

Fressingfield Medical Centre

Inspection report

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Eye
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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

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Outstanding



Are services well-led?

Good



Overall summary

We carried out an inspection of Fressingfield Medical Centre on 2 December 2019. This was due to the length of time since the last inspection. Following our review of the information available to us, including information provided by the practice, we completed a comprehensive inspection. This was because there may have been a significant change to the quality of care provided since the last inspection. We inspected the following key questions:

- Are services safe, effective, caring, responsive and well led?

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 for providing safe services and outstanding for providing responsive services and for all population groups. Due to our rating aggregation principles the practice is rated as good overall.

The practice was rated as **requires improvement** for providing safe services because:

- Patients who were prescribed certain high-risk medicines that required regular blood test monitoring prior to repeat prescribing of these medicines were not consistently monitored. The practice reviewed this process immediately following the inspection and made improvements. The improved system needed to be embedded.
- There was not an effective governance system in place to be assured that all medicines alerts published by the MHRA were acted upon by the provider. The practice reviewed this process immediately following the inspection and made improvements. The improved system needed to be embedded.

We rated the practice as **outstanding** for providing responsive services because:

- Feedback from the National GP patient survey was above and significantly above local and national averages in relation to access. Feedback from patients was consistently positive.

- Services were tailored to meet the needs of individual patients. They were delivered in a flexible way that ensured choice and continuity of care. Patients could access care and treatment in a timely way.
- The provider had undertaken a meaningful consultation with patients to identify ways to improve their access and responsiveness and acted on the findings. For example, by adding additional clinics and times to better meet the needs of their patient population.
- Patient preferences and availability for their appointments were monitored by the provider and people requiring regular appointments to manage their health were invited to clinics in line with their preferences. The impact of this approach was a reduction in administration for both patients and the practice; which increased capacity to handle queries and support patients more effectively.

These outstanding areas related to all population groups and due to our ratings aggregation principles, all population groups were rated as outstanding.

We also rated the practice as good for providing effective, caring and well led services because:

- Patients received effective care and treatment that met their needs.
- Clinical staff gave patients time to be involved in their care and treatment decisions.
- The way the practice was led and managed promoted the delivery of high-quality, person-centred care.

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

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

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

- Continue work to review prescribing to ensure it is appropriate, especially in relation to areas of higher prescribing rates in line with recommended national guidance for relevant medicines.
- Continue to work to improve the uptake of cervical screening.

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

Overall summary

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

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

Our inspection team

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

Background to Fressingfield Medical Centre

- The name of the registered provider is Fressingfield Medical Centre.
- The provider is registered to provide the regulated activities of diagnostic and screening procedures, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.
- The practice holds a General Medical Services (GMS) contract with the local Clinical Commissioning Group (CCG).
- The practice area covers Fressingfield and the surrounding villages.
- Fressingfield Medical Centre provides services to approximately 5,800 patients.
- The practice has three male GP partners, two female advanced nurse practitioner and four female practice nurses and one male practice nurse and two female phlebotomists. A practice manager leads a team of twelve reception, administration and secretarial staff who work at both sites. The practice has one lead dispenser and five senior dispensers and a dispensary receptionist.
- The main surgery is situated in Fressingfield and has a dispensary. There is a branch surgery in the village of Stradbroke which also has a dispensary. We did not visit the branch surgery as part of this inspection. 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's opening times are from 8am until 6.30pm Monday to Friday with extended hours on Monday evenings until 7.30pm. The dispensary is open between 8.30am to 6.30pm Monday to Friday. The branch site and dispensary at Stradbroke is open from 8am to 12.30pm and from 3.45pm to 6.15pm Mondays and Fridays. It is open from 8.30am to 12.30pm Tuesday to Thursday.
- 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.
- According to Public Health England, the patient population has a significantly higher proportion of patients aged 65 years to 74 years and a higher than average number of patients aged 75 years and above, compared to the practice average across England. Income deprivation affecting children and older people is lower than the practice average across

England. It is below the local average for children and in line with the local average for older people. Male life expectancy is 83 years for men, which is above the England average of 79 years. Female life expectancy is

86 years for women, which is above the England average of 83 years. The deprivation decile is seven, with one being the most deprived and 10 being the least deprived.

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 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 or 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.</p> <ul style="list-style-type: none">• Patients who were prescribed certain high-risk medicines that required regular blood test monitoring prior to repeat prescribing of these medicines were not consistently monitored. The practice reviewed this process immediately following the inspection and made improvements. The improved system needed to be embedded.• There was not an effective governance system in place to be assured that all medicines alerts published by the MHRA were acted upon by the provider. The practice reviewed this process immediately following the inspection and made improvements. The improved system needed to be embedded