Mendlesham Medical Group

Inspection report

The Health Centre
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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	Requires improvement
Are services safe?	**Requires improvement**
Are services effective?	**Good**
Are services well-led?	**Requires improvement**

Overall summary

We carried out an announced focused inspection at Mendlesham Medical Group on 21 January 2020. We decided to undertake an inspection of this service following our annual review of the information available to us including information provided by the practice. Our review indicated that there may have been a significant change (either deterioration or improvement) to the quality of care provided since the last inspection.

This inspection focused on the following key questions

- are services safe
- are services effective
- are services well-led

Because of the assurance received from our review of information we carried forward the ratings for the following key questions:

- are services caring - good
- are services responsive – good

At the last inspection on 19 October 2016 we rated the practice as good overall. The full comprehensive report (published July 2017) for this inspection can be found by selecting the 'all reports' link for Mendlesham Medical Group on our website at .

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 requires improvement overall and for providing safe and well led services We have rated the practice as good for providing effective services and carried over our good rating for caring and responsive services. The practice is rated good for all the population groups.

We rated the practice as **requires improvement** for providing a safe and well led services because:

- There was no process to ensure professional registration was maintained on an annual basis.
- There was no documented evidence that identified risks from the fire risk assessment had been completed.
- Infection prevention and control did not have leadership oversight.
- Blank prescription pads were not being tracked as advised by guidance.
- Standard Operating Procedures (SOP) did not contain detailed, written instructions to achieve uniformity of the performance of a specific function within the dispensary. For example, there was no SOP for the person who delivered medicines to patients homes and in-depth clarity regarding the difference between near miss and significant events.
- The practice was unable to clearly demonstrate that the systems and processes in place to support the governance of the practice were well embedded, to maintain effective oversight of the service and to deliver service improvements.
- Not all regulated activities were on their certificate.

We rated the practice as **good** for providing effective services and **good** for the population groups because:

- The practice routinely reviewed the effectiveness and appropriateness of the care they provided.
- It ensured that care and treatment was delivered according to evidence-based guidelines.
- The practice understood the needs of its population and tailored services in response to those needs.
- The practice had met the World Health Organisation (WHO) based national target of 95%.

The areas where the provider **must** make improvements are:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
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The areas where the provider **should** make improvements are:

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- Continue to develop, update and embed the standard operation procedures within the dispensary.
- Continue to develop and embed a clear strategic vision to ensure quality and sustainability is prioritised. Develop a succession plan.
- Develop a protocol for supporting and managing staff when their performance becomes poor or variable.

Overall summary

- Improve the monitoring of blank prescription forms in line with national guidance.
- Take necessary action to resolve the CQC registration issues.

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

Population group ratings

Older people	Good
People with long-term conditions	Good
Families, children and young people	Good
Working age people (including those recently retired and students)	Good
People whose circumstances may make them vulnerable	Good
People experiencing poor mental health (including people with dementia)	Good

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector and included a GP specialist adviser, a CQC medicine inspector and a second CQC inspector.

Background to Mendlesham Medical Group

Mendlesham Medical Group is located at The Health Centre, Chapel Road, Mendlesham, Stowmarket, Suffolk, IP14 5SQ. The surgery is in an NHS owned building. The practice area covers the village of Mendlesham and extends into 29 outlying villages. There is a branch site at Bacton and medicines are dispensed from both sites. The practice has consultation space for GPs and nurses as well as midwives and physiotherapists who are attached to the practice. We visited the Bacton branch to review the dispensary service.

The provider is registered with CQC to deliver the following Regulated Activities; diagnostic and screening procedures, maternity and midwifery services, family planning and treatment of disease, disorder or injury. These are delivered from both sites.

The practice has a contract with Ipswich and East Suffolk Clinical Commissioning Group (CCG). The practice holds a General Medical Service (GMS) contract with the local CCG. A GMS contract is a nationally negotiated contract to provide care to patients. In addition, the practice also offers a range of enhanced services commissioned by their local CCG: facilitating timely diagnosis and support for people with dementia.

The practice offers extended hours on a Tuesday and Thursday from 7am to 8am. When the practice is closed, out of hours cover for emergencies is provided by the Suffolk GP Federation C.I.C., accessed via the NHS 111 service. At the time of our inspection there were approximately 7,600 patients on the practice list.

The practice team comprises three GP partners and two salaried GPs, and there are both male and female GPs seeing patients at the practice. There are three nurse practitioners, two practice nurses and a healthcare assistant. There is a team of 13 administrative staff members, a practice manager and a dispensary manager working at both sites. There is also a dispensary at each practice with eight trained and dedicated dispensary staff members.

The practice catchment area is classed as being within one of the least deprived areas in England. The practice scored eight on the deprivation measurement scale; the deprivation scale goes from one to 10, with one being the most deprived. People living in more deprived areas tend to have greater need for health services.

The National General Practice Profile describes the practice ethnicity as being 98% white British, practice demographics show a slightly higher than average percentage of people in the 75+ year age group. Average life expectancy is 83 years for men and 85 years for women compared to the national average of 79 and 83 years respectively. The general practice profile shows that 0.7% of patients registered at the practice were unemployed, compared to 1.9% locally and 4.2% nationally.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met;** **The provider was not providing safe care and treatment for service users as you did not do all that was reasonably practicable to mitigate risks to health and safety of service users; in particular** • There was no documented evidence that identified risks from the fire risk assessment had been completed. • Infection prevention and control was not monitored effectively, with no infection control audit in place and no evidence that the clinical lead had completed the relevant training for their role. • A range of medicines management issues were identified as concerns this included; a dispensary staff member changing a prescription without GP oversight. Not all staff were aware of the requirement to follow standard operating procedures guidance. **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 Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** **The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to** **evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process. In particular:**

This section is primarily information for the provider

Requirement notices

- There was no policy or process to ensure the oversight of clinicians professional registration was maintained on an annual basis.
- Not all clinical leads were identified. There was no infection control lead.
- Some near misses should have been escalated to significant events to ensure actions and learning outcomes were identified.
- There was no recorded strategy, or a supporting business plan or a governance framework to ensure delivery of the vision was not place.

This was in breach of regulation 17 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.