

Saxmundham Health

Inspection report

Lambsale Meadow
Saxmundham
Suffolk
IP17 1DY
Tel: 01728 602022
www.saxmundhamhealth.nhs.uk

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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

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

We previously carried out an announced comprehensive inspection at the practice on 20 February 2019. The practice was rated as requires improvement overall, inadequate for providing safe services and requires improvement for providing well led services. The practice was rated as good for providing effective, caring and responsive services. As a result of the findings on the day of the inspection, the practice was issued with a warning notice on 13 March 2019 for Regulation 12 (safe care and treatment).

We carried out an announced comprehensive inspection at Saxmundham Health on 23 September 2019. This inspection was to follow up on the warning notice and breaches of regulation identified at the previous inspection.

The practice is rated as good overall, with requires improvement for providing safe services, and requires improvement for the population group families, children and young people.

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 good overall. At this inspection we found:

- Improvements had been made in relation to the dispensing process and safety in the dispensary, acting on safety alerts, summarising of patients records, infection control and the completion of mandatory training. Identified actions from fire and health and safety risk assessments, and significant events were monitored to completion. The Hepatitis B status of clinical staff was known.
- A system had been established to keep clinicians up to date with evidence based practice.
- Unverified 2018/19 QOF data showed an improvement to the achievement and exception rates for people with long term conditions and people experiencing poor mental health (including people with dementia).

- Staff dealt with patients with kindness, compassion and respect and involved them in decisions about their care and treatment. Staff were all aware of the arrangements to ensure confidentiality at the reception and dispensary desk.
- The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.
- Improvements had been made to governance processes and there was an embedded process for identified actions from risk assessments, audits and significant events to be monitored to completion. Systems for responding to and managing complaints and monitoring the completion of mandatory training had been embedded. Staff reported they felt supported and were able to raise concerns.

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

- There was no formal oversight and assurance of the competency and work of clinical staff with extended roles. We found an example of unsafe care which had not been identified through competency checks or reviews of consultations.
- Safer recruitment procedures were not always followed. This did not follow the practice's policy.

We rated the practice as good for providing effective services, with requires improvement for the population group families, children and young people because:

- Childhood immunisation uptake rates were below the World Health Organisation (WHO) target of 95% and achievement had declined from 2017/18 to 2018/19. The practice advised they had reduced appointment capacity for a three month period during 2018 to 2019, which may have impacted on the reduced achievement. The practice run monthly reports to identify patients who have not attended for their immunisation and these children were followed up by the nursing team. Following the inspection, the practice advised they had texted information, with a link to an NHS film to non-attenders and a follow up text would be sent for those who did not respond.

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

- Ensure care and treatment is provided in a safe way to patients.

Overall summary

- 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:

- Continue work to ensure the summarising of patient records is timely and effective.
- Review the process for recording the distribution of prescription stationery to ensure an effective audit trail.
- Continue work to reduce the likelihood of reoccurrence of significant events, particularly in relation to the dispensary.

- Continue work to improve the review of patients diagnosed with cancer.
- Continue to monitor QOF outcomes for people with long term conditions and those experiencing poor mental health, including those with dementia.
- Take action to improve the uptake for all childhood immunisations.

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

Dr Rosie Benneyworth BS BM BMedSci MRCP
Chief Inspector of General Practice

Population group ratings

Older people	Good	
People with long-term conditions	Good	
Families, children and young people	Requires improvement	
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 member of the CQC medicines team.

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 9,510 patients.
- The practice website is <https://www.saxmundhamhealth.nhs.uk>
- There are three GP Partners at the practice (all male) and three salaried GPs (two female and one male). The practice clinical team also includes one advanced nurse practitioner, (currently on maternity leave), nurse practitioner (prescriber) 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. The administration team, which includes two secretaries and four clinical administrators, is led by a data management administration lead. A team of seven care navigators are led by a care navigator lead and there are two front of house assistants. There is also a dispensary team leader, a medicines management assistant and seven 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. The practice opens on Tuesdays and Fridays at 7.30am until 7pm.
- 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 Suffolk GP Federation C.I.C., via the NHS111 service.
- According to Public Health England, the patient population has a higher proportion of patients aged 65 years 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 12 HSCA (RA) Regulations 2014 Safe care and treatment</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. In particular:</p> <ul style="list-style-type: none">• There was no formal oversight and assurance of the competency and work of clinical staff with extended roles and we found an example of unsafe care.
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 had failed to take such action as is necessary and proportionate to ensure that persons employed remained of good character. In particular:</p> <ul style="list-style-type: none">• One clinical staff member did not have any references in their file and none had been requested. This did not follow the practice's policy.