

Saxmundham Health

Quality Report

Lambsale Meadow
Saxmundham
Suffolk
IP17 1DY
Tel: 01728 602022
Website: www.saxquax.co.uk

Date of inspection visit: 19 December 2016
Date of publication: 11/01/2017

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 effective?

Good 

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
Areas for improvement	5

Detailed findings from this inspection

Our inspection team	6
Background to Saxmundham Health	6
Why we carried out this inspection	6
How we carried out this inspection	6
Detailed findings	7

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of this practice on 30 March 2016. We set a requirement in relation to safe care and treatment. The practice sent in an action plan informing us about what they would do to meet legal requirements in relation to the following:

- The appropriate storage and recording of controlled drugs.
- The system for ensuring changes to prescriptions recommended by secondary care were checked and authorised by a GP.
- Improving the prescribing protocol to ensure GPs had good oversight of prescribing to patients, including dates for medicines reviews. For example, those patients using salbutamol or thyroxine.

We undertook a follow up inspection visit on 19 December 2016 to make a judgement about whether the actions had addressed the requirements.

- Improvements had been made in relation to the storage and recording of controlled drugs.
- Procedures were followed appropriately when patient's medicines were changed following discharge from hospital or outpatient appointments.

- The practice had set out plans to monitor and assure the quality of its dispensing service.
- The practice's repeat prescribing policy had been appropriately reviewed.
- The practice needs to continue to ensure GPs have good oversight of prescribing to patients, ensuring reviews for patients on medication are undertaken timely.
- The practice had reviewed and amended their protocol around recruitment checks.
- A review of the legionella assessment findings was carried out internally and remedial work had been carried out shortly after the inspection in March 2016.
- A medication review system flowchart was introduced for all staff involved in the process of medication reviews. The practice had also implemented a policy to support staff in the process of exception reporting for the QOF (Quality and Outcomes Framework, a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long-term conditions e.g. diabetes and implementing preventative measures. The results are published annually.).

The area where the provider should make improvement is:

Summary of findings

- Continue to strengthen the systems for ensuring GPs have good oversight of prescribing to patients, ensuring reviews for patients on medication are undertaken in a timely way
- Continue to review QOF exception reporting levels and to try and reduce this to improve the health and wellbeing of patients

The overall rating for the practice is good. You can read our previous report by selecting the 'all reports' link for on our website at www.cqc.org.uk

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?

The practice is rated as good for providing safe services.

Good



- Improvements had been made in relation to the storage and recording of controlled drugs.
- Procedures were followed appropriately when patient's medicines were changed following discharge from hospital or outpatient appointments.
- The practice had set out plans to monitor and assure the quality of its dispensing service.
- The practice's repeat prescribing policy had been appropriately reviewed.
- The systems for ensuring GPs had good oversight of prescribing to patients, ensuring reviews for patients on medication are undertaken in a timely way needed further strengthening.
- The practice had reviewed and amended their protocol around recruitment checks.
- A review of the legionella assessment findings was carried out internally and remedial work had been carried out shortly after the inspection in March 2016.

This report should be read in conjunction with the full inspection report from 30 March 2016.

Are services effective?

The practice is rated as good for providing effective services.

Good



- A medication review system flowchart was introduced for all staff involved in the process of medication reviews. The practice had also implemented a policy to support staff in the process of exception reporting for the QOF (Quality and Outcomes Framework, a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long-term conditions e.g. diabetes and implementing preventative measures. The results are published annually).

This report should be read in conjunction with the full inspection report from 30 March 2016.

Summary of findings

Areas for improvement

Action the service **SHOULD** take to improve

- Continue to strengthen the systems for ensuring GPs have good oversight of prescribing to patients, ensuring reviews for patients on medication are undertaken in a timely way
- Continue to review QOF exception reporting levels and to try and reduce this to improve the health and wellbeing of patients

Saxmundham Health

Detailed findings

Our inspection team

Our inspection team was led by:

a cqc inspector and included a cqc pharmacy inspector

Background to Saxmundham Health

Saxmundham Health Centre is situated in Saxmundham, Suffolk. The practice provides services for approximately 9100 patients. The practice also dispenses medications to patients. The practice holds a Personal Medical Services contract with NHS Ipswich and East Suffolk CCG.

According to Public Health England, the patient population has a considerably lower than average number of patients aged under 15 and 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.

