

# The Quintin Medical Practice

## Quality 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 service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

The practice was rated requires improvement overall. It is now rated as good overall and for providing effective and well led services. It is still rated as requires improvement for providing safe services

We carried out an announced comprehensive inspection of this practice on 16 September 2016. Breaches of legal requirements were found during that inspection within the safe, effective and well led domains. After the comprehensive inspection, the practice sent us an action plan detailing what they would do to meet the legal requirements. We conducted a focused inspection on 24 April 2017 to check that the provider had followed their action plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements.

During our previous inspection on 16 September 2016 we found the following areas where the practice must improve:

- Ensure recruitment arrangements include all necessary employment checks for all staff. Put arrangements in place to check the registration status of all health care professionals employed by the practice on an ongoing basis.
- Put arrangements in place to ensure that all clinical staff have up to date indemnity insurance in place in line with statutory requirements.
- Ensure all staff receive up to date training on safeguarding children and vulnerable adults relevant to their role. Implement an up to date, accurate policy for safeguarding vulnerable adults that reflects local authority safeguarding policies and procedures.
- Ensure all staff receive up to date training on areas identified as mandatory such as health and safety, fire safety, information governance, infection control and moving and handling.
- Ensure all staff receive a regular appraisal of performance in their role from an appropriately skilled and experienced person and that any training, learning and development needs are identified, planned for and supported.

# Summary of findings

- Carry out clinical audits including re-audits to ensure improvements have been achieved.
- Store prescription pads and blank prescription stationery securely at all times and track their use through the practice.
- Take action to address identified concerns with infection prevention and control practice.

Our previous report also highlighted the following areas where the practice should improve:

- Ensure that information is accessible for all patients. For example, the introduction of a hearing loop in reception for patients with hearing difficulties and the production of information in large print and braille for those with visual impairment.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

During the inspection on 24 April 2017 we found:

- Appropriate recruitment arrangements had been put in place and the necessary employment checks had been undertaken for all staff. All staff were registered correctly with professional bodies and the practice put a system in place to ensure this was checked on an annual basis.
- All clinical staff had indemnity insurance in place in line with statutory requirements and there was a system in place to ensure that cover did not lapse.
- All clinical staff had undertaken training on safeguarding appropriate for their role. Training dates had been arranged to ensure all administrative and clerical completed their safeguarding training by the end of April 2017.
- The practice had implemented an up to date, accurate policy for safeguarding for vulnerable adults that reflected local authority safeguarding policies and procedures.
- The practice had invested in and implemented an online training system to ensure all staff were able to access and complete training identified as mandatory.

Staff had undertaken training in key areas including health and safety, infection control and information governance. There was system in place to ensure all staff completed their training and that it was kept up to date.

- All staff had either had a recent appraisal since our last inspection or had a date booked. Arrangements had been put in place with the clinical commissioning group to ensure that nursing staff had appropriate clinical input to their appraisals and ongoing supervision.
- The practice had undertaken a second cycle audit since our last inspection. The practice now had a plan in place for each GP to undertake one clinical audit per year.
- Concerns identified at the last inspection in relation to infection prevention and control had been addressed.
- Effective arrangements for the tracking of blank prescription stationery had not been put in place.

We also found in relation to the areas where the practice should improve:

- The practice was in the process of introducing a hearing loop. The practice's patient participation group was working with the practice on improving information provided to patients.

The areas where the provider must make improvements are:

- Put a system in place to track the use of blank prescription stationery throughout the practice so that theft or misuse can be identified.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is still rated as requires improvement for delivering safe services.

At our last inspection on 16 September 2016 we found that the practice did not have clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. We also found that risks to patients were not always assessed and well managed. For example, in relation to recruitment checks, infection control and medicines management.

At this inspection, we found that the practice had implemented their action plan in relation to recruitment checks, indemnity insurance, safeguarding and infection control. However, the practice did not have an effective system in place for the tracking of blank prescription stationery.

