

Heathfield Surgery

Inspection report

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Heathfield
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www.heathfieldsurgery.co.uk

Date of inspection visit: 13 June - 16 June 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?

Good



Are services well-led?

Requires Improvement



Overall summary

We carried out an announced focused inspection at Heathfield Surgery on 16 June 2022. Overall, the practice is rated as Requires Improvement

Safe - Requires Improvement

Effective - Good

Caring – Not inspected rating carried over

Responsive - Not inspected rating carried over

Well-led - Requires Improvement

Following our previous inspection on 8 September 2021, the practice was rated Requires Improvement overall and in the key questions for safe and well led but good for effective.

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

Why we carried out this inspection

The practice had been previously rated as Requires Improvement in September 2021. This inspection was to follow up breaches of regulations 12, and 17 as identified in our previous inspection. The data and evidence we reviewed in relation to the caring and responsive key questions as part of this inspection did not suggest we needed to review the rating at this time. This inspection included aspects of the responsive key question in relation to access only.

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

Our findings

We based our judgement of the quality of care at this service on a combination of:

Overall summary

- 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

We found that:

- Patients received effective 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 adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic.
- The practice was monitoring staff immunisations.
- Staff recruitment files contained all of the required information.
- Referrals were completed in the required time frames.
- Staff training was up to date, which included safeguarding, basic life support, infection prevention and control, and sepsis.
- Staff comments were mixed in regard to the culture of the practice.
- Significant events, complaints and safety alerts were centrally recorded and shared with staff members for the wider learning. However, minutes taken could be strengthened.
- Medicine reviews did not always contain any information. There was no evidence that some patients had received the required health monitoring. For example, for rheumatoid and inflammatory arthritis.
- There was a high number of patients prescribed dependency forming medicines. Those we reviewed held no record of discussions on reducing prescriptions quantities.

We found breaches of regulations. 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:

- Review and improve minutes taken for shared learning.
- Review and continue to monitor cervical smear screening uptake to meet the Public Health England screening rate target.

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

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.

Background to Heathfield Surgery

Heathfield Surgery is a semi-rural practice, which offers general medical services to the population of the Wealden area in East Sussex. At the time of our inspection there were approximately 12,400 patients registered with the practice. The practice offers services from a main practice and a branch surgery. Patients can access services at either site.

Main practice: Heathfield Surgery, 96-98 High Street, Heathfield, TN21 8JD

Branch surgery: The Firs Surgery, Little London Road, Cross in Hand, RN21 0LT

We visited both the main practice and the branch surgery as part of this inspection.

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. These are delivered from both sites.

The practice has six GP partners and one salaried GP (male and female), four nurses, three health care assistants and a phlebotomist. They are supported by a practice manager, deputy practice manager and a team of reception and administration staff. The practice also has a dispensary at each surgery which are run by a team of dispensers and dispensary assistants.

Heathfield Surgery is a training practice, so it takes supernumerary registrars who are qualified doctors completing their specialist training as GPs. At the time of our inspection there was one registrar attached to the practice.

Information published by Public Health England shows that deprivation within the practice population group is rated nine out of 10. The lower the decile, the more deprived the practice population is relative to others. (Deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial).

According to the latest available data, the ethnic make-up of the practice area is 98% white, 1% asian, 1% mixed, 0.2% black and 0.2% other. The age distribution of the practice population closely mirrors the local and national averages.

Patients requiring a GP outside of normal working hours are advised to contact the NHS 111 service where they will be given advice or directed to the most appropriate service for their medical need.

Extended access is provided locally by the primary care network and through a GP federation, where late evening and weekend appointments are available.

For further details please see the practice website www.heathfieldsurgery.co.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 12 HSCA (RA) Regulations 2014 Safe care and treatment

The practice had failed to ensure care and treatment was provided in a safe way for service users. In particular:

- Medicine reviews were recorded as completed but did not contain adequate information. For example, rheumatoid and inflammatory arthritis.
- There was a high number of patients prescribed dependency forming medicines. Those we reviewed had no record of discussions had on the reduction of their prescriptions.

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

There were limited systems or processes that enabled the registered person to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services. In particular:

- The provider had failed to review and create strategies to allow staff to give honest and open feedback without fear of retribution and for the provider to respond appropriately.

There were inadequate 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. In particular:

- Governance systems and processes, in relation to identifying, managing and mitigating risk to patients required further embedding and reviewing to ensure it was working as intended.