

# The Meads Medical Centre

## Inspection report

Bell Farm Road  
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[www.themeadssurgery.co.uk](http://www.themeadssurgery.co.uk)

Date of inspection visit: 30 November 2023 and 11 December 2023  
Date of publication: 16/02/2024

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?

Good



Are services caring?

Good



Are services responsive to people's needs?

Requires Improvement



Are services well-led?

Good



# Overall summary

We carried out an announced comprehensive at The Meads Medical Centre between 30 November 2023 and 11 December 2023. Overall, the practice is rated as requires improvement.

Safe - requires improvement.

Effective – good.

Caring – good.

Responsive – requires improvement.

Well-led – good.

Following our inspection, the practice demonstrated they took immediate action in response to our findings. They sent us evidence to provide assurances that they took all of our concerns seriously and were making the necessary improvements. These had only recently been implemented so there is not yet verified evidence to show they were working. As such, the ratings for providing safe and responsive services have not been impacted. However, we will continue to monitor the data and where we see potential changes, we will follow these up with the practice.

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

## Why we carried out this inspection

We carried out this inspection in line with our inspection priorities and to follow up on information of concern.

Outline focus of inspection to include:

- All key questions; safe, effective, responsive and well-led.
- Information of concern relating to; medicines management, governance arrangements and culture.

## 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 on site and using video conferencing.
- 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 staff questionnaire.
- A short site visit.

## 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 found that:

- There were appropriate safety systems and processes, including for safeguarding, recruitment, and health and safety.
- Appropriate standards of cleanliness and hygiene were met.
- Staff had the information they needed to deliver safe care and treatment.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The way the practice was led and managed promoted the delivery of high-quality, person-centred care.
- The practice responded to patient needs.
- Staff told us they were happy with the level of support and communication provided by their management team.
- The practice encouraged staff development and gave staff the opportunities to further their career.
- Governance systems and processes were being reviewed and improved following a staff re-structure. Staff feedback was positive about the recent changes.

However, we also found:

- There were concerns around the monitoring and prescribing of some medicines.
- Staff did not always have the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).
- The GP patient survey showed patients were not satisfied with access to appointments at the practice.
- The practice did not always have systems and processes to respond to safety alerts and ensure affected patients had been followed up.

We found a breach of regulations. The provider **must**:

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

Additionally, the provider **should**:

- Take action to ensure discussions about safeguarding are consistently recorded, and any necessary actions are monitored and completed.
- Improve the uptake of cervical screening.
- Continue to improve patient access to appointments.
- Continue to review and improve oversight for the arrangements for identifying, managing and mitigating risks.

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

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

Chief Inspector of Health Care

## Our inspection team

Our inspection team was led by a CQC lead inspector and included a second CQC inspector, who undertook a site visit and spoke with staff in person, as well as using video conferencing facilities. 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.

## Background to The Meads Medical Centre

The Meads Medical Centre is located in a purpose-built GP practice in Uckfield, East Sussex

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

The practice is situated within the NHS Sussex Integrated Care System (ICS) and delivers General Medical Services (GMS). This is part of a contract held with NHS England. There are approximately 9,160 registered patients.

The practice is part of a wider network of local GP practices who work collaboratively to provide primary care services.

Information published by Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the second highest decile (9 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 95.7% White, 1.81% Mixed, 1.7% Asian, 0.4% Black, 0.4% Other.

The practice team consists of 5 GPs (2 GP partners and 3 salaried GPs), 3 paramedics, 1 clinical pharmacist, 4 practice nurses, 2 HCAs, a practice management team and a team of admin / reception staff.

The practice is open Monday to Friday 8.30am to 6.30pm. The telephone lines were also open from 8am to 8.30am for emergencies. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Extended hours appointments were offered on 4 weekday mornings and on Saturday mornings. Nurse appointments were offered 1 evening per week. Out of hours services are provided by 111.

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 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 Surgical procedures Treatment of disease, disorder or injury Maternity and midwifery services	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <ul style="list-style-type: none"><li>• The provider was unable to demonstrate the appropriate therapeutic monitoring of patients prescribed medicines, including those that are high-risk, was being carried out consistently when prescribing.</li><li>• The provider had not ensured patients' use of medicines was being regularly reviewed, to support the patient with their treatment, optimise the impact of their medicines, and ensure they were still safe.</li><li>• The provider had not always ensured staff had appropriate authorisation to administer medicines using patient group directions and patient specific directions.</li><li>• The provider was unable to evidence that the practice always acted on external safety events including patient and medicine safety alerts.</li></ul> <p>This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>