

# Heathfield Surgery

## Inspection report

96-98 High Street  
Heathfield  
East Sussex  
TN21 8JD  
Tel: 01435864999  
www.heathfieldsurgery.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

Inadequate 

Are services safe?

Inadequate 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Inadequate 

# Overall summary

We carried out an announced focused inspection at Heathfield Surgery on 22 January 2020 as part of our inspection programme.

The practice had previously been inspected in September 2016 where they were rated as good. We decided to undertake an inspection of this service following our annual review of the information available to us. This inspection looked at the following key questions:

- Safe
- Effective
- Well-led

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 inadequate overall and for safe and well-led services. We rated them as good for effective services. We rated the practice as good for all of the population groups with the exception of working age people which was rated as requires improvement. This was due to cancer care reviews being below average and the cervical screening target not being met.

We rated the practice as **inadequate** for providing safe services because:

- There were gaps in the systems, practices and processes to keep people safe and safeguarded from abuse.
- The practice were unable to evidence pre-employment checks carried out on locums and risk assessments were not carried out on staff who did not have a DBS check in place at the time of recruitment.
- Health and safety risk management processes were insufficient.
- There was no system for monitoring the ongoing registration of clinical staff.
- Infection control management processes were inconsistent.
- Staff did not have the information to deliver safe care and treatment in relation to the monitoring of referrals, histology and cervical screening and there were insufficient failsafe systems for these processes.

- Consent for minor surgery was not recorded in line with national guidance.
- Learning was not always clearly identified to make improvements.
- Non-clinical staff had not received sepsis training. There were gaps in mandatory training completion in relation to safeguarding and infection control.
- Staff immunisations were not in line with Public Health England (PHE) guidance.
- There was insufficient proper and safe management of medicines in relation to vaccine temperature monitoring and the recording of medicines used during minor surgery.

We rated the practice as **inadequate** for providing well-led services because:

- The overall governance arrangements were ineffective.
- The practice did not have clear and effective processes for identifying and managing risks and identified issues.
- The practice did not always act on appropriate and accurate information.
- There were inconsistent systems and processes for learning and continuous improvement.

The areas where the provider **must** make improvements 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.
- Ensure that fit and proper persons are employed.

The provider should:

- Improve staff vaccination records in line with Public Health England (PHE) guidance.
- Improve cervical screening rates.
- Meet the target for childhood immunisations.
- Improve cancer care reviews in line with local and national averages.
- Implement a process for new healthcare assistants to undertake the care certificate.

# Overall summary

- Review the role of the patient participation group with a view to improvement involvement and communication.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where

necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

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

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

## Our inspection team

Our inspection team was led by a CQC inspector. The team included a GP specialist advisor, a pharmacy advisor, and a practice manager specialist advisor.

## Background to Heathfield Surgery

Heathfield surgery is semi-rural practice which offers general medical services to the population of the Wealden area. The practice has a smaller surgery (The Firs Surgery) which we did not inspect. The practice is involved in the education and training of doctors and is also able to dispense medicines to patients. There are approximately 12,636 patients. Heathfield Surgery is located at:

96-98 High Street

Heathfield

East Sussex

TN21 8JD

The Firs Surgery is located at:

Little London Road

Cross in Hand

RN21 0LT

The local clinical commissioning group (CCG) is the NHS High Weald Lewes Havens CCG. Heathfield Surgery is registered with the Care Quality Commission to provide the following regulated activities: Treatment of disease, disorder or injury, Diagnostic and screening procedures, Family Planning, Maternity and midwifery services and Surgical procedures

The practice staff consists of six GP partners (male and female), and one salaried GP (female) and one retained GP (female) as part of the National GP Retention Scheme. There are four nurses, three healthcare assistants and one phlebotomist (all female). There is a practice manager, a deputy practice manager and a range of reception and administrative staff.