**Requires improvement**



### Are services effective?

The practice is still rated as good for delivering effective services

At our last inspection on 16 September 2016 we found that staff did not always have the skills, knowledge and experience to deliver effective care and treatment and there was no evidence of appraisals and personal development plans for all staff. There was limited evidence to show that clinical audits demonstrated quality improvement.

At this inspection, we found that the practice had implemented their action plan. Staff had either had an appraisal or the date for their annual appraisal had been booked. There were arrangements in place to ensure appropriate clinical input to appraisal and supervision for nursing staff. The practice had invested in an implemented an on-line training system and arrangements were now in place to ensure all staff were up to date with training that had been identified as mandatory. The practice had completed a second cycle audit since our last inspection and had a plan in place to ensure that each GP undertook one clinical audit per year.

**Good**



### Are services well-led?

The practice is rated as good for delivering well led services

At our last inspection on 16 September 2016 we found that although there was a governance framework in place, arrangements to monitor and improve quality and identify risk were not effective. For example, in relation to up to date policies and arrangements for safeguarding children and vulnerable adults, undertaking

**Good**



# Summary of findings

appropriate recruitment checks, infection control audits and training and medicines management. The practice did not have a programme of continuous clinical audit that was used to monitor quality and to make improvements.

At this inspection, we found that the practice had made progress with implementing their action plan. Appropriate recruitment checks had been undertaken, infection control audits and training had been completed and a plan for clinical audit was in place.

# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

### Older people

The practice was rated as requires improvement for the care of older people on 16 September 2016. This rating has now changed to good

Good



### People with long term conditions

The practice was rated as requires improvement for the care of people with long-term conditions on 16 September 2016. This rating has now changed to good.

Good



### Families, children and young people

The practice was rated as requires improvement for the care of families, children and young people on 16 September 2016. This rating has now changed to good.

Good



### Working age people (including those recently retired and students)

The practice was rated as requires improvement for the care of working age people (including those recently retired and students) 16 September 2016. This rating has now changed to good.

Good



### People whose circumstances may make them vulnerable

The practice was rated as requires improvement for the care of people whose circumstances may make them vulnerable 16 September 2016. This rating has now changed to good.

Good



### People experiencing poor mental health (including people with dementia)

The practice was rated as requires improvement for the care of people experiencing poor mental health (including people with dementia) on 16 September 2016. This rating has now changed to good.

Good



# The Quintin Medical Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

The inspection was undertaken by a CQC inspector.

## Background to The Quintin Medical Practice

The Quintin Medical Practice provides general medical services to approximately 8,400 patients in the town of Hailsham and surrounding areas. It provides services from three different locations. The main surgery being The Quintin Medical Centre and two branch surgeries, Punnetts Town and Battle Road Medical Centre.

The practice has two GP partners and four salaried GPs. Two of the GPs are male and four are female. There are four practice nurses, three health care assistants, a paramedic practitioner, a practice manager, an assistant practice manager and a team of administrative, secretarial and reception staff.

Data available to the Care Quality Commission (CQC) shows the practice serves a significantly higher number of patients over the age of 65 when compared to the national average although this is similar to the clinical commissioning group (CCG) average. The number of patients aged between 0-4, 5-14 and under 18 years of age is in line with CCG and national averages. Income deprivation is relatively low.

The Quintin Medical Centre, Hawkswood Road is open from 8am until 6.30pm Monday to Friday. Extended hours operate at this premises on a Wednesday evening from 6.30pm until 8pm. The Punnetts Town branch is open from 8am until 12.30pm on a Monday, Tuesday, Wednesday and

Friday and from 7.30am until 12.30pm every Thursday. The Battle Road Medical Centre is open from 8am until 6.30pm Monday to Friday. Appointments can be booked over the phone, on line or in person at the surgery. Patients are provided with information on how to access the duty GP or the out of hours service by calling the practice.

The practice provides a number of services and clinics for its patients including smoking cessation, asthma, diabetes, cervical smears, childhood immunisations, family planning, travel advice and minor surgery.