The practice team consists of six GP partners, two female and four male. There are also two salaried GPs, one female and one male and a clinical pharmacist. The nursing team consists of one nurse practitioner, four practice nurses, two

phlebotomists and three health care assistants. The clinical staff is supported by a team of dispensary, secretarial and reception staff led by team managers as well as a business and practice manager. The practice's opening times at the time of the inspection were 08:00 to 18.30 Monday to Friday.

During out-of-hours appointments were available with GP+ between 18:30 and 21:00 on weekdays and between 09:00 and 21:00 during weekends. During the remaining out-of-hours times GP services were provided by CareUK.

Why we carried out this inspection

As a result of the last inspection on 30 March 2016 we had concerns and issued a requirement notice in respect of safe care and treatment. We also found other areas where improvements were required.

How we carried out this inspection

We reviewed the information received from the practice, communicated with the practice manager and visited the practice on 19 December 2016.

We carried out a combined visit and desk-based review on 19 December 2016.

Are services safe?

Our findings

At our last inspection on 30 March 2016 we found that improvements were needed in relation to safe care and treatment:

- Controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) held within the practice other than in the controlled drugs' safe, for example in GP bags, were not properly registered in line with the same regulations.
- Prescriptions were reviewed and signed by GPs before they were given to the patient, however, following discharge from hospital and outpatient appointments dispensers made changes to patient's medicines which were not checked by GPs to ensure safety.
- The prescribing protocol required improvement to ensure GPs have good oversight of prescribing to patients, including review dates for patients on medication. For example, for those patients using salbutamol or thyroxine we noticed a number of reviews were overdue.
- Recruitment checks were carried out and staff files we reviewed showed that appropriate recruitment checks had been undertaken prior to staff's employment. For example, references, qualifications, registration with the appropriate professional body and the checks through the DBS checking system. However, not all of the non-clinical staff had undergone DBS checks.
- An external legionella risk assessment had been undertaken, required actions that were raised had not been addressed despite the assessment taking place in May 2015.

The provider sent us an action plan informing us about the action they would take to ensure that patients were safe. Our focused inspection on 19 December 2016 found that the practice had implemented and embedded clearly defined systems, processes, and practices:

- Improvements had been made in relation to the storage and recording of controlled drugs. The practice had enhanced individual GP controlled drug log sheets. This included a section for the GP to sign for receipt of medication going into their bag and a section for the GP to sign and date for any controlled drugs once used. This new system was used for all medication held.
- We found the revised procedures, which were reviewed and amended following our last inspection, were followed appropriately when patients' medicines were changed following discharge from hospital or outpatient appointments. The practice had employed a clinical pharmacist in October 2016 to assist in managing the workload for reviewing the changes needed to the system for the workflow of hospital discharges.
- The practice's repeat prescribing policy had been reviewed. A repeat prescription flowchart had also been introduced to support staff in dealing with acute and repeat prescriptions' processes.
- We saw that the practice had set out plans to monitor and assure the quality of its dispensing service.
- Overdue medication reviews had reduced by 38% since our last inspection up to November 2016 from approximately 3800 overdue reviews to approximately 2350. The process to address all overdue reviews was still ongoing but progress in addressing this had been made.
- The practice had reviewed their protocol around recruitment checks and had implemented a process where a written risk assessment would be carried out if a DBS check was not required, a copy of which would be placed onto relevant staff's personnel file.
- A review of the legionella assessment findings was carried out internally and remedial work had been carried out shortly after the inspection in March 2016. A dedicated member of staff to undertake checks of the water temperatures had also been appointed.

Are services effective?

(for example, treatment is effective)

Our findings

At our last inspection on 30 March 2016 we found that improvement was needed around patient recall systems, to allow the practice to consistently code patient groups and produce accurate performance data.

Our focused inspection on 19 December 2016 found that:

- A medication review system flowchart was introduced for all staff involved in the process of medication reviews. The flowchart specified the different actions that should be taken for long term conditions cycles, drug specific reviews and prescriber specific reviews. The flowchart ensured that a process to ensure updating and alignment of authorisations was in place; in line with annual reviews of medications by GPs. The practice had employed a clinical pharmacist in October 2016 to assist in managing the workload for the medication review processes.

- The practice had implemented a policy to support staff understand the process of exception reporting. This detailed nine criteria for exception reporting.
- In 2014/2015 the practice achieved 100% of the total number of points available, which was above the national average of 95% and the local average of 94%. The practice reported 22% exception reporting which was 14% above local, and 13% above national average (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

In 2015/2016 the practice again achieved 100% of the total number of points available, which was above the national average of 95% and the local average of 97%. The practice exception reporting had reduced to 17% which was 8% above local, and 7% above national average.