There are lower than average number of patients under the age of 18 when compared with national and local averages. There is a higher proportion of patients over the age of 65, when compared with the national average. There are a lower proportion of patients living with a long term health condition. Information published by Public Health England, rates the level of deprivation within the practice population group as ten, on a scale of one to ten. Level 10 represents the lowest levels of deprivation and level one the highest. There are lower levels of unemployment and a lower proportion of patients in employment. Life expectancy is higher than average for females (84 years compared with the national average of 83). Life expectancy for males is lower than average for males (81 years compared with the national average of 79 years).

General medical services are provided Monday to Friday between the hours of 8am to 6.30pm. Extended hours

surgeries are offered Monday 6.30pm to 8pm and Tuesday, Wednesday and Friday morning between 7am and 8am. Out of hours services can be accessed via the NHS 111 service.

More information in relation to the practice can be found on their website:

[www.heathfieldsurgeries.nhs.uk](http://www.heathfieldsurgeries.nhs.uk)

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 Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing  The provider did not always ensure that persons employed by the service in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as necessary to enable them to carry out the duties they are employed to perform. In particular; <ul style="list-style-type: none"><li>• There were gaps in mandatory training records for some staff, including GPs and locum staff.</li></ul> This was in breach of regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

## Enforcement actions

### 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. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>There was insufficient proper and safe management of medicines. In particular:</b></p> <ul style="list-style-type: none"><li>• The type, dose and batch number of medicines used in minor surgery were not recorded in the patient record.</li><li>• There were gaps in the monitoring of temperatures of one of the vaccine fridges.</li></ul> <p><b>There was insufficient assessment of the risk of, and preventing, detecting and controlling the spread of infection including those that are health related. In particular:</b></p> <ul style="list-style-type: none"><li>• Infection control audits were carried out infrequently and there was no action plan when audits had been completed.</li></ul> <p><b>The registered person had not done all that was reasonably practicable to mitigate the risks to the health and safety of service users. In particular:</b></p> <ul style="list-style-type: none"><li>• Consent for minor surgery was not recorded in line with national guidance.</li><li>• There was no system for tracking histological samples following minor surgery.</li><li>• There was no failsafe system for cervical screening to ensure that a result was received for every sample sent.</li><li>• The system for managing referrals did not ensure that follow up was timely.</li></ul> <p><b>There was additional evidence that safe care and treatment was not being provided. In particular:</b></p> <ul style="list-style-type: none"><li>• Investigations and reviews of significant events did not ensure that all avenues for learning and improvement were explored.</li><li>• Insufficient action was taken to ensure the safety of patients when things went wrong.</li></ul>

This section is primarily information for the provider

## Enforcement actions

- Non-clinical staff had not received training in identifying the deteriorating patient, including training relating to sepsis.

This was in breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Regulated activity

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

**The registered person had systems or processes 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:**

- Health and safety risk assessments were not always completed.
- Action to address risks relating to fire safety had not been sufficiently addressed.
- Action to address risks relating to the risk of legionella had not been sufficiently addressed.
- There was no recorded liquid nitrogen risk assessment and safety equipment was not stored with the liquid nitrogen.

**The registered person had systems or processes in place that were operating ineffectively, in that they failed to enable the registered person to maintain securely such records as are necessary to be kept in relation to persons employed in the carrying on of the regulated activity or activities. In particular:**

- There was no DBS risk assessment for staff not having a DBS in place at the start of their employment.
- There was no system in place for ensuring the ongoing NMC registration for nurses, such as that renewals had been completed.
- The practice were unable to evidence pre-employment checks for locum GPs working in the practice.

**The registered person had systems or processes in place that were operating ineffectively, in that they failed to**

This section is primarily information for the provider

## Enforcement actions

enable the registered person to maintain securely such records as are necessary to be kept in relation to the management of the regulated activity or activities. In particular:

- Records relating to the management of the regulated activities were not consistently maintained in relation to practice policies.

This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.