The practice provides services from the following locations:-

Quintin Medical Centre

Hawkswood Road

Hailsham

East Sussex

BN27 1UG

Quintin Medical Centre

Punnetts Town

East Sussex

TN21 9DH

Battle Road Medical Centre

85 Battle Road

Hailsham

BN27 1UA

Our inspection took place at The Quintin Medical Centre, Hawkswood Road.

# Detailed findings

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 on 16 September 2016 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Breaches of legal requirements were found. As a result, we undertook a focused inspection on 24 April 2017 to follow up on whether action had been taken to deal with the breaches.

## How we carried out this inspection

During our visit we:

- Spoke with the practice manager and the registered manager GP.
- Reviewed practice policies and procedures, staff records and other documentation

Please note that when referring to information throughout this report, for example any reference to the quality and outcomes framework data, this relates to the most recent information available to the CQC at that time.



# Are services safe?

## Our findings

At our previous inspection on 16 September 2016, we rated the practice as requires improvement for providing safe services. This was because the practice did not have effective procedures for monitoring and managing risks to patient and staff safety. We found that whilst blank prescription forms and pads were securely stored, the practice did not have systems in place to monitor their use. We also identified a number of concerns in relation to the prevention and control of infection.

These arrangements had improved when we undertook a follow up inspection on 24 April 2017. However, the practice had not implemented an effective system for tracking the use of blank prescription stationery. The practice is therefore still rated as requires improvement for providing safe services.

### Overview of safety systems and process

At our last inspection we found the practice's own policy for safeguarding vulnerable adults included an incorrect definition of a vulnerable adult and the types of abuse that may occur. This suggested the practice did not have a clear understanding of the principles and wider local authority policies surrounding the need to safeguard vulnerable adults. Not all staff had received training on safeguarding children and vulnerable adults relevant to their role. For example, not all the GPs including the GP lead for safeguarding had up to date level three training on safeguarding children and not all administrative and reception staff had received level one safeguarding training. We also found that staff who acted as chaperones were trained for the role, however they had not received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

During this inspection we found that all clinical staff had undertaken level three safeguarding training as appropriate to their role. A number of administrative and clerical staff had undertaken their safeguarding level 1 training and dates had been arranged to ensure all administrative and reception staff completed this by the end of April 2017. We found that the practice had not yet updated its own policy for safeguarding vulnerable adults; however it had circulated an overarching NHS England

safeguarding policy which staff had signed to say they had read and understood. During this inspection the practice updated its own policy to ensure it reflected local NHS and local authority guidelines and contact details. We saw evidence to show that the practice had now undertaken DBS checks on all staff on all staff who acted as chaperones to ensure they were suitable for the role.

At our last inspection we found that not all staff had received training on infection control and that the practice had not undertaken annual infection control audits. This meant it could not be assured it was maintaining appropriate standards on an ongoing basis. Also risk assessment had not been undertaken for legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

During this inspection we found that staff had completed or had dates booked to complete on line infection control training. An annual audit of infection control had been undertaken and monthly audits had been undertaken since our last inspection. We saw that a legionella risk assessment had been undertaken in December 2016 and remedial action had been taken as a result.

At our last inspection we found that whilst blank prescription forms and pads were securely stored, the practice did not have systems in place to monitor their use. For example, there was no record of receipt of the pads for handwritten prescriptions or any record to show when they had been taken for use by the GPs. There was no record kept of the distribution of pre-printed prescription form stock within the practice including the serial numbers, where, when and to whom the prescriptions had been distributed. This meant that the practice did not have comprehensive systems in place to prevent theft and misuse of blank prescriptions.

During this inspection we saw that the practice had updated its policies and procedures for the security of blank prescription stationery. The practice had created a system for recording the serial numbers, where, when, and to whom blank prescriptions had been distributed. However, when we looked at the records we saw that they had not been filled in correctly and were incomplete. For example, the dates ordered, the records of stock, dates received and dates issued to the doctors had not always been filled in. This was contrary to national guidance and

## Are services safe?

the practice's own policy on ensuring the security of blank prescription stationery. The practice, therefore, had not yet put in place comprehensive systems to prevent theft and misuse of blank prescriptions.

