

Victoria Medical Centre

Inspection report

153a
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Eastbourne
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www.victoriamedicalcentre.co.uk

Date of inspection visit: 12 and 21 December 2022
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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?

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 Victoria Medical Centre on 12 and 21 December 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 Victoria Medical Centre on our website at www.cqc.org.uk

Why we carried out this inspection

We inspected the practice because it was newly registered following the merging of three practices. This inspection was comprehensive and covered the safe, effective, caring, responsive and well-led key questions.

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 (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.
- Short visits to the main surgery and the branch.

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 found that:

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice had an active patient participation group and patient views were acted on to improve services and culture.
- The practice prioritised training and supported staff to obtain additional skills and qualifications.

Overall summary

- The facilities were modern, and purpose built, and the environment was clean and hygienic.
- The practice had implemented new systems and recruited additional staff to help improve patient access.

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

- Policies and procedures for keeping children and vulnerable adults safeguarded from abuse were not always clear or operating effectively.
- The practice did not have an effective policy and procedure for reporting and recording significant events. There was limited evidence to show that events had been acted on and the learning identified and shared.
- The system for recording and acting on safety alerts was not always effective.
- Blank prescriptions were not always kept securely, and their use monitored in line with national guidance.
- The practice was unable to demonstrate that emergency medicines were properly stored and immediately accessible.
- There was limited evidence of effective reviews to ensure the medicines a patient was taking were still appropriate.
- The practice had not monitored the prescribing of controlled drugs in line with national guidance.
- The practice did not have a system for ensuring medical oxygen and defibrillators were regularly checked and fit for use.
- Vaccines were not always appropriately stored and monitored in line with UK Health Security Agency (UKHSA) guidance to ensure they remained safe and effective.

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

- Not all patients with a long-term condition or a potential missed diagnosis had received appropriate monitoring and clinical review.

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

- Complaints were not always responded to appropriately or used to improve the quality of care.

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

- Leaders lacked oversight of some processes and therefore failed to identify risks when those processes did not operate as intended.
- The practice did not always act on appropriate and accurate information.

We found two 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.

In addition, the provider **should**:

- Continue with ongoing work to ensure staff vaccination is maintained in line with current UKHSA guidance.
- Improve the uptake for cervical screening to ensure at least 80% coverage in line with the national target.
- Improve the uptake of childhood immunisations to ensure the minimum 90% target is met.
- Ensure all staff are up to date with essential training.
- Ensure that clinical supervision for staff in advanced clinical roles is embedded.
- Continue to monitor and improve patient access to appointments.
- Update the practice website to include information about all clinical staff and local support groups.
- Ensure that staffing levels are enough to cover absence and busy periods and that staff can take regular breaks.

Overall summary

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 two site visits. The lead inspector was accompanied by a practice manager specialist advisor for one of the site visits. A GP specialist spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

Background to Victoria Medical Centre

Victoria Medical Centre is in Eastbourne at:

153a Victoria Drive

Eastbourne

BN20 8NH

The practice has a branch surgery at:

The Beacon Centre,

Eastbourne

BN21 3NW

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 offers services from both a main practice and a branch surgery. Patients can access services at either surgery.

The practice is situated within the Sussex Integrated Care System (ICS) and delivers general medical services (GMS) to a patient population of about 28,700. This is part of a contract held with NHS England.

The practice is part of a primary care network of 3 local GP practices.

Information published by the Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the second highest decile (8 of 10). The higher the decile, the less deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 95% White, 2% Asian, 1.5% Mixed, 0.5% Black, 0.5% Other. The number of older patients is higher than the local and England average.

There is a team of 10 GPs who provide cover at both sites. There is a clinical nurse manager who oversees a team of 8 practice nurses, 4 health care assistants and 3 phlebotomists. There is an advanced nurse practitioner, advanced mental health nurse practitioner and a paediatric advanced nurse practitioner. The GPs are supported at the practice by a team of reception, administration and secretarial staff. There is a management team led by a chief operating officer and chief executive officer.

The practice is open between 8am to 6.30pm Monday to Friday. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Extended access is provided locally by practices in the primary care network, where late evening and weekend appointments are available. Out of hours services are provided by via 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 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>How the regulation was not being met:</p> <p>The practice had failed to ensure care and treatment was provided in a safe way for service users. In particular:</p> <ul style="list-style-type: none">• Safety alerts from the Medicines and Healthcare Products Regulatory Agency were not always acted on sufficiently.• The practice was unable to demonstrate that emergency equipment was regularly checked and fit for use.• The practice was unable to demonstrate that emergency medicines were properly stored and immediately accessible.• Blank prescriptions were not kept securely, and their use monitored in line with national guidance.• The provider was unable to demonstrate patients' use of medicines was properly reviewed,• The practice had not monitored the prescribing of controlled drugs in line with national guidance.• Vaccines were not always appropriately stored and monitored in line with UKHSA guidance to ensure they remained safe and effective.• Patients with a long-term condition or a potential missed diagnosis had not always received appropriate monitoring and clinical review. <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	Regulation 17 HSCA (RA) Regulations 2014 Good governance

This section is primarily information for the provider

Requirement notices

Treatment of disease, disorder or injury

Surgical procedures

Systems and processes for monitoring the service were not always effective. The practice had failed to identify risks when those processes did not operate as intended.

The provider was not always able to demonstrate that organisational policies were in place and always contained accurate or up to date information to ensure appropriate guidance for staff.

The provider had not ensured that systems and processes were all established and operating effectively to safeguard service users from abuse.

The provider could not demonstrate that effective systems and processes were implemented to ensure that significant events and complaints were always properly recorded, shared and acted on, to improve the quality and safety of the service

The provider was unable to demonstrate that governance processes, risk management, performance, and strategic planning ensured high quality and sustainable care.

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