

# Buxted Medical Centre

## Inspection report

Framfield Road

Buxted

Uckfield

TN22 5FD

Tel: 01825732333

[www.buxtedandeasthoathlymedicalcentres.co.uk](http://www.buxtedandeasthoathlymedicalcentres.co.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

Inspected but not rated



Are services safe?

Inspected but not rated



Are services well-led?

Inspected but not rated



# Overall summary

We carried out a comprehensive inspection of Buxted Medical Centre in August 2021 and found breaches of regulations. We took enforcement action and issued warning notices against Regulation 12 (Safe care and treatment) and Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After our inspection in August 2021 the practice wrote to us with an action plan outlining how they would make the necessary improvements to comply with the regulations.

We carried out an announced focussed follow-up inspection on 8 December 2021 to confirm that Buxted Medical Centre now met the legal requirements in relation to those breaches of regulations and to ensure sufficient improvement had been made. This report covers findings in relation to those requirements. We also focused on the management of access to appointments. The practice was not rated as a consequence of this inspection.

The full comprehensive report on the August 2021 inspection can be found by selecting the 'all reports' link for Buxted Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## Why we carried out this review

We carried out an announced focussed follow-up inspection on 8 December 2021 to assess the provider's compliance to meet the legal requirements against the warning notices issued in relation to the breaches in regulations that we identified in our previous inspection in August 2021. This report covers findings in relation to the warning notices and our findings from reviewing access to appointments.

## How we carried out the review

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our reviews differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Conducting staff interviews using video conferencing
- Completing clinical searches on the practice's patient records system and discussing findings with the provider
- Reviewing patient records to identify issues and clarify actions taken by the provider
- Requesting evidence from the provider
- A short site visit

## Our findings

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.

**The practice was not rated as a result of this inspection:**

# Overall summary

At this inspection we found the practice had made the following improvements:

- The staff immunisation policy and matrix had been updated. Where required, staff had an updated risk assessment and action plan.
- The remote searches of the clinical system carried out by a CQC GP specialist advisor indicate that systems had been reviewed and updated to improve patient care.
- Policies and protocols were being updated and reviewed to ensure they held accurate information and were personalised appropriately to the practice. Policies we reviewed had been updated and included who had reviewed or approved the policy and the version number.
- The recommended changes from the last Infection Prevention Control audit had been actioned. For example, the couch with torn fabric had been replaced and the staff member who was the lead for infection control had their infection control responsibilities added to their job description.
- We found no evidence of reusable instruments for the purpose of coil insertion and removal at any of the sites.
- Emergency equipment available to staff to manage medical emergencies were standardised across all three sites.
- There were standardised documented daily cleaning schedules for external cleaners to follow across all three sites.
- Fridge monitoring was standardised across the three sites. However, staff monitoring fridge temperatures did not fully understand the consequences of fridge temperatures being out of range or not being monitored for a length of time. Staff were not always aware of the procedure to follow if the recording of a fridge temperature had been missed or was out of range. Leaders in the practice were not aware that the system for fridge monitoring was not working effectively.
- Health care assistant supervision contract documents had been re-written and signed and dated by both parties involved. However, the document did not include details of the discussions that had taken place to establish how the supervisor and supervisee would work together.

During this inspection we also reviewed information in relation to patients accessing appointments. We found:

- People were able to access appointments in a timely way
- The practice offered a range of appointment types
- Patients with the most urgent needs had their treatment prioritised
- There were systems in place to support people who face communication barriers to access treatment
- There were systems in place to monitor access to appointments and make improvements

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.

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

**Dr Rosie Benneyworth** BM BS BMedSci MRCP

Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

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

## Background to Buxted Medical Centre

Buxted Medical Centre is situated within the East Sussex Clinical Commissioning Group (CCG) and delivers General Medical Services (GMS). The practice is a semi-rural practice and has two smaller branch surgeries (East Hoathly Medical Centre and Manor Oak Surgery). The practice offers a dispensary service at Buxted Medical Centre and East Hoathly Medical Centre. During this inspection we visited all three locations.

The practice is involved in the education and training of doctors and is also able to dispense medicines to patients. There are approximately 15,100 registered patients. The practice is run by three partner GPs (two female, one male) who are supported by eight salaried GPs. The practice also has two advanced nurse practitioners, a dementia paramedic, a senior nurse, four practice nurses, five health care assistants, a dispensary team, a team of receptionists and administrative staff, a business manager, a financial manager and two practice managers (who focus on different areas of the practice).

Services are provided from three sites:

The registered location,

- Buxted Medical Centre, Framfield Road, Buxted, Uckfield, East Sussex, TN22 5FD

And two branch surgeries,

- East Hoathly Medical Centre, Juziers Drive, East Hoathly, BN8 6AE
- Manor Oak Surgery, Horebeech Lane, Horam, East Sussex, TN21 0DS

Patients can access services at all three surgeries.

Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with the national guidance, most GP appointments are telephone consultations. If the GP needs to see a patient face-to-face then the patient is offered a choice of either the main GP location or a branch surgery.

There are arrangements for patients to access care from an Out of Hours provider through NHS111.

Information published by Public Health England shows that deprivation within the practice population group is in the ninth highest decile (nine of 10). The lower the decile, the more deprived the practice population is relative to others. The percentage of registered patients suffering deprivation (affecting both adults and children) is significantly lower than the average for England. According to the latest available data, the ethnic make-up of the practice area is 98% white, 0.89% Asian, 0.2% black, 0.2% mixed and 0.89% Other.

The practice is registered to provide:

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

Further information can be accessed via the practice website: [www.buxtedandeasthoathlymedicalcentres.co.uk](http://www.buxtedandeasthoathlymedicalcentres.co.uk)

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are 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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>There were inadequate systems and processes in place 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:</p> <ul style="list-style-type: none"><li>• The provider was unaware that some of the concerns raised from the last inspection had not been fully actioned or were working as intended.</li><li>• There had been no recorded temperature checks of the three fridges at Buxted for two days with no action being taken. Staff monitoring fridge temperatures did not fully understand the consequences of fridge temperatures being out of range or not being monitored for a length of time. Staff were not aware of the procedure to follow if the recording of a fridge temperature had been missed or was out of range.</li><li>• Health care assistant supervision contracts were still insufficient. Contracts did not include details of the discussions taken place to establish how the supervisor and supervisee would work together.</li></ul> <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>