

# Collington Surgery

## Inspection report

23 Terminus Road  
Bexhill On Sea  
TN39 3LR  
Tel: 01424217465

Date of inspection visit: 19 June 2023  
Date of publication: 18/08/2023

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?

Requires Improvement



Are services effective?

Requires Improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Inadequate



# Overall summary

We carried out an announced comprehensive inspection at Collington Surgery on 19 June 2023. Overall, the practice is rated as requires improvement.

We rated the key questions as follows:

Safe - requires improvement

Effective – requires improvement

Caring - good

Responsive - good

Well-led - inadequate

Following our previous inspection on 22 March 2019, the practice was rated good overall and for the key questions of providing effective, caring, responsive and well-led services. However, the key question of providing safe services was rated requires improvement.

The full reports for previous inspections can be found by selecting the ‘all reports’ link for Collington Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Why we carried out this inspection

We carried out this inspection of the Collington Surgery to follow up a breach of regulation from our previous inspection in March 2019 and concerns identified through our direct monitoring activity. This was in line with our inspection priorities.

## How we carried out the inspection.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included:

- Conducting staff interviews using video conferencing facilities.
- Completing clinical searches on the practice’s patient records system (this was with consent from the provider and in line with all data protection and information governance requirements).
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- A site visit.
- Requesting patients to send us feedback about their experiences.

## 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 requires improvement overall and for the key questions of providing safe and effective services and the key question of providing well-led services has been rated inadequate because we found:**

- Governance systems and processes were not always effective.
- Governance systems and processes were not operated consistently throughout the practice.
- The practice did not have an effective system to identify, monitor and manage risk.
- The system to respond to patient safety alerts from the Medicines Healthcare products and Regulatory Agency (MHRA) had improved since our last inspection but required further improvement to be effective.
- The practice did not have an effective training system to provide leadership and management with assurance staff had the skills and knowledge necessary to perform their roles.
- The systems and processes to manage infection, prevention and control were not completely effective and the practice did not have sufficient oversight of the risk.
- The practice systems and processes to keep people safe were not effective in all areas across the practice.
- Leadership and management did not have accurate and up to date information to make decisions from.
- Roles and responsibilities and systems of accountability were not always clear.
- The practice did not routinely seek feedback from patients to identify opportunities to improve services.

We also found that:

- The culture at the practice was supportive and staff were proud to work at the practice. This had helped the practice recruit clinical staff during a national staffing shortage.
- The system to keep prescription stationary secure when in use in the practice operated effectively.
- When changes were made internally, they were often well received by staff.
- Patients with a learning disability were well supported by the practice.
- The practice worked well with external partners including their Primary Care Network (PCN) to support patients to improve their health.
- The new appointment system gave patients prompt and timely access to care for both urgent and routine conditions.

We found 2 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 or care.

In addition, the provider **should**:

- Take action to increase the awareness of the Freedom to Speak Up Guardian role.
- Take steps to promote alternative methods to make complaints to the practice.
- Take further action to increase the uptake of cervical screening appointments and include childhood vaccinations in this action plan.

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

# Overall summary

**Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA**

## Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities. The inspection was supported by a second CQC inspector who only attended the site visit. The team also included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

## Background to Collington Surgery

Collington Surgery is a 4 site GP practice located in East Sussex at:

Collington Surgery

23 Terminus Road

Bexhill-On-Sea

East Sussex

TN39 3LR

The practice has branch surgeries at:

Pebsham Surgery

119 Seabourne Road

Bexhill-On-Sea

East Sussex

TN40 2SD

Sea Road Surgery

39/41 Sea Road,

Bexhill-On-Sea

East Sussex

TN40 1JJ

Ninfield Surgery

High Street

Ninfield, Nr Battle

East Sussex

TN33 9JP

This branch has a dispensary service located on site.

The following sites were visited as part of the inspection activity:

- Collington Surgery
- Pebsham Surgery
- Ninfield Surgery including the dispensary.

The provider is registered with CQC to deliver the following Regulated Activities from all sites:

- Diagnostic and screening procedures.
- Family Planning.
- Maternity and midwifery services.

- Surgical procedures.
- Treatment of disease, disorder or injury.

The practice is situated within the Sussex Integrated Care System (ICS) and offers general medical services to approximately 17,380 patients as part of a contract held with NHS England. Services can be accessed by all patients from both the main practice and the 3 branch surgeries.

The practice is part of a wider network of GP practices called a Primary Care Network (PCN) which includes 3 GP practices and is called Bexhill PCN.

Information published by Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the sixth decile (6 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, 97% White, 1.3% Asian, 1.1% Mixed ethnicity and the remainder of the patient population identify themselves as Other ethnicities.

There is a team of 5 GP partners, 2 salaried GPs and 1 GP who was on a retainer. GPs worked across all the sites. The practice is a training practice and at the time of the inspection there were 4 GP registrars attached to the practice. There were 2 lead practice nurses that managed the nursing teams at the main and branch sites. The remainder of the team included 7 practice nurses, 1 associate nurse practitioner, 2 advanced nurse practitioners (ANP), 3 healthcare assistants and a phlebotomist. The clinical team also included 5 paramedic practitioners, 2 clinical pharmacists and 1 pharmacy technician. The dispensary had a manager and deputy, along with 3 dispensers. The practice is supported by a team of reception, administration and secretarial staff. The management team comprises a practice manager and assistant practice managers.

The practice is open between 8am and 12:45pm and 2:00pm and 6:00pm Monday to Friday. The practice offers a range of appointment types including face to face and telephone consultations. Requests for appointments are triaged by the duty doctor who decides whether an urgent appointment on the day or a routine appointment which is booked in advance is needed.

Extended access is provided locally by the practices' PCN, where late evening and weekend appointments are available. Out of hours services are provided by South East Health as part of a contract with the ICS.

## 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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	
Surgical procedures	A Warning Notice was issued for breaches of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Family planning services	
Maternity and midwifery services	Systems and processes must be established to ensure care and treatment is provided in a safe way to patients.  <b>How the regulation was not being met:</b>  The practice systems and processes to manage the risk of, and control the spread of infection were not effective.  The practice had not ensured staff vaccination was in line with current UK Health and Security Agency guidance.  The systems and processes to ensure the premises were safe for their intended purposes were not effective or operated consistently.  Systems and processes to manage the stock of emergency medicines and equipment were not completely effective and had not operated consistently throughout the practice.  Patients with long term conditions and patients prescribed medicines that required monitoring did not always receive monitoring and management of their conditions inline with national guidance.  Medicines safety alerts were not acted on effectively to ensure patients were prescribed medicines safely.

# Enforcement actions

## Regulated activity

Diagnostic and screening procedures  
Treatment of disease, disorder or injury  
Surgical procedures  
Family planning services  
Maternity and midwifery services

## Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

A Warning Notice was issued for breaches of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes must be established and operated effectively to ensure good governance in accordance with the fundamental standards or care.

### **How the regulation was not being met:**

Systems and processes for managing and responding to significant events were not completely effective.

The practice had not determined the mandatory training requirements for staff and did not have have effective oversight of staffs' compliance with training.

Systems and processes to keep people safe and safeguarded from abuse were not completely effective.

The practice recruitment processes were not operated consistently and did not comply with all the requirements of Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) 2014

The practice was failing to ensure there were effective systems and processes to maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and and of decisions taken in relation to the care and treatment provided.

The practice had not ensured its registration with the Care Quality Commission had remained accurate.

The practice did not have effective systems to identify or manage risks and did not have complete oversight of the risks faced by the practice.