

Martlesham Heath Surgery

Inspection report

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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

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

We carried out an announced comprehensive inspection at Martlesham Heath Surgery on 10 July 2019 as part of our inspection programme. The location had previously been inspected under a different provider. The current provider of the service is Dr Walter Tobias.

This inspection looked at the following key questions:

Are services safe? inadequate

Are services effective? good

Are services caring? good

Are services responsive? good

Are services well led? requires improvement.

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.

We found that:

- Patients received effective care and treatment that met their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care and treatment.
- The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.
- The practice worked well with the 'practice and patient group' and acted on several suggestions, which had improved the service.

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

- One of the nurses had started employment at the practice in July 2019 and although the Disclosure and Barring Service (DBS) was being applied for, this had not been received at the time of the inspection; the nurse

had worked unsupervised with patients and this had not been risk assessed. The practice immediately completed a risk assessment. The practice confirmed this had been received on 16 July 2019.

- Ongoing checks were not undertaken, to ensure clinical staff remained registered with professional bodies.
- Patients who were prescribed medicines which required additional monitoring before being reissued, were not always monitored appropriately. We reviewed the records of eight patients and three patients had not received appropriate monitoring before these were reissued. The practice submitted evidence following the inspection to demonstrate that patients prescribed these medicines had been identified and had since received a blood test or were booked for one.
- The practice was not always reviewing blood monitoring results undertaken in secondary care, before they reissued prescriptions.
- The system to ensure that safety alerts were actioned, and patients reviewed, if appropriate, was not always effective. We reviewed five safety alerts from 2019. Two of these alerts had been acted upon. For one alert, a search had been undertaken on 4 July 2019, and one patient had been identified, although this patient had not been reviewed. The practice agreed to review this patient and submitted evidence following the inspection that this had been completed. The other two alerts, which had been sent to dispensary had not been actioned. These were actioned on the day of the inspection and no patients were affected. Staff advised us during the inspection that they would add a task two days after the alert had been distributed for action, to confirm it was completed.
- There was not an effective failsafe system in place for cervical screening. Following the inspection, the practice provided evidence to show that patients had received a result following a cervical screening test. They planned to undertake this search monthly.
- Two week wait referrals for suspected cancer were documented, but there was no system to check that appointments had been made. Following the inspection, the practice wrote a protocol and planned to code two week wait appointment letters. This was so they could undertake a weekly search to identify and follow up patients who had not received an

Overall summary

appointment. The practice had searched for patients who had been referred in the last month and identified two patients whose appointment they would follow up, if it was not received the next day.

- Dispensing Standard Operating Procedures were not up to date and not signed by dispensing staff. There was no SOP for error management and near misses in the dispensary were not documented.
- There was no assessment of the competency of dispensing staff. This was last assessed in 2016.
- The practice recorded the expiry dates of medicines on receipt, and although dispensing staff advised they checked the expiry dates of medicines every three to four months, these checks were not documented.
- One health care assistant had completed safeguarding children training at level one, but had not completed this at level two, and one nurse had not completed safeguarding adult training. One GP had not received infection control training. One of the nurses was not up to date with their childhood immunisation training.

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

- The governance systems for recording the oversight of staff training was not always effective. Staff had not all completed training deemed mandatory for their role; for example, one health care assistant had only completed safeguarding children training to level one and one nurse had not completed safeguarding adult training. One GP had not received infection control training. One of the nurses was not up to date with their childhood immunisation training.
- The clinical governance systems to ensure that patients prescribed medicines which required a higher level of monitoring, were appropriately monitored, were not always effective.
- The clinical governance systems to ensure that safety alerts were actioned, and patients reviewed if appropriate, was not always effective.
- Staff were not always clear about their roles and responsibilities, which had led to some delays in establishing effective monitoring systems; for example, undertaking fire extinguisher checks and Legionella testing.
- There was not effective oversight of the dispensary service. Standard Operating Procedures were not all relevant, up to date or signed by dispensing staff and near misses were not documented. There was no

assessment of the competency of the dispensing staff. This was last assessed in 2016. The practice did not document checks of the expiry dates of medicines. These issues had not been identified by the practice, although once they had been raised, the practice wrote an action plan to address these issues.

