infection control since 2013 and two health care assistants and a phlebotomist had no record of ever receiving this training. We saw from the records that the last safeguarding training delivered to healthcare assistants as in 2013. Two healthcare assistants had no record of receiving training in safeguarding.

We also found that the practice no longer had an appraisal system in place. We spoke with the practice manager who told us that he was unaware of an operational appraisal system in the practice at that time. The practice did not have a list of appraisals that had taken place. They told us that they planned to set this up.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Access to the service

Prior to undertaking this inspection the commission had received information of concern related to access to appointments and the difficulties in telephoning the practice.

We spoke with the principle GP partner who told us that the practice had been operating for a period of time with a reduced clinical and non-clinical team. This had had a significant impact on their ability to provide the level of appointments required by patients.

We saw evidence that the provider had recruited two new nurses to improve access for patients to nurse appointments. We also noted that two locum GP appointments have been secured on a long term basis to improve continuity of care for patients. One of these locums was in place and the second due to start in December 2016. We spoke with the lead nurse who told us that they had discussed and been given funding to recruit an additional healthcare assistant for the practice.

At our last inspection in October 2015 the practice was taking steps to improve access to appointments as a result of feedback from patients. They told us how the current telephone system had caused difficulties. Additional lines had already been added. Planned changes included the introduction of a new telephone system however this had not been implemented at the time of the inspection. At this inspection we confirmed that a new telephone system had been installed and the practice now had six lines. We were told that the system still had issues that they had been working with the engineers to resolve these. We were told by some patients that there were still issues with the telephone cutting out when they were waiting for it to be answered.

We were told by the practice manager that they had taken steps to prioritise the answering of the telephone calls. When we spoke with staff we were able to confirm this approach. This was a new initiative and we were unable to assess any tangible improvement on patient calls at this time. The majority of patients we spoke with and received feedback from indicated that these changes had not yet improved access to the practice. One patient told us that they had noticed an improvement in the time taken to answer calls over the last few weeks.

Are services well-led?

Requires improvement

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

Our findings

Governance arrangements

At this inspection we found that not all risks had been fully assessed and actions had not been taken to mitigate these risks. For example, the recruitment practices did not ensure the safety of patients who use the practice. Not all staff had received training at a suitable level in infection control and safeguarding children and adults.

Practice seeks and acts on feedback from its patients, the public and staff

At our last inspection we received feedback from members of the Patient Participation Group (PPG) who had concerns about the future plans for the group and that the planned meeting for September 2015 had been cancelled. We were told by the business manager at that time that a new date was to be set and they would be in communication with the PPG members.

We received information of concern that the PPG had disbanded and no further action had been taken by the practice to stablish systems to take account of the views of patients and other stakeholders.

At our inspection on 2 November 2016 we spoke with the practice manager who had been in this position since mid-September. They told us that the practice no longer had a PPG and no meetings had taken place, to their knowledge since before our last inspection.

The practice had a file for the friends and family test. This had not been reviewed since August 2016. No surveys had taken place and there were no other arrangements in place to obtain the views of patients.

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider had not ensured that an effective system as in place to take account of the views of patients and other stakeholders. This includes the establishment of a forum for patients to share views and be involved in the development of the practice. The provider had not ensured that actions taken to respond to the concerns regarding access to the telephone and appointments system had improved service provision. This was in breach of regulation 17 (1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

This section is primarily information for the provider

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **The provider had not ensured staff with unsupervised access to patients had undertaken a risk assessment and received a DBS check.** **This was in breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014**

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment **The provider had not ensured that persons employed in the provision of the regulated activity had received appropriate support, training and professional development to enable them to carry out the duties they were employed to perform.** **This was in breach of regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014**

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **The provider had not ensured staff recruitment files contained the information as set out in regulation.** **This was in breach of regulation 19 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014**