

Chapel St Surgery

Inspection report

Chapel Street
Newhaven
BN9 9PW
Tel: 01273517000
chapelst.gpsurgery.net

Date of inspection visit: 28 September 2022
Date of publication: 20/03/2023

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? | Requires Improvement |  |
| Are services caring? | Good |  |
| Are services responsive to people's needs? | Requires Improvement |  |
| Are services well-led? | Requires Improvement |  |

Overall summary

We carried out an announced comprehensive inspection at Chapel St Surgery between 28 September 2022 and 10 October 2022. Overall, the practice is rated as requires improvement.

Safe - Requires improvement

Effective - Requires improvement

Caring - Good

Responsive - Requires improvement

Well-led – Requires improvement

The full reports for previous inspections can be found by selecting the 'all reports' link for Chapel St Surgery on our website at www.cqc.org.uk

Why we carried out this inspection

Chapel St Surgery was registered as a new location of a new provider on 19 August 2020. This is the first rated inspection of the practice.

Our inspection included all key questions; safe, effective, caring, responsive, and well-led.

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 using video conferencing.
- Completing clinical searches on the practice's patient records system and discussing findings with 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 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.

We have rated this practice as requires improvement overall

We found that:

Overall summary

- The practice had some systems to review patients prescribed high risk medicines and who were diagnosed with long term conditions. These systems were not always safe and effective.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice had adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic. Patients could access care and treatment in a timely way.

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

- Whilst most medicines were managed safely, some concerns were identified around the monitoring and prescribing of patients' medicines, including those that were high risk.
- Staff vaccination was not maintained in line with current national guidance relevant to their role.
- Action plans for health and safety, fire and legionella risks assessments were not in place in the practice.
- Significant events were not always recorded and learning from events could not be demonstrated.

We rated the practice as **requires improvement** for providing effective services because:

- Improvements were needed to the management of long-term conditions.
- Staff did not always receive appropriate inductions and a programme of clinical supervision was not in place.

We rated the practice as **requires improvement** for providing responsive services because:

- Complaints were not always managed in a timely and appropriate way.

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

- Leaders had demonstrated that they had a credible strategy to develop sustainable care. However, at this inspection we identified concerns around clinical governance.
- Health and safety risk assessments were not always accurate and managed in a way that provided appropriate reassurances that actions had been taken.

We found breaches of regulations. The provider must:

- 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.

The provider **should**:

- Review and respond to patient feedback and experiences relating to access to services.
- Continue to embed the reintroduction of the patient participation group (PPG).
- Continue to monitor the uptake of childhood immunisations and cervical screening.
- Review and maintain staffing levels.

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 Hospitals and Interim Chief Inspector of Primary Medical Services

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. A further CQC team inspector assisted with the site visit.

Background to Chapel St Surgery

Chapel St Surgery is located in Newhaven, East Sussex at:

Chapel Street
Newhaven
East Sussex
BN9 9PW

The provider is Sussex Primary Care Ltd, part of Sussex Community NHS Foundation trust. The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures, and treatment of disease, disorder or injury.

The practice is situated within the NHS Sussex Integrated Care System (ICS) and delivers General Medical Services (GMS) to a patient population of approximately 6,300 patients This is part of a contract held with NHS England

Information published by the Office for Health Improvement and Disparities, shows that the level of deprivation within the practice population group is in the fourth lowest decile (4 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 97% White, 1.2% Mixed, 1.2% Asian, 0.5%, Black, 0.3% Other.

The practice has 3 salaried GPs (2 Female and one male) and is supported by locum GPs, 3 nurses, 1 healthcare assistant, a team of pharmacists. Management of the practice is provided by a group manager (overseeing a number of practices), a practice manager, deputy practice manager and a team of reception and administrative staff.

Opening hours are Monday to Friday, 8:30am to 6:00pm. There is a contact number for urgent advice between 8:00am to 08:30am, and 6:00pm to 6:30pm.

Out of hours services are provided by 111.

For further details about the practice please see their website: www.chapelstreetsurgerynewhaven.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 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

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

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

- Staff did not always receive appropriate inductions.
- A programme of clinical supervision was not in place.

This was in breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

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

Regulation

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

Staff recruitment records did not provide assurances that persons employed had the information required by regulation. In particular;

- Staff did not have satisfactory information on the conduct of the staff member in previous employment.
- Disclosure and Barring Service (DBS) checks were not in place for all staff and no risk assessment was completed for those without a DBS.

This was in breach of Regulation 19 (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 12 HSCA (RA) Regulations 2014 Safe care and treatment

- The provider did not have fully effective and embedded processes for monitoring patients' health in relation to the use of some medicines and long-term conditions.

Requirement notices

- The provider had not ensured staff vaccination was always maintained in line with current UK Health Security Agency (UKHSA) guidance, as relevant to their role.
- The provider did not always demonstrate effective systems or processes to assess the risk of, and prevent, detect and control the spread of, infections, including those that are health care associated.
- The provider had not ensured the risks to service users, staff and visitors had been mitigated. In particular; responding to the outcome of risk assessments for fire, health & safety and legionella.
- Significant events were not always recorded, and learning could not be demonstrated.

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
Surgical procedures
Maternity and midwifery services
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider had not ensured appropriate systems and processes were in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others.

In particular:

- Health and safety risk assessments were not always accurate and managed in a way that provided appropriate reassurances that actions had been taken.
- Clinical governance processes did not always ensure appropriate patient healthcare monitoring was carried out and necessary actions completed as a result.
- Complaints were not always managed in a timely and appropriate way.
- The provider was unable to demonstrate that organisational policies were in place and always contained accurate or up to date information to ensure appropriate guidance for staff. Including for child and adult safeguarding.

This section is primarily information for the provider

Requirement notices

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