

# Reynard Surgery

## Inspection report

10-10A Market Place  
Mildenhall  
Bury St Edmunds  
Suffolk  
IP28 7EF  
Tel: 01638552211  
[www.thewhitehousesurgery.co.uk](http://www.thewhitehousesurgery.co.uk)

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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?

Good



Are services well-led?

Requires improvement



# Overall summary

We carried out 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 to the quality of care provided since the last inspection.

This inspection focused on the following key questions: Safe, effective and well led.

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

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, effective and well-led services. The rating of good for providing caring and responsive services have been carried over from our previous inspection. The population group for people with long-term conditions and People experiencing poor mental health (including people with dementia) is rated as requires improvement; all other population groups were rated as good.

At this inspection we found:

- Staff had the information they needed to deliver safe care and treatment.
- The practice acted on all safety alerts received and there was a process to ensure actions were carried out.
- Patients received effective care and treatment that met their needs.
- The practice had systems for the appropriate and safe use of medicines, including medicines optimisation

We have rated the practice as requires improvement for providing a safe service because:

- There was no clinical oversight of the practices risk assessments and policy updates and reviews. The safeguarding policy was incomplete; however, there were accurate information posters in every clinical room and staff spoken with were clear about their role.

- Not all recruitment checks had been carried out in accordance with regulations. We found several gaps in the staff recruitment files which included a lack of references and gaps in training.

We have rated the practice as requires improvement for providing effective services and for all population groups with the exception of people with long term conditions and people experiencing poor mental health (including people with dementia) which we rated requires improvement. This was because:

- The overall QOF achievement for COPD was lower than the CCG and national average and the exception reporting was also higher.
- Some mental health indicators were lower than the CCG and national average

We have rated the practice as requires improvement for providing well led services. This is because:

- Not all staff had received an appraisal in the preceding 12 months.
- The governance systems in place were not always effective. For example, we found governance issues relating to risk assessments for security and not all staff had received a DBS check prior to commencing employment.
- Health and safety risk assessments had been undertaken but there was no oversight to ensure actions identified were taken and monitored.
- There was no formal oversight of nurses working in advanced practice. Some staff were not aware of the practice major incident plans and what their role would be.
- Processes to ensure competency of staff working in advance practice was not formalised or audited.
- The arrangements for governance and performance management did not always operate effectively. Oversight of policy reviews and updates had not been planned and we found two different policies for safeguarding and fire. Staff were not able to identify which one they would use.

The areas where the provider must make improvements are:

# Overall summary

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

The areas the provider should make improvements in are;

- Review the process to oversee the accuracy of patient notes summarising.
- Continue to monitor and update staff training.
- Continue to monitor and support staff in areas where there is a reduced resource.

- Continue to monitor and improve cancer screening uptake and exception reporting.
- Continue to monitor the uptake of childhood immunisations to meet the WHO target of 95%.

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

Rosie Benneyworth

**Chief Inspector of PMS and Integrated Care**

## Population group ratings

Older people	Good	
People with long-term conditions	Requires improvement	
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)	Requires improvement	

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor and a second inspector.

## Background to Reynard Surgery

- The practice is situated in the village of Red Lodge Suffolk with a branch site at Mildenhall. The practice offers health care services to approximately 8,000 patients and offers consultation space for GPs, nurses and extended attached professionals including community nurses, and a mental health worker.
- 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 practice holds a Personal Medical Services (PMS) contract.
- The providers clinical team consists of four GPs, two Nurse Practitioners that can independently prescribe medicines and three practice nurses. The dispensary team includes a dispensary manager, four dispensers and a prescription clerk. The administration team consists of a practice manager, a reception supervisor and reception and administrative teams.
- The practice has a lower than average older population and a higher than average number of young families.
- Male and female life expectancy in this area is 81 years for males and 86 years for females compared with the England average at 79 years for men and 83 years for women.

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person had systems and processes in place that operated ineffectively in that they failed to enable 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. In particular:</p> <ul style="list-style-type: none"><li>• There was no formal, documented process of the review of work undertaken by nurses working in extended roles.</li><li>• Legionella risk assessment had not been actioned there was no process to check water temperatures.</li><li>• Dispensary security had not been risk assessed</li></ul> <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.</p>