

# Long Melford Surgery

## Quality 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 service

Good 

Are services safe?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Long Melford Surgery on 9 January 2017. The overall rating for the practice was requires improvement, with requires improvement for providing safe and well led services and good for providing effective, caring and responsive services. The full comprehensive report on the 9 January 2017 inspection can be found by selecting the 'all reports' link for Long Melford Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a focused inspection on 25 July 2017 to check they had followed their action plan and to confirm they now met legal requirements in relation to the breaches identified in our previous inspection on 9 January 2017. This report only covers our findings in relation to those requirements.

Overall the practice is now rated as good, and good for providing safe and well led services.

Our key findings from this inspection were as follows:

- Dispensing errors were recorded and reviewed within the practice and errors which were deemed significant by the practice were raised as significant events and managed effectively.

- Patient safety alerts were logged, shared, initial searches were completed and the changes effected.
- All clinical staff and the dispensary delivery driver had a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- Risks to patients and staff were assessed and well managed, including those related to infection control. Safe practices were in place in relation to the cleaning of spilt body fluids and requests for home visits.
- Staff sought patients' consent to care and treatment in line with legislation and guidance and relevant information was available to staff which included The Mental Capacity Act (2005).
- The practice had undertaken work to improve the identification of carers. The practice had identified 308 patients as carers (3.2% of the practice list). Suffolk Family Carers attended the practice on a monthly basis in order to support carers. Information was available in the waiting room for support groups and organisations aimed to help and advise carers.
- An effective process was in place for the development, approval, sharing and review of policies and procedures.

# Summary of findings

- There was an effective governance process in place to assure the practice that risks to patients and staff were identified, acted upon, monitored and reviewed. This included auditing minor surgery outcomes, complications and infection rates and staff training.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

Our focused inspection on 25 July 2017 found that:

- There was an effective system in place for reporting and recording significant events and lessons were shared to make sure action was taken to improve safety in the practice. This included dispensing errors, which were also significant events.
- Patient safety alerts were logged, shared, initial searches were completed and the changes effected.
- Appropriate arrangements were in place for ensuring staff had a DBS check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). All clinical staff and the dispensary delivery driver had a DBS check undertaken by the practice.
- Risks to patients and staff were assessed and well managed, including those related to infection control. Safe practices were in place in relation to the cleaning of spilt body fluids and requests for home visits.

Good



### Are services well-led?

Our focused inspection on 25 July 2017 found that:

- There was an effective governance process in place to assure the practice that risks to patients and staff were identified, acted upon, monitored and reviewed. This included audits for minor surgery, completion of disclosure and barring service (DBS) checks and arrangements for the cleaning of spilt body fluids.
- The process for the review and ratification of policies had improved. Practice specific policies were written, approved, shared and reviewed. Staff we spoke with were able to access relevant policies and procedures easily. All the policies and procedures we reviewed were within their review date.
- A system was in place to record and monitor staff completion of training deemed mandatory by the practice.

Good



# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

### Older people

The provider had resolved the concerns for providing safe and well-led services identified at our inspection on 9 January 2017, which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People with long term conditions

The provider had resolved the concerns for providing safe and well-led services identified at our inspection on 9 January 2017, which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### Families, children and young people

The provider had resolved the concerns for providing safe and well-led services identified at our inspection on 9 January 2017, which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### Working age people (including those recently retired and students)

The provider had resolved the concerns for providing safe and well-led services identified at our inspection on 9 January 2017, which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People whose circumstances may make them vulnerable

The provider had resolved the concerns for providing safe and well-led services identified at our inspection on 9 January 2017, which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for providing safe and well-led services identified at our inspection on 9 January 2017, which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



# Long Melford Surgery

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

This focused inspection was completed by a CQC inspector and a GP specialist adviser.

## Background to Long Melford Surgery

The practice area covers the village of Long Melford and extends into the outlying villages. The practice offers health care services to around 9550 patients, from two modern purpose built premises at Long Melford and a branch surgery in Lavenham. 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. In addition, the practice also offers a range of enhanced services commissioned by their local Clinical Commissioning Group (CCG).

The practice has four male and three female GP partners and two female salaried GPs. The practice is a training practice and has two GP registrars (a GP registrar or GP is a qualified doctor who is training to become a GP). The practice is also involved in teaching medical students, but they do not have any placed at the practice currently. The nursing team includes one nurse manager, three practice nurses and one healthcare assistant. There is a team of receptionists and administration staff. The practice manager is supported by a practice manager assistant. The dispensary is led by a dispensary manager with 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+. (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.) During out-of-hours, GP services are provided by Care UK via the 111 service.

We reviewed the most recent data available to us from Public Health England which showed the practice has a smaller number of patients between the ages of 0 to 44 for females (0 to 54 for males) compared with the England average. It has a larger number of patients over these ages compared to the England average. Income deprivation affecting children is 13%, which is the same as the Clinical Commissioning Group (CCG) average and lower than the national average of 20%. Income deprivation affecting older people is 11%, which is lower than the CCG average of 12% and national average of 16%. The practice has the same percentage of patients who are unemployed (3%) compared to the CCG average, which is less than the national average of 5%. Male and female life expectancy at the practice is 81 years for males and 86 years for females. This is slightly above the CCG expectancy which is 81 years and 84 years and the England expectancy which is 79 years and 83 years respectively.

