

Seaforth Farm Surgery

Quality Report

Vicarage Lane
Hailsham
East Sussex
BN27 1BH
Tel: 01323848494
Website: www.seaforthfarm.org.uk

Date of inspection visit: 16 February 2017
Date of publication: 07/04/2017

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 effective?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Requires improvement 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced focused inspection at Seaforth Farm Surgery on 2 November 2016. During this inspection we found breaches of legal requirement and the provider was rated as requires improvement under the safe, effective, responsive and well led domains.

As a result of that inspection we issued warning notices for breaches of regulations that had not been resolved since our comprehensive inspection in October 2015.

The practice sent to us an action plan detailing what they would do to meet the legal requirements in relation to the following:-

- Ensuring all staff have undergone a risk assessment, and those with unsupervised access to patients, have undergone a check via the DBS. (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)

- Ensuring all staff recruitment information required by regulation is in place and retained on file.
- Ensuring that staff receive the training required to undertake their role and a system of appraisal is established and maintained.
- Ensuring that they review the current telephone access arrangements and take the necessary steps to improve access for patients.
- Ensure that a system is in place to monitor the quality of the services provided which includes collating and responding to patient feedback.

The full report on the November 2016 inspection can be found by selecting the 'all reports' link for Seaforth Farm Surgery on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 16 February 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations

Summary of findings

that we identified in our previous inspection on 2 November 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.

Our key findings were as follows:

- Staff had received enhanced DBS checks since our last inspection.
- Recruitment records were in place as required by regulation including proof of identity, references and confirmation of the professional registration of clinical staff.
- Training systems had been improved offering e-learning and face to face training for staff. Gaps in training found at the last inspection had been addressed.
- An appraisal system had been re-established in the practice. Team leaders had received an appraisal however, the programme was yet to be rolled out across the practice.
- Access to the practice telephone system had improved. Staff prioritised telephone answering and most patients we spoke with told us that access had improved.
- The practice was now collating and reviewing their responses to the friends and family test.

At our previous inspection on 2 November 2016, we rated the practice as requires improvement for providing well-led services as there was no systems to take account of patients' views. At this inspection we found that whilst some steps had been taken, the patient participation group or an alternative forum for patients had still not been introduced. Consequently, the practice is still rated as requires improvement for providing well-led services.

The areas where the provider must make improvements are:

- The provider must ensure that a system is in place to monitor the quality of the services provided which includes establishing a system to take account of patients' views.

Action the provider should take to improve:

- The provider should continue to monitor the current telephone and appointment access arrangements and take the necessary steps to improve access for patients if required.
- The provider should continue to monitor the implementation of the new appraisal system to ensure it is embedded and sustained in the practice.

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 previous inspection on 2 November 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of risk management and recruitment required some improvements

At this inspection we found that the recruitment practices had improved. Information required by regulation was seen on staff records. This included DBS checks and staff had received training in safeguarding and infection control.

Good



Are services effective?

At our previous inspection on 2 November 2016, we rated the practice as requires improvement for providing effective services as the arrangements in respect of the training and appraisal of staff.

At this inspection we found that the training and induction for staff had improved. Staff had training in key areas such as safeguarding and infection control. The practice had established an appraisal system to support staff performance and development. However this was in its early stages and it was too early to assess if this was embedded.

Good



Are services responsive to people's needs?

At our previous inspection on 2 November 2016, we rated the practice as requires improvement for providing responsive services as the arrangements in respect of telephone access to appointments.

At this inspection we saw that the provider had taken further steps to improve the telephone system and staffing levels to improve access to appointments. We found greater availability of appointments and most patients reported greater accessibility to appointments.

Good



Are services well-led?

At our previous inspection on 2 November 2016, we rated the practice as requires improvement for providing well-led services as the arrangements in respect of governance arrangements and the lack of systems to take account of patient views.

At this inspection we found that the practice had commenced work to establish systems to monitor and take account of the views of

Requires improvement



Summary of findings

patients and other stakeholders. The practice Patient Participation Group was not yet in place to respond to patient feedback or involve them in the development of the practice. However we saw evidence that the practice was trying to set this up.

The practice had responded to concerns raised at the last inspection and 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 had resolved the concerns for safe, effective and responsive identified at our inspection on 2 November 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 safe, effective and responsive identified at our inspection on 2 November 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 safe, effective and responsive identified at our inspection on 2 November 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 safe, effective and responsive identified at our inspection on 2 November 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 safe, effective and responsive identified at our inspection on 2 November 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 safe, effective and responsive identified at our inspection on 2 November 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Summary of findings

What people who use the service say

We spoke to six patients during the inspection. All of the patients felt that when they saw a clinician they were 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.

All patients we spoke with felt the reception staff were polite and friendly. Patients commented on the improvements to appointments and the telephone access. Three patients told us that having a queue position number on the telephone was helpful. One

patient shared experiences of longer waiting times for routine appointments however all other patients we spoke with felt that waiting times were reasonable and fell within a week to ten days.

The practice was now collating the friends and family test results. We saw the latest results for January 2017. The practice received 21 responses and 15 respondents were extremely likely or likely to recommend the practice. Four respondents did not express a view either way and the remaining two respondents were split between the unlikely or extremely unlikely to recommend groups. Positive and negative comments were seen in relation to appointment availability and the telephone system.

Areas for improvement

Action the service **MUST** take to improve

- The provider must ensure that a system is in place to monitor the quality of the services provided which includes establishing a system to take account of patients' views.

