

Farmhouse Surgery

Inspection report

Christchurch Medical Centre
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Christchurch
BH23 3AF
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Date of inspection visit: 23 March 2023
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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 location	Inadequate	
Are services safe?	Inadequate	
Are services effective?	Requires Improvement	
Are services responsive to people's needs?	Good	
Are services well-led?	Inadequate	

Overall summary

We carried out an announced focused inspection at the Farmhouse Surgery on 20 – 22 March 2023. Overall, the practice is rated as inadequate.

Safe - inadequate

Effective - requires improvement

Caring – Not inspected

Responsive - good

Well-led - inadequate

Following our previous focussed inspection on 15 December 2016 the practice was rated good overall and for all key questions. At this inspection, we found that those areas previously regarded as good had not been continued. While the provider had maintained some good practise, the threshold to achieve a good rating had not been reached. The practice is therefore now rated inadequate.

The full reports for previous inspections can be found by selecting the ‘all reports’ link for the Farmhouse Surgery on our website at www.cqc.org.uk

Why we carried out this inspection.

We carried out this inspection to follow up concerns reported to us.

How we carried out the inspection

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included:

- Conducting staff interviews using video conferencing.
- Completing clinical searches on the practice’s patient records system (this was with consent from the provider and in line with all data protection and information governance requirements).
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- A staff questionnaire.
- A site visit.

Our findings

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

Overall summary

We found that:

- The practice did not have clear systems and processes to keep people safe and safeguarded from abuse. There were gaps in systems to assess, monitor and manage risks to patient safety and staff did not have the information they needed to deliver safe care and treatment. The practice did not always share learning or improvements when things went wrong.
- Appropriate standards of cleanliness and hygiene were not met.
- Some aspects of medicine management did not ensure patient safety.
- Patients' needs were assessed but care and treatment was not consistently delivered in line with current legislation, standards and evidence-based guidance. The staff were not always supported by clear pathways and tools.
- There was limited monitoring of the outcomes of care and treatment. The practice did not have a comprehensive programme of quality improvement activity and did not routinely review the effectiveness and appropriateness of the care provided.
- The practice could not demonstrate that all staff had the skills, knowledge and experience to carry out their roles.
- People were able to access care and treatment in a timely way and the practice organised and delivered services to meet patients' needs. The practice always obtained consent to care and treatment in line with legislation and guidance. Complaints were listened to and responded to. However, it was not clear how learning from complaints was shared to improve the service.
- Leadership was not effective at all levels. The practice did not have a clear vision and credible strategy to provide high quality sustainable care. The practice culture did not effectively support high quality sustainable care.
- The overall governance arrangements were ineffective. The practice did not always act on appropriate and accurate information and there were no clear and effective processes for managing risks, issues and performance. The practice involved the public and staff to a limited extent. There was little evidence of systems and processes for learning, continuous improvement and innovation.

We found 4 breaches of regulations. The provider **must**:

- Ensure the care and treatment of patients is appropriate, meets their needs and reflects their preferences,
- Ensure care and treatment is provided in a safe way to patients. The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of patients receiving care and treatment.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure enough suitably qualified, competent, skilled and experienced persons are deployed to meet the fundamental standards of care and treatment.

The provider **should**:

- Take action to inform patients of the use of CCTVs outside the building.
- Take steps to ensure that the records requiring summarising are prioritised to support vulnerable patients.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

Overall summary

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement, we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC lead inspector supported by a second CQC inspector. Both inspectors spoke with staff using video conferencing facilities and undertook a site visit. The team included a GP specialist advisor who completed clinical searches and records reviews remotely.

Background to Farmhouse Surgery

The Farmhouse Surgery is in Christchurch, Dorset at:

Christchurch Medical Centre

1 Purewell Cross Road

Christchurch

Dorset

BH23 3AF

The practice is one of two GP providers based 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. Information published by Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the seventh decile (seven of 10). The lower the decile, the more deprived the practice population is relative to others.

At the time of the inspection, there were 6160 patients on the practice list and most 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%. All the patients have a named GP.

The practice has 3 GP partners and 2 salaried GP's. The practice uses the same GP locums for continuity wherever possible.

The nursing team consists of 2 nurse practitioners and 1 health care assistants. All the practice nurses are employed part time and specialise in certain areas of chronic disease and long-term conditions management.

