

Long Melford Surgery

Inspection report

The Long Melford Surgery
Cordell Road, Long Melford
Sudbury
CO10 9EP
Tel: 01787378226
www.longmelfordpractice.org.uk

Date of inspection visit: 05 September 2022
Date of publication: 29/09/2022

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

Inspected but not rated



Are services safe?

Inspected but not rated



Are services effective?

Inspected but not rated



Overall summary

We previously carried out an announced inspection at Long Melford Practice on 19 July 2022. Overall, the practice was rated as inadequate and placed into special measures. As a result of the concerns identified, we issued a Section 29 warning notice on 29 July 2022 in relation to a breach of Regulation 12 Safe Care and Treatment, requiring them to achieve compliance with the regulation by 5 September 2022.

The full reports for previous inspections can be found by selecting the 'all reports' link for Long Melford Practice on our website at www.cqc.org.uk

Why we carried out this inspection

We undertook a focused inspection on 5 September 2022 to check that the practice had addressed the issues in the warning notice and now met the legal requirements. This report only covers our findings in relation to those requirements and will not change the ratings.

At the inspection, we found that the requirements of the warning notice had not been met.

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 work remotely without conducting a site visit. This was with consent from the provider and in line with all data protection and information governance requirements.

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

Our key findings were:

- The systems and processes in place had been improved to support safe use of medicines. However, some of these actions had not had sufficient time to be fully completed and some patients were still awaiting review.
- There was progress towards an improved system to manage patient safety alerts. However, we noted the practice had not fully reviewed historic alerts to ensure they understood and incorporated the risks associated with the alert.
- The practice had prioritised the issuing of emergency steroid cards after our previous inspection; we found some improvements had been made but there were still gaps in the system.
- The practice was in the process of reviewing patients to ensure that regular, appropriate and comprehensive medicines reviews were undertaken.
- We noted that the practice had installed a new clinical system in November 2021, they told us this had been challenging and may have contributed to the inconsistency of data. The practice had upcoming training which they hoped would address concerns identified and support improvements in their action plan.

Overall summary

- After the inspection of July 2022, the practice, with the support of the Integrated care Board (ICB), shared an action plan and we could see improvements in some areas. These improvements need to be embedded and monitored to ensure they are safe and effective and will be sustained.

The provider **must**:

- Ensure care and treatment is provided in a safe way to patients.

For further information see the requirement notice at the end of this report.

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 who spoke with staff using video conferencing facilities and reviewed information provided by the practice. 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 Long Melford Surgery

Long Melford Practice is located in Long Melford at:

Cordell Road

Long Melford

Sudbury

CO10 9EP

The practice has a branch surgery at:

36 Church Street

Lavenham

Sudbury

CO10 9SA

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, family planning and surgical procedures.

The practice offers services from both a main practice and a branch surgery. Patients can access services at either surgery.

The practice area covers the village of Long Melford and extends into the outlying villages. The practice offers health care services to around 9,136 patients, from Long Melford and a branch surgery in Lavenham.

The practice is part of the Suffolk and North Essex Integrated Care Board and part of a local primary care network.

There is a dispensary at the Long Melford practice. The practice holds a Personal Medical Service (PMS) contract, a locally agreed contract with NHS England.

The practice has two male and one female GP partners and four female salaried GPs. The practice is a training practice and has two GP registrars (a GP registrar is a qualified doctor who is training to become a GP).

The nursing team includes two practice nurses one of whom is the lead nurse, one healthcare assistant and a nurse practitioner in training.

There is a team of care navigators and administration staff. The practice manager is supported by a practice manager assistant, an operations director and an IT and administration assistant. The dispensary team includes a pharmacy technician who is the dispensary manager, three dispensers and one delivery driver.

Long Melford Surgery is open from 8am to 6.30pm on Monday to Friday, with appointments available from 8.30am to 11am and from 3pm to 5.30pm. Lavenham Surgery is open Monday to Friday from 8am to 1pm and from 2pm to 6.30pm, with appointments available from 8.30am to 11am and 3pm to 5.30pm. Extended hours appointments are available at Long Melford from 6.30pm to 7pm on Mondays and from 7am to 8am on Fridays.

Patients are able to book evening and weekend appointments with a GP through Suffolk GP+. During out-of-hours, GP services are provided by Care UK via the 111 service.

Information published by Public Health England shows that deprivation within the practice population group is in the third highest decile (eight 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 0.4% Asian, 95.5% White, and 0.1% Other.

The age distribution of the practice population shows a higher percentage of patients aged over 60 years and a lower percentage of patients aged 54 years and under.

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>How the regulation was not being met:</p> <ul style="list-style-type: none">• The practice did not ensure safe prescribing of medicines to all patients including the appropriate monitoring in an appropriate timeframe.• The practice had a backlog of structured medicine reviews, and we could not be assured that all medicines had been considered safely.• The practice did not have fully effective and embedded processes for monitoring patients' health in relation to the use of some medicines and long-term conditions.• The system for managing Medicines and Healthcare Products (MHRA) alerts was not always effective.• The practice could not demonstrate clear and accurate record keeping and coding of conditions. <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>