

Saxmundham Health

Inspection report

Tel: 01728 602022
<https://www.saxmundhamhealth.nhs.uk>

Date of inspection visit: 20/02/2019
 Date of publication: 04/04/2019

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?

Inadequate



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



Overall summary

The practice is rated as requires improvement overall.

The practice was previously inspected in December 2016 and rated as good.

The key questions at this inspection are rated as:

Are services safe? – Inadequate

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires improvement

We carried out an announced comprehensive inspection at Saxmundham Health on 20 February 2019 as part of our inspection programme.

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 good for all population groups, with the exception of people with long-term conditions, which we rated as requires improvement. At this inspection we found:

- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. Care and treatment was delivered according to evidence-based guidelines; this was undertaken on an individual clinician basis, as the practice did not have a system or process to share this.
- Staff involved and treated patients with compassion, kindness and dignity and patients were involved in their care and decisions about their treatment.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

We rated the practice as inadequate for providing safe services because:

- The practice issued medicines against unsigned prescriptions and did not have a safe process in place for ensuring the final dispensed prescription was correct. Following the inspection, the practice

introduced a process for ensuring prescriptions were signed before they were dispensed to patients and for double checking that dispensed medicines were correct. These processes needed to be embedded.

- There were 263 patient records which had not been summarised. Following the inspection, the practice advised there was an eight-month backlog. The practice was aware of the backlog and had employed an additional temporary member of staff, who had since left. The summariser role also included the role of financial assistant and occasional scanning, so summarising was undertaken on an ad hoc basis. The practice planned to review administration job descriptions and hours to allow dedicated workforce hours to summarising and to recruit if necessary and viable.
- Information about safety was not always comprehensive or timely. The identified actions from the fire and health and safety risk assessments, infection control audit and significant events were not monitored to completion. Although some actions had been completed, these were not always documented.
- The actions identified for significant events were not always effective in reducing the likelihood of reoccurrence, particularly in relation to the dispensary.
- The Hepatitis B status of some clinical staff was not known and a risk assessment had not been undertaken for their role.
- There were no documented cleaning schedules or records of cleaning undertaken by practice staff.
- Training deemed mandatory by the practice had not been completed by all staff. This included safeguarding children, infection control, advanced life support, immunisation and fire safety training.
- The practice did not always review or act on patient safety alerts. We looked at three safety alerts, two from November 2018 and one from January 2018. There was no evidence of review in the patient records. Following the inspection, the practice submitted a new policy for receiving, reviewing and actioning alerts. They advised they would review patients who had been identified during the inspection as not having been reviewed following a safety alert.

We rated the practice as requires improvement for providing well led services because:

- The governance processes for monitoring the completion of identified actions from the fire and health

Overall summary

and safety risk assessments, infection control audit and significant events were not always effective. The practice was aware of this and were in the process of establishing and embedding new systems.

- The practice had established a new system for responding to and managing complaints, and monitoring the completion of training deemed mandatory by the practice, which needed to be embedded.
- Staff did not all feel supported or able to raise concerns without fear of retribution and responses to identified incidents did not always emphasise safety and the well-being of staff.

We rated the population group, people with long-term conditions as requires improvement because:

- The exception reporting for some of the Quality and Outcomes Framework (QOF) long term condition indicators were higher than the Clinical Commissioning Group (CCG) and England averages. Although the practice excepted patients in line with QOF requirements, a significant number of patients were not receiving the interventions and there was no action plan in place to address this.

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

- Ensure care and treatment is provided in a safe way to patients.
- 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 a system to keep clinicians up to date with evidence based practice.
- Continue work to improve the review of patients diagnosed with cancer.
- Arrange for appropriate staff to sign the standard operating procedures in the dispensary and monitor that staff are following them.
- Review the arrangements and work undertaken, particularly at the dispensary desk, to maintain patient confidentiality.

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

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

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)	Good	

Our inspection team


Our inspection team was led by a Care Quality Commission (CQC) lead inspector and included a GP specialist adviser and a medicines optimisation inspector.

Background to Saxmundham Health

- The name of the registered provider is Saxmundham Health.
- The practice is registered to provide the regulated activities of diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.
- The practice holds a Personal Medical Services (PMS) contract with the local Clinical Commissioning Group (CCG).
- The practice area covers Saxmundham and the surrounding villages.
- The practice offers health care services to approximately 9,550 patients.
- The practice website is <https://www.saxmundhamhealth.nhs.uk>
- There are four GP Partners at the practice (all male) and four salaried GPs (three female and one male). The practice clinical team also includes one advanced nurse practitioner, (currently on maternity leave), a pharmacist, a paramedic, three practice nurses, two health care assistants, who also undertake phlebotomy and a phlebotomist. The practice manager is supported by an assistant practice manager, who is also the finance lead. There is a data management administration lead, who leads the administration team, which includes two secretaries, three clinical administrators and one trainee administrator. A team of seven care navigators are led by a care navigator lead. There is a dispensary manager, team leader, two front of house assistants and eight medicines management and dispensary assistants.
- 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 and dispensary is open between 8am to 6.30pm Monday to Friday.
- 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 Integrated Care 24, via the NHS111 service.
- The practice is a training practice and at the time of the inspection had one GP Registrar. GP Registrars are qualified doctors who are undertaking further training to become a GP.
- According to Public Health England, the patient population has a considerably lower than average number of patients aged under 15 and aged between



20 to 40 compared to the practice average across England. It has a higher proportion of patients aged 50 and above compared to the practice average across England, with a significantly higher than average number of patients aged 65 to 69. Income deprivation affecting children and older people is lower than the



practice average across England, but in line with the local average. Male life expectancy is 79 years for men, which is the same as the England average. Female life expectancy is 85 years for women, which is above the England average of 83 years.

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 or processes in place that were operating 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">• There was not an effective governance process for monitoring the completion of actions from the fire risk assessment, health and safety risk assessment and infection control audit. The practice was in the process of developing a new system but this needed to be embedded. <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 improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none">• There was not an effective governance process for monitoring the completion of actions from significant events and complaints. Actions identified were not always effective in reducing the likelihood of reoccurrence. The practice was in the process of developing a new system but this needed to be embedded.• The exception reporting for some of the QOF long term condition indicators were higher than the CCG and England averages. Although the practice excepted patients in line with QOF requirements, a significant number of patients were not receiving the interventions and there was no action plan in place to address this.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>There was no proper and safe management of medicines. In particular:</p> <ul style="list-style-type: none">The practice issued medicines against unsigned prescriptions and did not have a safe process in place for ensuring the final dispensed prescription was correct. <p>There was additional evidence that safe care and treatment was not being provided. In particular:</p> <ul style="list-style-type: none">There was not an effective process for recording and acting on safety alerts. We looked at three safety alerts, two from November 2018 and one from January 2018. There was no evidence of review in the patient records.263 patient records had not been summarised.Training deemed mandatory by the practice had not been completed by all staff. This included safeguarding children, advanced life support, infection control, immunisation and fire safety training.The Hepatitis B status of some clinical staff was not known and a risk assessment had not been undertaken for their role. There were no documented cleaning schedules or records of cleaning undertaken by practice staff. Apart from an annual infection control audit, there were no other infection control audits, for example, handwashing or sharps management.
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	