

Dr. Palit & Partners

Inspection report

Old School Surgery
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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?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



Overall summary

We carried out an announced comprehensive inspection at Dr Palit and Partners on 13 February 2019 as part of our inspection programme. We undertook a second inspection day on the 22 February 2019 to gather additional medicines management evidence.

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 for providing safe, effective and well-led services and overall. We have rated this practice as good for providing caring and responsive services. The areas identified in effective affected all population groups so we rated all population groups as requires improvement in effective and overall.

We found that:

- The practice did not provide care in a way that kept patients safe and protected them from avoidable harm. Risks were not always managed in relation to recruitment, fire safety and the management of the water system within the practice.
- There were safe systems in place for the management of medicines within the dispensary, although there was poor management and monitoring of patients on high risk medicines. However, the practice had developed an action plan to improve monitoring immediately after the first day of our inspection.
- There was a system in place to manage safety alerts, although we saw evidence of one 2016 safety alert that had not been actioned. However, the practice took action to address this immediately following our inspection.
- There was no clear system of safety netting patients referred for two week wait appointments where a

cancer diagnosis was a possibility and no system to follow up patients who did not attend for a blood test. However, the practice reviewed and changed the systems immediately following our initial inspection to ensure that patients not attending appointments within the two weeks and those not attending for blood tests would be identified.

- There were gaps in staff completion of mandatory training.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.
- Complaints were managed and responded to appropriately. There was evidence of learning from both complaints and significant events.
- The way the practice was led and managed did not promote the management of risk and staff reported that they did not feel their concerns were always listened to or acted on.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Ensure that care and treatment is provided in a safe way.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.

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	Requires improvement 
People with long-term conditions	Requires improvement 
Families, children and young people	Requires improvement 
Working age people (including those recently retired and students)	Requires improvement 
People whose circumstances may make them vulnerable	Requires improvement 
People experiencing poor mental health (including people with dementia)	Requires improvement 

Our inspection team

Our inspection team on 13 February 2019 was led by a lead inspector and included a GP specialist advisor and a medicines inspector. On 22 February 2019 the visit was conducted by a member of the medicines optimisation team.

Background to Dr. Palit & Partners

Dr Palit and Partners (also known as Old School Surgery) is situated in Church Street, Seaford, East Sussex, BN25 1HH. The practice is close to local shops, businesses and a residential area. Further information about the practice can be found by visiting their website, www.oldschoolsurgery-seaford.nhs.net

There are two branch surgeries, one in Alfriston and one in East Dean. The surgery in Alfriston included a dispensary which was visited as part of our inspection. East Dean Surgery was not visited as part of the inspection.

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

Dr Palit and Partners is situated within the Eastbourne, Hailsham and Seaford Clinical Commissioning Group (CCG) and provides services to approximately 9,970 patients under the terms of a general medical services (GMS) contract.

The provider consists of seven GP partners (male and female), a salaried GP and trainee doctors. The practice employs three practice nurses (female), a paramedic practitioner (female) and three healthcare assistants and a phlebotomist (female). There is a team of three dispensers based at Alfriston Surgery. There is a business manager, a practice manager and a team of administrative staff.

There are higher than average number of patients over the age of 65 and fewer patients aged under 18 than the national average. Information published by Public Health England, rates the level of deprivation within the practice population group as eight, on a scale of one to ten. Level eight represents the third lowest levels of deprivation. Male life expectancy is 81 years compared to the national average of 80 years. Female life expectancy is 85 years compared to the national average of 84 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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met: There was no proper and safe management of medicines. In particular: The provider had not carried out appropriate monitoring of patients on high risk medicines. The system for re-authorising repeat prescriptions was not sufficient. There was additional evidence that safe care and treatment was not being provided. In particular: There was no system in place to monitor patient attendance at two week wait referral appointments for suspected cancer. There was no system in place to follow up patients who did not attend for blood tests, including urgent ones. There was a system in place for monitoring safety alerts, however there was evidence of a 2016 alert not being actioned. This was in breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning 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: The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular: Risk assessments had not always been undertaken in a timely way. Action identified to mitigate risks was not consistently carried out. Records of identification checks were not maintained in all staff recruitment files. This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

This section is primarily information for the provider

Requirement notices

Regulated activity

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

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

How the regulation was not being met: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: Mandatory training was out of date in a number of areas for some clinical and non-clinical staff. This was in breach of regulation 18 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.