

St. Luke's Surgery

Inspection report

Grand Ocean Medical Centre
Longridge Avenue, Saltdean
Brighton
East Sussex
BN2 8BU
Tel: 01273302638
www.stlukessurgerysaltdean.nhs.uk

Date of inspection visit: 26 November 2019
Date of publication: 31/01/2020

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?

Good



Are services well-led?

Requires improvement



Overall summary

We carried out an announced comprehensive inspection at St Luke's on 26 November 2019 as part of our inspection programme.

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
- Caring
- Responsive
- 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 **requires improvement overall and for safe, effective and well-led services. We rated them as good for caring and responsive services.**

We have rated the practice as **good for the population groups with the exception of working age people which is rated as requires improvement.**

We found that:

- The practice did not always provide care in a way that kept patients safe and protected them from avoidable harm. Risks were not always managed effectively, as not all chaperones had received a DBS check or risk assessment relating to this and infection control records did not demonstrate effective practice.

- Patients did not always receive effective care and treatment that met their needs. Cervical screening rates were below target and clinical meetings were not held and there was insufficient supervision arrangements for nursing staff.
- There were ineffective governance systems in some areas, including the management of safety alerts and policies.
- Staff treated patients with care and compassion.
- Patients were positive about how they could access services in a timely manner.

The provider **must**:

- 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.

The provider **should**:






- Make arrangements for nursing staff to complete safeguarding training at level three.
- Continue to work to improve the uptake of childhood immunisations.
- Work to improve the uptake of cervical screening.
- Maintain records of staff vaccination status in line with Public Health England guidance.
- Review areas where QOF exception reporting is higher than average.
- Review cholesterol monitoring and control.

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)	Requires improvement	
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 inspection. There was a GP specialist adviser and a practice management specialist adviser.

Background to St. Luke's Surgery

Dr Rifaat Amin (also known as St. Luke's Surgery) is situated in the coastal town of Saltdean, East Sussex and is registered to provide services from:

Grand Ocean

Longridge Ave

Saltdean

BN2 8BU

All patient areas are accessible to patients with mobility issues. The local clinical commissioning group (CCG) is the NHS Brighton and Hove CCG. St Luke's Surgery is registered with the Care Quality Commission to provide the following regulated activities:

- treatment of disease, disorder or injury
- diagnostic and screening procedures
- maternity and midwifery services
- surgical procedures

The practice provides services for approximately 2,100 patients living within the Saltdean and Rottingdean areas. The practice staff consists of one male GP, one female nurse, one female phlebotomist, a practice manager, secretary and three receptionists.

The practice has larger numbers of patients aged 65 and over compared to the national average. Deprivation amongst children and older people is low compared to the national average.

The practice is open between 8.30am and 6.00pm on weekdays and appointments are available from 8.30am to 11am and from 3.30pm to 5.30pm on Monday, Tuesday, Wednesday and Friday. On a Thursday afternoon, appointments are available from 4pm to 7pm as part of the practice's extended hours service. When the practice is closed patients are given information on how to access the duty GP or the out of hour's service (NHS111) by calling the practice or by referring to its website.

The practice shares its premises with another GP practice. Separate organisations providing services such as memory assessment clinics rent rooms in the same building.

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

www.stlukessurgerysaltdean.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 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>There was evidence that safe care and treatment was not being consistently provided. In particular:</p> <p>The practice were unable to evidence that all safety alerts had been acted on.</p> <p>Not all staff undertaking chaperone duties had received a DBS check or had a risk assessment in place to mitigate risks associated with this.</p> <p>Action from a fire risk assessment had not been completed in a timely way.</p> <p>The practice were unable to demonstrate a comprehensive approach to infection control audits and practice.</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 Maternity and midwifery services Surgical procedures 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> <ul style="list-style-type: none">• The practice had limited oversight of the nurse training.• Meeting structures were informal and not always minuted. Clinical meetings were not regularly held in the practice and clinical discussions were held on an ad hoc basis.

This section is primarily information for the provider

Requirement notices

- Policies were difficult to access and there were different versions in paper form and on the shared drive on the intranet.
- There was a lack of succession planning.
- There was no systematic programme of clinical and internal audit.

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