

Long Melford Surgery

Inspection report

The Long Melford Surgery
Cordell Road, Long Melford
Sudbury
CO10 9EP
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Date of inspection visit: 19 July 2022
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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?

Inadequate 

Are services effective?

Inadequate 

Are services caring?

Good 

Are services responsive to people's needs?

Inadequate 

Are services well-led?

Inadequate 

Overall summary

We carried out an announced inspection at Long Melford Practice on 19 July 2022. Overall, the practice is rated as inadequate.

Safe - Inadequate

Effective - Inadequate

Caring - Good

Responsive - Inadequate

Well-led - Inadequate

Following our inspection published January 2017 the practice was rated as requires improvement overall and for safe and well-led services. The practice was rated as good for effective, responsive and caring services. At our inspection on 25 July 2017 the practice was rated good overall and for safe and well led services.

The full reports for previous inspections can be found by selecting the 'all reports' link for Long Melford Practice on our website at www.cqc.org.uk

Why we carried out this inspection

This inspection was a comprehensive inspection. We undertook this inspection as part of our regulatory role and in response to information we had received.

How we carried out the inspection

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Conducting staff interviews using video conferencing
- Completing clinical searches on the practice's patient records system and discussing findings with the provider
- Reviewing patient records to identify issues and clarify actions taken by the provider
- Requesting evidence from the provider
- A site visit to both the main and branch site
- Staff questionnaires

Our findings

We based our judgement of the quality of care at this service on a combination of:

Overall summary

- 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 Inadequate overall

We found that:

- The lack of leadership had failed to ensure safe and effective care and treatment was delivered to all patients.
- The practice was unable to demonstrate that good systems and process were in place, and that they were regularly used to identify and mitigate risks. Any systems that were in place had not been monitored effectively to identify poor performance or service delivery to encourage improvement.
- The practice performance in relation to patient feedback around access was poor and, in some domains, significantly below local and national averages. The practice was aware of this but had not been able to make sufficient changes to address the issues. Feedback from the Patient Participation Group (PPG) was negative in respect of engagement with the practice GP leaders.
- We noted the practice had installed a new clinical system in November 2021, they told us this had been challenging and may have contributed to the inconsistency of data.
- Although since our inspection July 2022 the practice have, with the support of the Integrated care Board (ICB) shared an action plan and have in areas made some improvements. These improvements need to be embedded and monitored to ensure they are safe and effective and will be sustained.

We found breaches of regulations. The provider **must**:

- 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.

Whilst we found no breaches of regulations, the provider **should**:

- Continue to encourage patients to attend for the national cancer screening programme.
- The practice should embed the newly implemented systems to manage and monitor complaints and significant events. This should include improved ways of monitoring changes and sharing learning and outcomes with staff.
- The practice should continue to identify ways to engage with the patient participation group (PPG) and patients to improve patient feedback, especially in relation to access to the practice.

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.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement, we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

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

Overall summary

Following the inspection, a warning notice was issued under Section 28(3) of the Health and Social Care Act.

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

Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities and undertook a site visit. The team included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location. The team included a member of the CQC pharmacy team and two further CQC inspectors.

Background to Long Melford Surgery

Long Melford Practice is located in Long Melford at:

Cordell Road

Long Melford

Sudbury

CO10 9EP

The practice has a branch surgery at:

36 Church Street

Lavenham

Sudbury

CO10 9SA

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services and treatment of disease, disorder or injury, family planning and surgical procedures.

The practice offers services from both a main practice and a branch surgery. Patients can access services at either surgery.

The practice area covers the village of Long Melford and extends into the outlying villages. The practice offers health care services to around 9,136 patients, from Long Melford and a branch surgery in Lavenham.

The practice is part of the Suffolk and North Essex Integrated Care Board and part of a local primary care network.

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.

The practice has two male and one female GP partners and four female salaried GPs. The practice is a training practice and has two GP registrars (a GP registrar is a qualified doctor who is training to become a GP).

The nursing team includes two practice nurses one of whom is the lead nurse, one healthcare assistant and a nurse practitioner in training.

There is a team of care navigators and administration staff. The practice manager is supported by a practice manager assistant, an operations director and an IT and administration assistant. The dispensary team includes a pharmacy technician who is the dispensary manager, 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+. During out-of-hours, GP services are provided by Care UK via the 111 service.

Information published by Public Health England shows that deprivation within the practice population group is in the third highest decile (eight of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 0.4% Asian, 95.5% White, and 0.1% Other.

The age distribution of the practice population shows a higher percentage of patients aged over 60 years and a lower percentage of patients aged 54 years and under.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are 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>How the regulation was not being met:</p> <ul style="list-style-type: none">• We found the practice risk assessments had not been fully completed or actioned.• We found the practice had not completed all actions from the legionella assessment and had not been monitoring the water temperatures at either site.• We found areas where the actions identified in the infection and prevention control audits were significantly delayed, and no clear date had been set for those actions to be completed.• The practice had identified the immunisation status of staff for Hepatitis B but did not evidence oversight of other immunisations such as Chicken Pox.• The practice did not have a clear and formalised system and process in place to document supervision and competency checks for staff.• The system and process in place did not ensure all electronic tasks were actioned appropriately or in a timely manner.• The practice did not evidence a comprehensive quality improvement plan that was effective in identifying areas of improvement needed. Nor did it enable regular monitoring to ensure any changes made were effective and sustained. <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for service users</p> <p>Following the inspection, a warning notice was issued under Section 28(3) of the Health and Social Care Act.</p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment.</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• We found that the practice did not ensure safe prescribing of medicines to all patients including appropriate monitoring in an appropriate timeframe.• We found the practice had an inconsistent approach to undertaking and recording of structured medicine reviews. We found examples where there was insufficient documentation to be assured all medicines had been considered safely.• We found the practice did not respond safely to all safety and patients' alerts. In addition, the practice had failed to consistently monitor any alerts to ensure safe prescribing to patients.• We found the practice had not recognised and managed patients with potential diabetes safely.• We found a consistent lack of clear and accurate record keeping and coding of conditions. <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>