## Why we carried out this inspection

We undertook a comprehensive inspection of Long Melford Surgery on 9 January 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory

## Detailed findings

functions. The practice was rated as requires improvement, with requires improvement for providing safe and well led services. The full comprehensive report following the inspection on 9 January 2017 can be found by selecting the 'all reports' link for Long Melford Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a focused inspection of Long Melford Surgery on 25 July 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

## How we carried out this inspection

During our visit we:

- Spoke with members of the practice team which included GPs, a nurse, reception, dispensing staff, the practice manager and the assistant practice manager.
- Reviewed policies and procedures, audits and other information held by the practice.

# Are services safe?

## Our findings

At our previous inspection on 9 January 2017, we rated the practice as requires improvement for providing safe services. The following improvements were needed:

- The practice needed to review the arrangements for the cleaning of body fluids by ensuring they met the requirements as detailed in the Health and Social care Act (2008) Code of Practice for health and adult social care on the prevention and control of infections and related guidance.
- The practice needed to ensure that all nursing staff and the dispensary delivery driver had a current Disclosure and Barring Service (DBS) check.

These arrangements had improved when we undertook a follow up inspection on 25 July 2017. The practice is now rated as good for providing safe services.

### Safe track record and learning

Dispensing errors were recorded and reviewed by the dispensing staff and the lead GP for the dispensary. A record was kept of which meeting dispensing errors were discussed at. We reviewed one dispensing error which was raised as a significant event and saw that learning was shared and action was taken to improve safety in the practice. For example, three patient identifiers (name, address and date of birth) were now used for dispensing patient medicine, to reduce the risk of error. A 'dispensary errors' standard operating procedure was being written to document the procedure which was in place at the practice.

Patient safety alerts, which included alerts and updates issued from the Medicines and Healthcare products Agency (MHRA) and through the Central Alerting System (CAS), were logged, shared, initial searches were completed and the changes effected. The practice completed a quarterly review of the alerts at the business meeting to ensure the system in place was effective.

### Overview of safety systems and process

The practice had completed a number of infection prevention and control audits, which included an annual healthcare associated infection reduction plan for April 2017 to March 2018, hand washing audits and environmental cleanliness audits. We saw evidence that action was taken to address any improvements identified as a result. For example, one audit identified that an area around the sink in a consultation room had been water damaged and needed to be replaced. This had been raised with the practice manager and discussed and agreed at the business meeting. An organisational blood borne virus/spillage risk assessment had been completed in March 2017 and measures were in place to reduce and manage the risk of spilt body fluids. The practice had a protocol in place for the cleaning of spilt body fluids. Records were kept of the hepatitis B immunity status of clinical and non-clinical staff. Body fluid spillage kits were available in the practice.

The practice had a system in place to track the process from requesting to receiving a DBS check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The number of the DBS certificate was recorded on the practice's computer system. We saw the DBS certificates for the nurses employed by the practice and the practice manager confirmed the DBS certificate number for the dispensary delivery driver. The practice provided us with assurance that DBS checks had been undertaken for GPs as part of the performers list checks. The practice also obtained DBS checks for non clinical staff.

The practice had a system in place to assess whether a home visit was clinically necessary and this included the process to assess the urgency of the need for medical attention. Written guidance was in place for non-clinical staff to follow and staff we spoke with were aware of the guidance and accessed it easily.

# Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

## Our findings

At our previous inspection on 9 January 2017, we rated the practice as requires improvement for providing well led services. The following improvements were needed:

- The practice needed to ensure there was an effective governance process in place to assure the practice that risks to patients and staff were identified, acted upon, monitored and reviewed. This included auditing minor surgery outcomes, complications and infection rates.

These arrangements had improved when we undertook a follow up inspection on 25 July 2017. The practice is now rated as good for providing well led services.

### Governance arrangements

- The process for the review and ratification of policies had improved. All the policies and procedures we reviewed identified the version of the document, author, responsible lead person, approved date, review date, target audience, methods of distribution and date of circulation. The practice had updated their complaints procedure, since our inspection on 9 January 2017. This was in line with recognised guidance and contractual obligations for GPs in England.
- Practice specific policies were written and implemented, and staff we spoke with were able to access relevant policies and procedures easily.

- We reviewed four dispensary standard operating procedures (SOPs) and found they were clear, detailed, had been reviewed and that staff had signed up to, and dated when they had read each SOP.
- Four GPs at the practice undertook minor surgery. A documented audit process was in place to record that consent was obtained, samples were sent for histology, histology results were checked and acted upon and infection rates were recorded. Work had been undertaken, for example, to improve the obtaining and recording of patient consent. The minor surgery audit which reviewed data recorded in June 2017 showed the practice achieved 100% for patient consent being obtained for the procedure.
- A process was in place for responding to and acting on patient safety alerts. The practice completed a quarterly review of the alerts at the business meeting to ensure the system in place was effective.
- A monitoring system had been implemented for the completion of staff training deemed mandatory by the practice. Responsibility for completion was monitored by the lead for each staff group and the practice manager obtained monthly progress updates. From the records we viewed we saw that the completion of mandatory training had improved. The practice manager advised that the majority of staff had completed mandatory training and the system in place would identify when training was due to lapse so that this could be planned for and completed.