

# Glemsford Surgery

## Inspection report

Glemsford surgery, Lion Road  
Glemsford  
Sudbury  
CO10 7RF  
Tel: 01787280484

Date of inspection visit: 20 August 2022  
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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

Good 

Are services safe?

Requires Improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Overall summary

We carried out an announced inspection at Glemsford Surgery on Wednesday 20 July 2022. Overall, the practice is rated as Good.

Set out the ratings for each key question

Safe – Requires Improvement

Effective - Good

Caring - Good

Responsive - Good

Well-led – Good

When this provider, West Suffolk Foundation Trust (WSFT) registered Glemsford Surgery location with CQC, they inherited the regulatory history and ratings of the predecessor. This is the first inspection of Glemsford Surgery under the registered provider WSFT who became the provider from May 2020.

Following our previous inspection of the predecessor location on 01 November 2016, the practice was rated Good overall and for all key questions:

The full reports for previous inspections can be found by selecting the 'all reports' link for Glemsford Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Why we carried out this inspection

This inspection was a comprehensive first inspection to rate a new location.

This included:

- Inspection of the key questions:
  - Safe
  - Effective
  - Caring
  - Responsive
  - Well-led

## How we carried out the inspection

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

# Overall summary

This included:

- Conducting staff interviews using video conferencing.
- Completing clinical searches on the practice's patient records system and discussing findings with the provider.
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- A short 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.

## We have rated this practice as Good overall

We found that:

- We found patients with safeguarding identified had been discussed in safeguarding meetings however, we found no alerts on some patient's records.
- The practice lacked a process to review historical MHRA alerts effectively. We found some medicine reviews hadn't identified the safety alerts for the medicines prescribed.
- The practice had effective systems to ensure all emergency medicines and equipment were safe to use.
- We found some patients taking high risk medicines lacked consistent monitoring.
- We found some patients that had potential missed diagnosis of diabetes and chronic kidney disease. We also found some blood test results used when reviewing and monitoring some patients with long term conditions were out of date.
- Staff competency monitoring was carried out on a daily basis; however, this was not formally documented, and lacked the clinical oversight to ensure high risk drug monitoring was effective.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice respected patients' privacy and dignity and patient confidentiality was maintained throughout the practice
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic. Patients could access care and treatment in a timely way.
- The way the practice was led and managed promoted the delivery of high-quality, person-centre care, however some systems and processes introduced during or following our inspection needed to be embedded.

We found a breach of regulations. The provider **must**:

Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

In addition, the provider **should**:

- Continue to embed the process to monitor the appropriate level of antibiotic prescribing for uncomplicated urinary tract infections.
- Continue to review and improve the opportunities for patients to access health screening checks.

# Overall summary

- Continue to engage in patient feedback/survey exercises to gain and act upon patient opinion to improve patient satisfaction.

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

**Dr Rosie Benneyworth** BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities and undertook a site visit. The team included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

## Background to Glemsford Surgery

Glemsford Surgery is located in the village of Glemsford in the district of Sudbury in Essex at:

Glemsford Surgery,

Lion Road,

Glemsford,

Sudbury,

Suffolk,

CO10 7RF

The provider (West Suffolk Foundation Trust) 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 NHS West Suffolk Clinical Commissioning organisation area and delivers a General Medical Services (**GMS**) to a patient population of about 4,900. This is part of a contract held with NHS England.

The practice is part of a wider network of four GP practices including Glemsford Surgery.

Information published by Public Health England shows that deprivation within the practice population group is the eighth decile (8 of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 0.5% Asian, 98.7% White, 0.5% Black, and 0.3% Mixed.

The age distribution of the practice population closely mirrors the local and national averages. There are more male patients registered at the practice compared to females.

There is a team of three GPs who provide cover at the practice. The practice has a nursing team of three who provide nurse led clinics and a clinical pharmacist for long-term condition management. The GPs are supported by the practice manager, assistant practice manager and a team of reception/administration staff.

The practice is open between 8 am to 6:30 pm Monday to Friday. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Extended access is provided by the practice health care assistant appointments from 7:30am - 8am on Monday and Friday and GP appointments from 6:30pm – 7pm on Tuesday, Wednesday and Thursday. Further extended access is available locally provided by Suffolk GP+, early mornings 6:30am to 8am Monday to Friday, late evenings 6:30pm to 9pm Monday to Friday and Weekends and Bank Holidays from 9am to 5pm are available.

Out of Hours Service is available between 6:30pm to 8am and is accessed via the NHS 111 service.

## 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 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person had failed to ensure there were effective systems and processes in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.</p> <p>Specifically:</p> <ul style="list-style-type: none"><li>• The provider had failed to identify all safeguarding patients alerts on their records.</li><li>• The provider had failed to identify all patients whose care and treatment should be modified by MHRA alerts, including historical alerts.</li><li>• The provider had not used up-to-date blood results for long term condition management, and record in patient records.</li><li>• The provider had not identified or undertaken consistent monitoring for all patients taking high risk medicines.</li><li>• The provider had failed to run regular searches to reduce the possibility of missing long-term condition diagnosis.</li><li>• The provider had failed to have in place a formal process to monitor staff competencies including clinical oversight of non-medical prescribers when monitoring patients care and treatment,</li></ul> <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>