

# Christmas Maltings, Clements & Keddington Surgery

## Inspection report


Suffolk GP Federation C.I.C.  
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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

Inadequate 

Are services safe?	Requires improvement 
Are services effective?	Inadequate 
Are services caring?	Good 
Are services responsive?	Requires improvement 
Are services well-led?	Inadequate 

# Overall summary

**This practice is rated as Inadequate overall.** At the previous inspection in August 2018 the practice was rated as requires improvement overall.

The key questions at this inspection are rated as:

Are services safe? – Requires Improvement

Are services effective? – Inadequate

Are services caring? – Good

Are services responsive? – Requires Improvement

Are services well-led? – Inadequate

We carried out an announced comprehensive inspection at Christmas Maltings, Clements & Keddington Surgery on 24 January 2019 as part of our inspection of Suffolk GP Federation.

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 concluded that:

- Improvements had been made from our previous inspection in August 2018. However, we found a number of new concerns during this inspection.
- Patients were not always able to access care and treatment in a timely way and feedback from patients in relation to accessing the practice was poor. The practice had implemented changes to improve access and were planning to evaluate the impact of these changes.
- Quality Outcomes Framework data was significantly lower than local and national averages for some indicators.
- Patients we spoke with on the day of the inspection and feedback from patient comment cards received demonstrated that patients were positive about the caring nature of staff.
- We found complaints were handled appropriately and within a timely manner.
- Systems and processes did not ensure people were always adequately protected from avoidable harm.
- The leadership, governance and culture of the practice did not assure the delivery of high quality care.

- Some legal requirements were not met.

We rated the practice as **requires improvement** for providing safe services because:

- We found out of date medicines in the dispensary refrigerator.
- The practice could not evidence up-to-date and accurate children and adult safeguarding registers.
- The practice did not always have oversight of equipment calibration.

We rated the practice as **inadequate** for providing effective services because:

- The practice did not have an effective system in place to conduct medicine reviews.
- The practice's 2017/2018 QOF achievement for all long-term conditions was significantly lower than the CCG and England averages. We reviewed unverified data from 2018/2019 and found minimal improvements had been made.
- The practice could not provide evidence to show they were assured of the competence of clinical staff employed in advanced practice. When we reviewed the consultations of clinicians, we found these were not always documented in line with national guidelines.
- We found a number of computer system coding issues which meant we were not assured that patients were always receiving the correct care, treatment and monitoring for their conditions.

We rated the practice as **good** for providing caring services.

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

- Patient satisfaction in relation to accessing the practice was low; results from the GP National Patient Survey was significantly below the CCG and England averages. The practice's complaints records also supported this. The practice had implemented changes to improve access and were planning to evaluate the impact of these changes. However, it was noted 98% of patients stated that at their last general practice appointment, their needs were met.

We rated the practice as **inadequate** for providing well led services because:

# Overall summary

- Despite Suffolk GP Federation C.I.C having systems and processes in place to try and ensure leadership and governance at the practice, this was not effective as there was a lack of clinical oversight at the practice level.
- The practice could not evidence that risks, issues and performance were managed and could not demonstrate actions taken in response to poor performance such as outcomes for patients with long-term conditions.
- Despite a comprehensive audit programme undertaken by the provider, Suffolk GP Federation C.I.C, the quality improvement methods in place did not ensure risks and performance was effectively managed at the practice.
- The practice could not provide evidence they were assured of the competence of clinical staff employed in advanced practice.

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:

- Establish effective systems to record all dispensing errors and near misses to ensure trends can be analysed and action taken to prevent reoccurrence.

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

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

Special measures will give people who use the service the reassurance that the care they get should improve.

**Professor Steve Field** CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

## Population group ratings

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

## Our inspection team

Our inspection team was led by a CQC lead inspector.  
The team included a GP specialist adviser.