Farmhouse surgery is managed by a Practice Manager, plus administrative and reception staff.

The practice has an Action Management Before Emergency Risk team (AMBER), which is co-ordinated on behalf of Farmhouse Surgery by a GP from another practice based at the medical centre. The practice had access to the AMBER team who work across all two practices based at Christchurch Medical Centre. The purpose is to support vulnerable patients, provide home visits and proactive monitoring to avoid unplanned hospital admissions wherever possible. The Farmhouse Surgery did not employ this team and they were not included in the practice staffing numbers.

The provider is registered with CQC to deliver the Regulated Activities, diagnostic and screening procedures, maternity and midwifery services and treatment of disease, disorder or injury and surgical procedures.

The practice is situated within the Dorset Integrated Care System (ICS) and delivers General Medical Services (GMS). This is part of a contract held with NHS England.

The practice is part of a wider network of 4 GP practices called the Christchurch Primary Care Network.

The practice is open 8.30am to 6.30pm Monday to Friday. Phone lines are open from 8am to 6:00pm, with the out of hours service picking up phone calls after this time. GP appointment times are from 8.30am to 6:00pm every weekday. Extended opening hours are provided with evening appointments available by arrangement, every Monday.

Telephone appointments are available Monday to Friday by arrangement. Information about opening times and appointments is listed on the practice website and patient information leaflet. Opening hours of the practice are in line with local agreements with the clinical commissioning groups.

Patients requiring a GP outside of normal working hours are advised to contact the out of hours service provided by 111 services in Dorset.

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

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Assessments of the risks to the health and safety of service users receiving care or treatment were not being carried out.</p> <p>The premises being used to care for and treat service users was not being used in a safe way.</p> <p>There was no proper and safe management of medicines.</p> <p>In particular:</p> <ul style="list-style-type: none">• The provider did not always assess the risks to the health and safety of patients receiving the care or treatment.• The provider did not always ensure that the premises used were safe to use. Areas were cluttered and posed a risk to staff and patients.• The provider did not always ensure the proper and safe management of medicines.• The provider did not always ensure that incidents that affect the health, safety and welfare of people using services must be reported internally and to relevant external authorities/bodies. <p>This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p>

Requirement notices

The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided.

There were no systems or processes that enabled the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk

The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services.

In particular:

- There were limited and ineffective systems and processes to make sure the provider assessed and monitored their service. For example, there were no risk management systems, risk registers or overviews of safeguarding.
- Providers did not have systems and processes that enabled them to identify and assess risks to the health, safety and/or welfare of people who use the service. There were limited risk assessments for lone working and environmental risks and there was limited health and safety training and no fire drills undertaken.
- There was a lack of risk assessments and clinical audits to assess, monitor and improve quality and safety of the service. For example: clinical and non-clinical audits if the service.
- Records relating to people employed did not contain the required information. This applied to all staff, not just newly appointed staff. This included references and risk assessment for those staff not having a DBS check.
- There was a lack of governance around systems for monitoring and prescribing for individuals with long term conditions that required ongoing care.
- The provider did not always ensure systems supported the work of the practice, for example test results being available to support prescribing and systems to monitor repeat prescribing

This section is primarily information for the provider

Requirement notices

- The provider did not actively seek the views of a wide range of stakeholders, including people who use the service, staff, visiting professionals, professional bodies, commissioners, local groups, members of the public and other bodies, about their experience of, and the quality of care and treatment delivered by the service.

This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Family planning services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The service provider had failed to ensure that persons employed in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform.

In particular:

- Staff did not receive management training and mandatory training to include the correct level of safeguarding training and life support training for clinical staff.
- The registered person's recruitment procedures did not ensure that potential employees had the necessary checks completed to ensure that patients were safe. It was not possible to evidence that providers provided an induction programme that prepares staff for their role.

This was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

This section is primarily information for the provider

Requirement notices

Surgical procedures

Family planning services

Maternity and midwifery services

Assessments of the needs and preferences for service user care and treatment were not being carried out collaboratively with the relevant person.

In particular:

- The provider did not always ensure that systems to support care and treatment were used. For example, the reviews of long-term conditions and monitoring of high-risk medicines. The management of medicine reviews did not always include all medicines and were not always completed.

This was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.