

Buxted Medical Centre

Inspection report

Framfield Road

Buxted

Uckfield

TN22 5FD

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www.buxtedandeasthoathlymedicalcentres.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 to people's needs?

Good



Are services well-led?

Inadequate



Overall summary

We carried out an announced inspection at Buxted Medical Centre on 25 August 2021. Overall, the practice is rated as Inadequate.

The key questions are rated as

Safe - Inadequate

Effective - Good

Caring - Good

Responsive - Good

Well-led - Inadequate

Following our previous inspection in December 2020 the practice was rated Inadequate overall and for Safe and Well led key questions. Effective was rated as requires improvement and Caring and Responsive were rated as good.

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

Why we carried out this inspection

The practice had been previously placed in special measures in March 2020. The practice was subsequently re-inspected in December 2020 to ensure that warning notices issued at the previous inspection had been complied with and to ensure that the practice had made significant improvements. We found that although some improvements had been made, the practice remained inadequate for the safe and well led key questions and requires improvement for the effective key question. Therefore, the practice remained in special measures and further warning notices were issued. We were provided with action plans detailing how the practice planned to make the required improvements throughout this process. This inspection was to follow up the warning notices issued and to check the improvements made to date.

How we carried out the inspection

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Conducting staff interviews using video conferencing
- Completing clinical searches on the practice's patient records system and discussing findings with the provider
- Reviewing patient records to identify issues and clarify actions taken by the provider
- Requesting evidence from the provider
- A short site visit

Overall summary

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 Inadequate overall and good for all population groups.

We rated safe and well led as Inadequate due to the insufficient improvements made from the previous three inspections.

We rated the practice **Inadequate** for providing safe care because:

We found the practice had responded to some of the issues raised at the previous inspection. For example, the monitoring of fridge temperatures and processes to support the management of controlled drugs. However, we found new breaches of regulation and repeated breaches at this inspection. For example, we found insufficient monitoring of some patients who were prescribed medicines, a lack of monitoring of staff immunisations and concerns raised from infection control audits and electrical installation condition reports were not always actioned.

We rated the practice **Inadequate** for providing a well-led service because:

Although we found the provider had made some improvements, there were still breaches of regulation found. We saw examples of ineffective governance systems. The practice did not always act on appropriate and accurate information. Processes for identifying and managing risk were not always clear or working as intended. The systems and processes in place did not always assess, monitor or mitigate risks found. Leaders had insufficient oversight in order to identify when processes were not working as intended.

We rated the practice **good** for providing effective, caring and responsive services because:

The practice had made improvements to the quality of care and outcomes for patients through clinical audits. Systems were in place to ensure all staff had completed their required training.

Patients received care and treatment that met their needs. Staff dealt with patients with kindness and respect and involved them in decisions about their care. The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.

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.

(Please see the specific details on action required at the end of this report).

The areas where the provider should make improvements are:

Overall summary

- Review the required training for delivery drivers to include infection prevention and control and or use of PPE

This service will remain in a period of extended 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.

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 and included three further CQC inspectors and a member of the CQC pharmacy team. We spoke with staff using video conferencing facilities and undertook a site visit. The team also included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

Background to Buxted Medical Centre

Buxted Medical Centre is situated within the East Sussex Clinical Commissioning Group (CCG) and delivers General Medical Services (GMS). This is part of a contract held with NHS England. The practice is a semi-rural practice and has two smaller branch surgeries (East Hoathly Medical Centre and Manor Oak Surgery). The practice offers a dispensary service at Buxted Medical Centre and East Hoathly Medical Centre. During this inspection we visited all three locations.

The practice is involved in the education and training of doctors and is also able to dispense medicines to patients. There are approximately 15,100 registered patients. The practice is run by three partner GPs (two female, one male) who are supported by eight salaried GPs. The practice also has two advanced nurse practitioners, a dementia nurse, a senior nurse, four practice nurses, five health care assistants, a dispensary team, a team of receptionists and administrative staff, a business manager, a financial manager and two practice managers (who focus on different areas of the practice).

Services are provided from three sites:

The registered location,

- Buxted Medical Centre, Framfield Road, Buxted, Uckfield, East Sussex, TN225FD

And two branch surgeries,

- East Hoathly Medical Centre, Juziers Drive, East Hoathly, BN8 6AE
- Manor Oak Surgery, Horebeech Lane, Horam, East Sussex, TN210DS

Patients can access services at all three surgeries.

Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with the national guidance, most GP appointments are telephone consultations. If the GP needs to see a patient face-to-face then the patient is offered a choice of either the main GP location or a branch surgery.

There are arrangements for patients to access care from an Out of Hours provider through NHS111.

Information published by Public Health England shows that deprivation within the practice population group is in the ninth highest decile (nine of 10). The lower the decile, the more deprived the practice population is relative to others. The percentage of registered patients suffering deprivation (affecting both adults and children) is significantly lower than the average for England. According to the latest available data, the ethnic make-up of the practice area is 98% white, 0.89% Asian, 0.2% black, 0.2% mixed and 0.89% Other.

The practice is registered to provide:

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

Further information can be accessed via the practice website: www.buxtedandeasthoathlymedicalcentres.co.uk

Enforcement actions

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	Care and treatment must be provided in a safe way for service users
Surgical procedures	How the regulation was not being met:
Treatment of disease, disorder or injury	<p>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</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">• The practice had failed to ensure staff had received the recommended immunisations for their job role. They had failed to accurately record staff immunisation status. Risk assessments undertaken for those not immunised were not role specific, were too generic and did not provide detail of how to protect the staff member, patients or other staff members.• Insufficient monitoring of some patients who were prescribed medicines for asthma, treatment of high blood pressure and heart failure and inflammatory conditions.• Test results were not always followed up appropriately in order to diagnose long term conditions. For example, chronic kidney disease.• Patient records for those who were subject to a do not attempt cardiopulmonary resuscitation (DNACPR), were sometimes incomplete, had not always been countersigned by a GP, were illegible and did not include a documented assessment of the patient's mental capacity or had the ReSPECT form attached to the person's record.

Regulated activity	Regulation
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Enforcement actions

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

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met:

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

The provider was failing to assess, monitor and improve the quality and safety of the services provided in carrying on of the regulated activity; failing to ensure there were effective systems and processes in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity. In particular:

- Infection control environmental audits failed to contain documented action planning to ensure identified risks were monitored and appropriate actions taken to remedy the findings.
- No documented protocols or risk assessments were in place for the management and safe storage of used, contaminated reusable medical instruments awaiting collection by NHS Trust Hospital Sterilisation and Disinfection Unit (HSDU) for decontamination and re-sterilisation.
- There were no documented daily cleaning schedules for external cleaners to follow. There were no agreed protocols which reflected weekly, monthly or ad hoc deep cleaning tasks and no evidence of when those tasks were completed.
- The practice had failed to act on recommended actions highlighted in the Electrical installation condition reports (EICR) relating to Buxted Medical Centre and East Hoathly Medical Centre.
- Policies were accessible to staff, but their storage and version control were not always well managed.
- Policies and standard operating procedures did not always contain accurate or up to date information. There was a lack of an audit trail in order to monitor the accuracy and validity of information included in some of the policies.
- There was a lack of consistency of approach across the three sites and a lack of awareness of this amongst staff.

This section is primarily information for the provider

Enforcement actions

- Risks were not always promptly identified, nor actions taken to mitigate risks. For example, clinical supervision contracts had been overwritten and staff members had not resigned the documents and dates of meetings were not accurately reflected.