

The Haven Practice

Inspection 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 location

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



Overall summary

This practice is rated as requires improvement overall. The practice had previously been inspected in December 2018 where they were rated as requires improvement overall.

The key questions at this inspection are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires Improvement

We carried out an announced comprehensive inspection at The Haven Practice on 12 December 2018 under Section 60 of the Health and Social Care Act 2008, as part of our regulatory functions. The 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.

At this inspection we found:

- The practice's systems, processes and practices did not always help to keep people safe.
- The system for repeat prescribing did not include appropriate processes for re-authorisation.
- The system for recording action taken as a result of safety alerts was not comprehensive and did not include all alerts or where action had been taken by the locality pharmacist.
- Emergency equipment such as oxygen and the defibrillator were not subject to regular checks and staff had not all received basic life support training in line with national guidance.
- Governance arrangements were not always effective.
- There was an effective system for reporting and recording significant events. The practice learned and made improvements when things went wrong.

- Reception staff had received training and were aware of actions to take if they encountered a deteriorating or acutely unwell patient.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.
- Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was higher than local and national averages.
- The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

The areas where the provider must make improvements are:

- 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 of care.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

The area where the provider should make improvements are:

- Continue to take action to improve the uptake of childhood immunisations.
- Continue to take action to improve the uptake of cervical screening.

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

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser.

Background to The Haven Practice

The Haven Practice is located in a residential area of the city of Brighton and Hove. The practice has good transport public links, however parking is limited to on the street meters with spaces hard to come by. There are pharmacies located nearby.

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

The Haven Practice is situated within Brighton and Hove Clinical Commissioning Group and provides services to approximately 2,600 patients under the terms of a general medical services (GMS) contract.

The practice is run by a single GP with a further salaried GP. Both of the GPs are female. The practice employs two practice nurses, a health care assistant, a practice manager, a business manager, an assistant manager and a team of administration staff. The practice receives pharmacist support from the Clinical Commissioning Group one half day a week.

The practice is open 8.30am to 6.30pm on Mondays, Tuesdays, Wednesdays and Fridays and from 8.30am to 12.30pm on Thursdays when cover is provided by a neighbouring practice in a reciprocal arrangement. When the surgery is closed patients can access out of hours care via the 111 telephone number.

Patients have access to a citywide service which enables them to see a GP at another location nearby in the evenings and at weekends.

The practice has a deprivation score lower than the clinical commissioning group (CCG) and national averages meaning, on average, patients who are registered at the practice are less deprived. The percentage of the practice population aged over 65 is lower than the national average. The percentage of the practice population between the ages of 25 and 49 is higher than the national average.

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 Maternity and midwifery services 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...</p> <p>There was no proper and safe management of medicines. In particular:</p> <p>The provider did not ensure repeat prescriptions were only issued with the proper authorisation.</p> <p>There was additional evidence that safe care and treatment was not being provided. In particular:</p> <p>There was insufficient evidence of action to address all safety alerts.</p> <p>Staff did not receive training in basic life support in line with national guidance and checks of the oxygen and defibrillator were not routinely carried out and recorded.</p> <p>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 Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met...</p> <p>There was evidence of poor governance. In particular:</p> <p>There was insufficient evidence of a system in place to address all safety alerts. Records were not maintained of checks to emergency equipment. The system for issuing repeat prescriptions did not ensure repeat prescriptions were properly authorised.</p> <p>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
Maternity and midwifery services
Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

How the regulation was not being met...

The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular:

There was no evidence of satisfactory performance in a previous role obtained for a salaried GP.

This was in breach of regulation 19 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.