Action the service **SHOULD** take to improve

- The provider should continue to monitor the current telephone and appointment access arrangements and take the necessary steps to improve access for patients if required.
- The provider should continue to monitor the implementation of the new appraisal system to ensure it is embedded and sustained in the practice.

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

Seaforth Farm Surgery offers general medical services to people living and working in Hailsham and the surrounding villages. The current patient list is 13438. Since our last inspection one GP partner has left. It is now a practice with three GP partners. Two female and one male. The practice is also supported by associate/salaried GPs who are all female and two locum GPs on longer term contracts.

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 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. GP extended hours are available Monday evening between 6.30pm and 7.00pm and Wednesday and Thursday mornings between 7.30am and 8.00am. Nurse extended hours appointments are available on Monday, Tuesday, Wednesday and Thursday mornings between 7.30am to 8.00am and also in the evening on Monday between 6.30pm and 7pm.

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 focussed inspection of this service under Section 60 of the Health and Social Care Act 2008 on 2 November 2016 as part of our regulatory functions. Breaches of legal requirements were found. As some of these breaches had not been resolved since our comprehensive inspection in October 2015 we served warning notices on the provider.

As a result, we undertook this focused inspection on 16 February 2017 to follow up on whether action had been taken to rectify the breaches of regulation and comply with the warning notices.

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 16 February 2017.

During our visit we:

- 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 including a GP, nurse, reception and administration staff and the practice manager.
- We spoke with patients.

Are services safe?

Our findings

Reliable safety systems and processes including safeguarding

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

At this inspection carried out on 16 February 2017 we found that steps had been taken to address this concern. For example, we looked at the training records and found that staff had completed safeguarding updates since our last inspection. A partner, lead nurse and the practice manager had attended a conference on domestic abuse and were making arrangements to cascade this information to the practice team.

Staffing and recruitment

At the last inspection on 2 November 2016 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. We also found that not all staff records contained proof of identity, references or proof that their professional registration was current. We noted that three staff had started employment without a DBS check and a risk assessment had not been undertaken to ensure any risks when with patients had been mitigated.

At this inspection carried out on 16 February 2017 we found steps had been taken to review and address missing information on staff records. We looked at seven staff recruitment records and found these contained all of the necessary information required by regulation. This included references, proof of identity and confirmation of the registration updates for clinical staff. The practice had updated DBS checks for existing staff. We also saw records for new staff due to start and confirmed that the practice was following their recruitment policy.

Are services effective?

(for example, treatment is effective)

Our findings

Effective staffing

At our last inspection on 2 November 2016 we found that whilst training had been provided in a number of areas we found other areas had not been completed. For example we looked at 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 was 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. The practice manager told us that they planned to set this up.

At this inspection carried out on 16 February 2017 we found that the provider had addressed the concerns raised at the last inspection. Staff had access to online e-learning systems and had updated their training in safeguarding and infection control. Training records had been updated to keep track of training renewal dates.

We saw evidence that team leaders from each department had received an appraisal since our last inspection. Dates had been arranged for these staff to attend appraiser training to deliver appraisals to their respective teams. We spoke with the lead nurse who had completed this training and they told us that they felt the practice was committed to delivering this for all staff. They were working with the practice manager on the format for clinical staff. This new approach is at an early stage and we could not assess the impact at this time. We noted that training for the rest of the team leaders was scheduled to be completed by the end of February 2017.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Access to the service

At our last inspection on 2 November 2016 we looked at concerns 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 had 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 this inspection on 16 February 2017, we confirmed that the second locum GP had started and was working in the practice. We noted that a new nurse had been recruited and was going through the final stages of recruitment checks.

We observed that answering the telephones was given priority in the practice. The practice manager told us that they were keeping this under review. When we spoke with staff we were able to confirm this approach.

The majority of patients we spoke with, and received feedback from, indicated that the changes in the practice had improved access to appointments. For example, five of the six patients we spoke with told us that they had not had difficulty with booking appointments over the phone. They would have to wait a week to ten days for a routine appointment, however urgent appointments had also been obtained when needed. One patient reported longer waiting times for appointments. We looked at the appointment availability and found that routine appointments were available in ten days and urgent appointments were available for patients. We also confirmed that children, vulnerable patients and patients who were receiving palliative care would be seen on the day.

The practice told us that they had recruited two paramedic practitioners to improve patient appointments. They were in the process of developing the policy and protocol for their deployment within the practice. This could not be assessed at this inspection as these arrangements were not in place at the time of the inspection.

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 the inspection on 2 November 2016 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 used the practice. Not all staff had received training at a suitable level in infection control and safeguarding children and adults.

At this inspection we found that the practice had taken steps to address all of these concerns. Training and support for staff had improved and the recruitment practices were now safe.

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

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 patient participation group (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.

At this inspection we found that the provider had taken some steps to address this concern however further improvements were still required to ensure systems to take account of patients views were fully established. For example, the practice was now collating the friends and family test results. They had started to contact patients in respect of re-establishing the PPG and had arranged a meeting with Healthwatch to move this forward. We saw a notice in the reception area asking for people to join and the practice website had a contact email address to register interest in joining the group. Although the current location of the notice was in front of the reception desk, it was in an elevated position and patients informed us they were not aware of it.

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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider had not ensured that an effective system was in place to take account of the views of patients and other stakeholders.</p> <p>This includes the establishment of a forum for patients to share views and be involved in the development of the practice.</p> <p>This was in breach of regulation 17 (1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	