

Farningham Surgery

Quality Report

The Surgery

Braeside

Gorse Hill

Farningham

Dartford

Kent. DA4 0JU

Tel: 01322 862110

Website: www.braesidesurgery.nhs.uk

Date of inspection visit: 16 July 2015

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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 an announced focused inspection at Farningham Surgery on 16 July 2015. Overall the practice is rated as good.

Specifically, we found the practice to be good for providing safe and well-led services.

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

- The practice had safe systems and processes to manage medicines, including processes to authorise staff to administer medicines. Staff were appropriately trained to administer medicines to patients.

- Recruitment checks were undertaken when staff were employed by the practice and information was documented on staff files.
- The practice had a system to undertake safety audits and a process to follow-up any identified issues or concerns.
- There were arrangements for risk management within the practice, which included a process to identify, assess and monitor risks on an on-going basis.

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 comprehensive inspection on the 30 October 2014 the practice had been rated as inadequate for providing safe services. The practice had been unable to demonstrate that they met the requirements in relation to medicines management. The practice had also been unable to demonstrate that appropriate checks were undertaken when recruiting staff, as insufficient documented evidence was kept on staff files.

At our follow-up inspection on the 16 July 2015, the practice provided records and information to demonstrate the requirements had been met. This included a system to help ensure medicines were administered safely, and by staff who had been appropriately trained to administer medicines. Documents were kept in staff files that demonstrated the checks undertaken and the recruitment procedures used, when employing staff at the practice.

Good



Are services well-led?

At our previous comprehensive inspection on the 30 October 2014 the practice had been rated as requires improvement for being well-led. The practice had been unable to demonstrate that they met the requirements in relation to having management systems that monitored the safety of the services provided. The practice did not have a risk management process or arrangements to continually assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and others.

At our follow-up inspection on the 16 July 2015, the practice provided records and information that demonstrated the requirements had been met. This included a system of audits and checks to continually monitor the safety of the services, and a risk management process.

Good



Summary of findings

Farningham Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

The inspection was undertaken by a lead CQC inspector.

Background to Farningham Surgery

Farningham Surgery provides medical care Monday to Friday from 8.30am to 6.30pm each week day and operates extended opening hours until 8pm on Monday and Wednesday evenings. The practice is situated in a semi-rural location in Farningham, near Dartford in Kent and provides a service to approximately 5,750 patients in the locality.

Routine health care and clinical services are offered at the practice, led and provided by the GPs and nursing team. There are a range of patient population groups that use the practice and the practice holds a general medical services (GMS) contract. The practice does not provide out of hours services to its patients and information is available to patients about how to contact the local out of hours services.

The practice has one male GP partner, as well as two female GP partners. There are two practice nurses and two health care assistants who undertake blood tests, blood pressure tests, ECGs, new patient checks and NHS health checks. The practice operates a dispensary and employs five dispensing staff and a trainee dispenser. The practice has a number of administration / reception and secretarial staff as well as a practice manager.

The practice has more patients in older age groups than the local and national averages and a lower number of

children under the age of four. The number of patients recognised as suffering deprivation is lower than the local and national averages. The practice supports a significantly higher number of patients who reside in care homes than the national average.

Services are provided from:

Farningham Surgery

Braeside, Gorse Hill,

Farningham

Dartford

Kent

DA4 0JU

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 30 October 2014, as part of our regulatory functions. The 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 the legal requirements were found.

As a result we undertook a focused inspection on 16 July 2015 to follow up on whether action had been taken to deal with the breaches.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed information sent to us by the provider that told us how they had addressed the breaches

identified during the comprehensive inspection. We carried out an announced visit on 16 July 2015. During our visit we spoke with one of the GP partners, the practice manager, the reception manager, the dispensary manager, a practice nurse and an administrator. We reviewed information, documents and records kept at the practice.

Are services safe?

Our findings

Medicines management

The practice had a process for managing medicines safely. This included the administration of vaccines. The health care assistants administered vaccines using Patient Specific Directions (PSDs) that had been produced by the prescriber. These contained detailed information, including details about the patient receiving the vaccine, the date it was authorised to be given and the signature of the prescriber.

The health care assistants had received appropriate training and been assessed as competent to administer the vaccines referred to and in accordance with the PSD issued by the prescriber at the practice.

Staffing and recruitment

Staff files contained documented information to demonstrate that appropriate recruitment checks had been undertaken prior to the employment of staff. For example, proof of identification, references, qualifications, and registration with the appropriate professional body and criminal records checks through the Disclosure and Barring Service (DBS).

The practice had a recruitment policy that set out the standards it followed when recruiting all staff and a standardised checklist had been developed and implemented to help ensure that all relevant checks and information was obtained during the recruitment process. A checklist and information template had also been implemented for locum staff, to help ensure that all required checks were undertaken when using locums in the practice.

Are services well-led?

Good 

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

Our findings

Governance arrangements

The practice had developed and implemented a system to monitor and manage the safety of services provided at the practice. A comprehensive health and safety audit had been conducted and included safety checks and audits for the premises and a review of the processes used by the practice to manage safety. For example, infection control arrangements, including a legionella risk assessment, and a fire safety management system that included an updated fire risk assessment. Action plans had been developed to identify and manage any follow-up actions required.

The practice had implemented an audit system to monitor the training completed for GPs, nurses and administrative staff and a system to check that professional registrations were kept up-to-date for GPs and nurses.

The practice had developed and implemented a risk management policy, which set out the responsibilities of all staff and management, in the reporting, recording and monitoring of all identified risks and how these would be managed to mitigate risks to patients, staff and others. A risk folder was kept and monitored by designated staff and discussed with the practice management. Records showed that these had been reviewed and updated regularly to reflect any changes.