

Kirkley Mill 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

Good 

Are services safe?

Good 

Are services effective?

Requires improvement 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

The practice is rated as Good overall. The practice was previously inspected in August 2018 and rated as requires improvement overall and requires improvement for providing safe, effective and well-led services.

The key questions at this inspection are rated as:

Are services safe? – Good

Are services effective? – Requires Improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Kirkley Mill Surgery on 15 August 2019 (referred to in this report as 'the Practice') as part of our inspection of Suffolk GP Federation C.I.C., the registered provider of this service. Suffolk GP Federation C.I.C is a community interest company and is the registered provider of three other locations and services are provided from various sites across Suffolk. Our judgement of the quality of care at this service is based 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.

At this inspection we found:

- Patients were supported, treated with dignity and respect and were involved in decisions about their care and treatment.
- Results from the national GP patient survey published in July 2018 were in line with local and national averages. Results for access were above local and national averages.
- Patients' needs were met by the way in which services were organised and delivered. For example, Suffolk GP Federation C.I.C. had worked with two other local practices and had access to two full time mental health nurses and a paramedic. The three practices worked together to deliver an 'on the day' service from 3pm to 6.30pm to offer urgent appointments for patients.
- Feedback from patients on the day of inspection, including CQC comment cards, was positive about the care received by the practice.

- We spoke to the practice about their hypnotic prescribing and found the provider and practice were actively monitoring and trying to reduce their prescribing. We saw a small reduction in hypnotic prescribing since January 2019, however it was still above average.

At this inspection, we rated the practice as **requires improvement** for the population groups of people with long term conditions and working age people in the effective domain because:

- We reviewed unverified QOF data from 2018/19 and found some improvements had been made to outcomes for patients. The practice and provider had an improvement plan in place and data for 2019/20 showed the practice had achieved more reviews than in the same time period for the previous year. Exception reporting could only be completed by the clinical primary care lead to ensure the exceptions were appropriate. Although there was improvement in all the indicators noted, further work was required to improve outcomes to meet national and local averages.
- The practice were aware that their cancer screening rates were lower than average. In response to this, the practice held a joint meeting with the local hospital screening lead and representatives from the cancer prevention team to help assist them in promoting screening and prevention of cancer; however, at the time of our inspection the practice was unable to demonstrate improvement in the Public Health England data.

We rated the other population groups as good for providing effective care.

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

- Ensure the care and treatment of patients is appropriate, meets their needs and reflects their preferences.

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

- Review and reduce prescribing of hypnotic medicines where appropriate.
- Continue to complete the action plan relating to summarising patient notes to ensure this is completed in a timely manner.

Overall summary

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

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

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)	Requires improvement 
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. The team included a GP specialist adviser.

Background to Kirkley Mill Surgery

- The name of the registered provider is Suffolk GP Federation C.I.C. (Suffolk Fed). The provider is a community interest company, limited by shares. There is a Suffolk GP Federation C.I.C board which is made up of the registered manager, a Caldicott guardian, a GP, an accountable officer for controlled drugs, safeguarding and information governance leads. The provider is also registered to provide regulated activities at three other locations.
- 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 an alternative primary medical services (APMS) contract with the Great Yarmouth and Waveney Clinical Commissioning Group (CCG).
- There are approximately 6,350 patients registered at the practice.
- The practice website is <http://www.kirkleymillsurgery.co.uk>
- The practice is based on the ground floor and first floor of a building which is shared with another provider. There is lift access to the first floor. The management clinical, reception and administration staff are based in different areas of the building.
- The practice has one GP locum staff (male) and two salaried GP (one male and one female). One of the salaried GPs is the clinical lead and commenced in post in January 2018. The nursing team includes a lead nurse who is an advanced nurse practitioner (female) and two locum advanced nurse practitioners (one male and one female), one mental health nurse, three practice nurses (two of whom are locums), two healthcare assistants and one behavioural lifestyle coach. The Director of Primary Care and Practice Services Director from Suffolk GP Federation are currently undertaking the practice management role jointly. There is a team of twelve reception and administration staff and a practice administrator.
- The practice serves patients living in one of the most deprived wards in Lowestoft. The overall deprivation decile is one, which indicates areas with the most deprivation. The practice demography is broadly similar to the CCG and England average. However, there are more male patients aged 25 to 34, 40 to 44 and 50 to 59 than the CCG and England average. There are less female patients aged 5 to 15 and aged 30 to 59. Male and female life expectancy in this area is lower than the England average at 76 years for men and 81 years for women.
- The Out of Hours provider is Integrated Care 24.

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	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care <ul style="list-style-type: none">The practice performance in relation to the Quality and Outcomes Framework for 2017/2018 was lower than the local clinical commission group (CCG) and the national averages. Data the practice shared with us for 2018/2019 showed there was an improvement but it was insufficient to demonstrate that patients receive appropriate care in a timely manner.Data from Public Health England relating to outcomes for patients with a cancer diagnosis and for cervical screening were below local and national averages.