

# The Reynard Surgery

## Inspection report

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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?		Requires Improvement	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

# Overall summary

We carried out an announced comprehensive inspection of The Reynard Surgery from 27 September to 4 October 2021. Overall, the practice is rated as requires improvement.

When this service registered with us, it inherited the regulatory history and ratings of its predecessor. Following our previous inspection of the predecessor, published on 11 December 2019, the practice was rated requires improvement overall and for providing safe, effective and well led services, and rated good for providing caring and responsive services. The population groups of people with long term conditions and people experiencing poor mental health including people with dementia were rated requires improvement in the effective domain. Due to our ratings principles, the effective domain was rated requires improvement. The full reports for previous inspections can be found by selecting the 'all reports' link for The Reynard Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Why we carried out this inspection

We carried out an announced comprehensive inspection at the practice to review in detail the actions taken by the provider to improve the quality of care. The focus of this inspection included:

- The key questions of safe, effective, caring, responsive and well led.
- The follow up of areas where the provider 'should' improve identified at our previous inspection.

## 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. This included:

- Requesting evidence from the provider and reviewing this.
- 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.
- Conducting staff interviews using video conferencing and by telephone.
- Gaining feedback from staff by using staff questionnaires.
- Requesting and reviewing feedback from the Patient Participation Group.
- 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 requires improvement overall and requires improvement for providing safe and effective services. The practice is rated requires improvement for the effective key question, as the issues identified affected all population groups, except for families, children and young people. The practice is rated good for providing caring, responsive and well led services.

# Overall summary

We found that:

- Significant improvements had been made to the completion and oversight of recruitment checks, staff immunisation, staff appraisals, training, the oversight of nurses working in extended roles, policies and health and safety checks, including security. However, our inspection identified other areas for improvement as the practice did not always ensure the safe management of medicines.
- The most recent published Quality and Outcomes Framework (QOF) data showed an improvement to the practice performance was in line with the Clinical Commissioning Group and England averages for patients with long-term conditions and mental health needs. However, patients did not always receive effective care and treatment.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- 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-centred care. All the staff questionnaire responses and staff interviews were very positive about the leadership and culture and the personal and professional support staff received from the practice. We identified some of the practice systems and processes in place to ensure good governance were not wholly effective. Where improvements were made immediately following our inspection, they needed to be monitored and embedded to ensure they were effective and sustained.

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

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

There were other areas the provider could improve and **should**:

- Continue to monitor and improve cervical cancer screening uptake.
- Continue to monitor the uptake of childhood immunisations to meet the 90% national target and the World Health Organisation target of 95% for all indicators.
- Embed the use of the new template for responding to complaints so patients are informed in writing of how to escalate a complaint to the Parliamentary and Health Service Ombudsman.

**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

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

## Our inspection team

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

## Background to The Reynard Surgery

- The name of the registered provider is Dr George Patrick Hopkinson. The provider registered as a sole provider in November 2020, having previously been registered as a partnership.
- The practice is situated in the village of Red Lodge, Suffolk.
- The practice provides services to approximately 9,450 patients registered at the practice. The practice offers dispensing services to those patients on the practice list who live more than one mile (1.6km) from their nearest pharmacy.
- The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services, family planning and treatment of disease, disorder or injury.
- The practice has a Personal Medical Services (PMS) contract with the West Suffolk Clinical Commissioning Group (CCG).
- Information published by Public Health England shows that deprivation within the practice population group is in the seventh decile (one to 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 90.7% White, 1.7% Asian, 3.6% Mixed, 2.7% Black, and 1.3% Other.
- The clinical team consists of four GPs; a lead GP (male), two salaried GPs (one male and one female) and a locum GP (female). There are two nurse practitioners who can independently prescribe medicines, two practice nurses and two health care assistants. The dispensary team includes a dispensary manager, two lead dispensers, one dispenser, two trainee dispensers and two prescription clerks. The administration team consists of two practice managers, a practice manager assistant, a senior administrator, a clinical coordinator, two data clerks, two medical secretaries and a summariser. A reception manager and lead receptionist lead a team of five reception staff.
- The practice is part of Forest Heath Primary Care Network. (Primary care networks are groups of practices who work together to improve primary care services).
- The practice's opening times are from 8am until 6.30pm Monday to Friday. Early morning appointments were available Wednesday mornings from 7am. The dispensary opening times are from 8.30am to 1pm and from 2pm to 6pm Monday to Friday.

- Patients could book evening and weekend appointments with a GP through Suffolk GP+ (Suffolk GP+ is for patients who urgently need a doctor's appointment or are not able to attend their usual GP practice on a weekday.) Out-of-hours GP services are provided by Suffolk GP Federation C.I.C., via the NHS111 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 Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>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. In particular:</p> <ul style="list-style-type: none"><li>• Some patients did not have appropriate blood monitoring recorded in their clinical records before repeat prescriptions were re-issued.</li><li>• The system for acting on patient safety alerts and ensuring they became embedded into evidence-based practice was not always effective.</li><li>• A medication review code was being added to patients' records by non-clinical staff to describe medicines reconciliation activity. This may have meant patients would not receive an appropriate clinical review of their treatments.</li><li>• Some patients had not been monitored and reviewed in line with evidence-based practice, which included incorrect coding and monitoring of patients with diabetes.</li><li>• Shared care agreements and hospital issued medicines were not recorded consistently on patients' records.</li><li>• The prescribing rates for some medicines were above the national average, and prescribing did not always follow national guidance.</li></ul> <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>