We found one area of outstanding practice:

Where vulnerable and frail patients were identified, the practice provided them with a direct mobile telephone number to the practice. Staff received training to ensure this telephone line was responded to within two rings to ensure patients received an appropriate and rapid response to their requests for assistance. This ensured that such patients did not feel isolated.

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.
- Ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons are deployed to meet the fundamental standards of care and treatment.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

The areas where the provider should make improvements are:

- Review arrangements for the security of the dispensary, so that access is limited to dispensing staff and GPs.
- Continue to review the documentation of significant events and complaints and the identified learning was not always clear.
- Progress plans to ensure all staff receive an appraisal.
- Continue to ensure the actions from the fire risk assessment and health and safety audit are completed.
- Continue with the planned review of infection control risks and the audit of the newly implemented cleaning checks and schedules.

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

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Overall summary

Chief Inspector of Primary Medical Services and Integrated
Care

Population group ratings

Older people	Good	
People with long-term conditions	Good	
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 CQC lead inspector and included a GP specialist advisor and a CQC medicines management inspector.

Background to Martlesham Heath Surgery

- The name of the registered provider is Dr Walter Tobias.
- The practice is registered to provide diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.
- The practice has a Personal Medical Services (PMS) contract with NHS Ipswich and East Suffolk Clinical Commissioning Group (CCG).
- There are approximately 6,000 patients registered at the practice.
- The practice area covers the village of Martlesham Heath and the surrounding villages. The practice is situated within 600 meters of a large BT HQ Research Laboratory and the practice provides medical services to large numbers of short-term temporary residents and their families.
- The practice has a dispensary within the practice dispensing to 8% of its patient list.
- 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 is managed by one GP. There is also one salaried GP and 2 long term locums (all male). There is one advanced nurse practitioner, who is also a nurse prescriber, two practice nurses and two healthcare practitioners (all female). The practice manager is supported by an office manager and a lead receptionist, with six reception staff and three administration staff. The lead receptionist is the lead dispenser. One of the receptionists, is a dispenser and another receptionist works as an administrator.
- The practice and dispensary are open Monday to Friday from 8am to 6.30pm.
- 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.)
- An out of hours service is provided locally by Suffolk GP Federation C.I.C. through the NHS 111 service.
- According to information taken from Public Health England, the patient population for this service has a higher than average number of patients aged 65 to 74 years, compared to the practice average across England. Income deprivation affecting children and older people was significantly below the England average. Male life expectancy is 83 years for men, which is above the England average of 79 years. 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 18 HSCA (RA) Regulations 2014 Staffing</p> <p>The service provider had failed to ensure that persons employed in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. In particular:</p> <ul style="list-style-type: none">• The practice did not have clear oversight of the training completed by practice staff. One nurse did not have safeguarding adult training, one healthcare assistant had not completed safeguarding children training to level two and one GP had not completed infection control training. One of the nurses had not completed up to date childhood immunisation training.
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>The registered person's recruitment procedures did not ensure that only persons of good character were employed. In particular:</p> <ul style="list-style-type: none">• One of the nurses had started employment at the practice in July 2019 and although the Disclosure and Barring Service (DBS) had been applied for, this had not been received at the time of the inspection; the nurse had worked unsupervised with patients and this had not been risk assessed. The practice immediately completed a risk assessment. The practice confirmed the DBS had been received on 16 July 2019.• Ongoing checks were not undertaken, to ensure clinical staff remained registered.

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance Warning notice. <ul style="list-style-type: none">• The system to ensure that patients prescribed medicines which required enhanced monitoring were not effective.• The system to ensure that safety alerts were actioned, and patients reviewed if appropriate, were not effective.• There was not an effective failsafe system in place for cervical screening.• Two week wait referrals for suspected cancer were documented, but there was no system to check that appointments had been made.• Standard Operating Procedures were not all relevant, up to date or signed by dispensing staff and near misses were not documented. There was no assessment of the competency of the dispensing staff. This was last assessed in 2016. The practice did not document checks of the expiry dates of medicines.
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	