## Background to Christmas Maltings, Clements & Keddington Surgery

Christmas Maltings, Clements and Keddington Surgery is in the NHS West Suffolk Clinical Commissioning Group (CCG) area. The practice is situated in the town of Haverhill and is contracted to provide general medical services to approximately 17,350 registered patients. The practice operates from the main location at Clements Surgery, Greenfields Way, Haverhill and from the branch site at Christmas Maltings Surgery, Camps Road, Haverhill, and there is also a branch surgery at Keddington Surgery, 36 School Road, Keddington, Suffolk. We visited the main location at Clements Surgery and the branch site Christmas Maltings Surgery. The practice dispenses medicines from the Christmas Maltings site to those patients who live more than one mile (1.6km) from the nearest pharmacy.

The name of the registered provider is Suffolk GP Federation C.I.C. Suffolk GP Federation C.I.C. took over the management of the practice in July 2017. The provider is a community interest company, limited by shares. There is a Suffolk GP Federation C.I.C board which is made up of the registered manager, a Caldicott guardian, a GP, an accountable officer for controlled drugs, safeguarding and information governance leads. The provider is also registered to provide regulated activities at three other locations.

The provider, Suffolk GP Federation, took over leadership of the practice in 2017 at a time where the provider

inherited a number of issues such as; over 8,000 medicine reviews and 1,600 SystmOne tasks overdue or outstanding. In addition to this, the practice had a number of staffing changes and a difficulty in recruiting permanent clinical staff as well as low patient satisfaction.

In addition to the staff from Suffolk GP Federation, there are seven salaried/regular locum GPs (four female and three male). The practice has four practice nurses including a lead nurse and two emergency care practitioners (male). There are three advance nurse practitioners, two physician associates and three health care assistants. A number of administrative staff support the clinical team including a practice manager, receptionists and administrators. There is a team of dispensing staff, including a dispensary manager, who work with the pharmacists.

The practice is open between 8am and 6.30pm on Mondays to Friday and the smaller Keddington branch is open between 11am and 12pm for dispensary services.

The practice is working with other practices as part of the GP+ service to offer appointments to patients at various sites until 8pm in the evening and at the weekend. Outside of practice opening hours, patients are directed to the local out of hours service provide by Integrated Care 24 (IC24) through NHS 111.

According to Public Health England information, the patient population has a slightly higher than average percentage of patients aged under 18 and slightly lower

percentage of patients aged 85 or over, compared with practice average across England. Income deprivation affecting children and older people is significantly lower compared to the practice average across England.

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 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <ul style="list-style-type: none"><li>The practice was unable to evidence how safeguarding was maintained within the practice. The adult safeguarding lead was unable to access the adult or children safeguarding registers on the day of the inspection. In addition to this, we found that both safeguarding registers were not accurate or up-to-date.</li></ul> <p><b>This was in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b></p>

This section is primarily information for the provider

## Enforcement actions

### 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. We took enforcement action because the quality of healthcare required significant improvement.

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>There was a lack of oversight to ensure systems or processes that to enable the registered person to assess, monitor, and improve the quality and safety of the services being provided.</p> <p><b>How the regulation was not being met:</b></p> <ul style="list-style-type: none"><li>• The practice was unable to evidence they had oversight of all equipment calibration.</li><li>• The practice was unable to evidence there was an effective system in place for the monitoring of clinical staff to ensure they were competent.</li><li>• The practice was unable to evidence there was an effective system in place for monitoring the medicines held in the dispensary. We found Insulin in the refrigerator of the dispensary which had expiry dates of September 2018 and December 2018.</li><li>• The practice was unable to evidence there was an effective system in place for the completion of patient medicine reviews. We found on the day of the inspection, approximately 2,100 medicine reviews were still outstanding and of those completed reviews we looked at, not all reviews had been completed to an adequate standard.</li><li>• The practice was unable to evidence there was an effective system in place for the coding of patient records.</li></ul> <p>This was in breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>