At our last inspection we found that appropriate recruitment checks had not always been undertaken prior to employment. For example, for both GPs and nurses there was not always evidence of proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. This meant that the practice could not be sure that staff were appropriately qualified or that they were of suitable character to be left alone to work with children or vulnerable adults. We did see, however, that the practice had requested DBS checks for all clinical staff in September 2016. The day after the inspection the practice confirmed that only one DBS check for a health care assistant remained outstanding.

During this inspection we saw that all DBS checks for clinical staff and those who undertook chaperone duties

had been received. We saw evidence that all nursing staff were correctly registered with the professional body. The practice put a system in place for checking this on an annual basis.

At our last inspection we also found that three out of the four practice nurses employed had been working without indemnity insurance for several months. This is a mandatory requirement which makes sure that if a patient suffers harm as a result of negligence that the health care professional involved has adequate indemnity insurance to compensate the patient. As a result of this we were required to ask the nurses to cease from practising until indemnity insurance was in place to cover them. The practice responded immediately and cover was in place by the end of the day.

At this inspection we saw that indemnity insurance was in place for all clinical staff and that the practice had a system in place to ensure that cover did not lapse.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective staffing

At our last inspection we found that the practice had only recently identified the mandatory training needs for its staff. This included topics such as safeguarding, infection prevention and control, fire safety, health and safety, information governance and moving and handling. From the training records we saw that none of the 38 staff had undertaken any of the mandatory training with the exception of six staff who had undertaken training on adult safeguarding and two staff who had undertaken training on safeguarding children. This meant staff had not always had access to appropriate training to meet their learning needs and to cover the scope of their work. We saw that training sessions were booked for first aid, moving and handling and fire safety for October and November 2016. We also found that apart from the GPs no other member of staff had received a formal appraisal within the last 12 months

During this inspection we saw that the practice had invested in and implemented an on line training system. We saw that staff had completed a number of training sessions in areas that the practice had identified as

mandatory including fire safety, moving and handling, infection control and health and safety. There was a system in place to ensure all staff completed the mandatory training and that training was kept up to date. We also saw that staff had either had an appraisal or the date for their annual appraisal had been booked. There were arrangements in place to ensure appropriate clinical input to appraisal and supervision for nursing staff.

### Management, monitoring and improving outcomes for people

At our last inspection we found there was limited evidence of quality improvement including clinical audit. There had been two clinical audits undertaken in the last two years, however, neither of these were completed audits where the improvements made were implemented and monitored.

During this inspection, we saw that the practice was in the process of developing a formal on-going programme of clinical audit. The plan was for each GP to complete one full cycle audit per year and for the results to be shared and discussed at clinical meetings. We saw that since our last inspection one full cycle audit had been completed. The practice had commenced the first cycle of another audit.

# Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

## Our findings

### Governance arrangements

At our last inspection, we found that arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not sufficient. For example, in relation to up to date policies and arrangements for safeguarding children and vulnerable adults, undertaking appropriate recruitment checks, infection control audits and training and medicines management. The delivery of safe, high quality care was not adequately managed and not all risks were identified. For example, in relation to ensuring its entire clinical staff had professional indemnity insurance in place in line with statutory requirements.

During this inspection we saw that the practice had made improvements to its governance arrangements. The practice had commenced a formal on-going programme of clinical audit and that one full cycle audit had been completed. Appropriate recruitment checks had been undertaken and professional indemnity insurance was in place. Staff had completed mandatory training and had either had an appraisal or had one booked to ensure that a review of their performance and development was undertaken every year. Arrangements were in place to ensure all staff received safeguarding training appropriate to their role and relevant safeguarding policies were now in place. Infection control audits had been undertaken and the risk of legionella had been assessed and remedial action taken.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Maternity and midwifery services	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Surgical procedures	<b>How the regulation was not being met:</b> The provider did not have arrangements in place to ensure the safe management of medicines in particular the storage and tracking of blank prescription stationery.
Treatment of disease, disorder or injury	This was in breach of regulation 12(1) (of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.