

The Croft Practice

Inspection report

The Croft Surgery Barnham Road
Eastergate
Chichester
PO20 3RP
Tel: 01243543240
www.thecroft-practice.co.uk

Date of inspection visit: 15 July
Date of publication: 16/09/2021

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 well-led?

Inadequate 

Overall summary

We carried out an announced follow up inspection at The Croft Practice between 13-15 July 2021. Overall, the practice is rated as inadequate.

Safe - Inadequate

Effective – Good

Caring – Not inspected

Responsive – Not inspected

Well-led - Inadequate

Following our previous inspection on 28 January 2020, the practice was rated requires improvement overall and requires improvement for safe, effective and well led. All six population groups were rated as good. The full reports for previous inspections can be found by selecting the 'all reports' link for The Croft Practice on our website at www.cqc.org.uk

Why we carried out this inspection.

This inspection was a follow-up inspection that focused on:

- Safe, effective and well-led domains.
- Breaches of regulations 12 Safe care and treatment, 17 Good governance, 18 Staffing and 19 Fit and proper persons employed.
- Areas we said the practice should improve.

How we carried out the inspection.

Throughout the pandemic CQC has continued to regulate and respond to risk. However, considering 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
- Conducting a staff survey

Our findings

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

- what we found when we inspected,

Overall summary

- 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 inadequate for the safe and well-led key questions The effective domain is rated as good. All six population groups are rated as good.

We found that:

- 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 premises were clean and hygienic, and the practice had put enhanced infection control measures in place during the Covid-19 pandemic.
- Staff told us they felt supported by their managers and that their well-being had been a priority during the pandemic period.
- Staff had the training and skills required for their role.
- Recruitment checks were undertaken in line with regulations.

We rated the practice **inadequate** for providing safe services because:

- Staff vaccination was not maintained in line with current Public Health England (PHE) guidance relevant to their role.
- The practice had not fully implemented its policy for reporting and recording significant events. There was limited evidence to show that lessons learned had been identified and shared.
- The system for recording and acting on safety alerts was not always effective.
- Appropriate actions had not always been taken in relation to health and safety risk assessments and drug safety alerts.
- Test results were not always followed up appropriately in order to diagnose long term conditions. For example, diabetes.

We rated the practice **inadequate** for providing well-led services because:

- Arrangements for identifying, managing and mitigating risks were not always effective.
- The practice did not always act on appropriate and accurate information. For example, in relation to significant event records and complaints.
- The practice did not always involve patients and the public in the planning and delivery of services. It did not have a Patient Participation Group.

We found two breaches of regulations. The provider **must**:

- Ensure safe care and treatment.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

In addition the provider **should**:

- In line with prescribing guidelines, ensure that patients have had all the necessary health monitoring in relation to the repeat prescribing of high-risk medicines.
- Ensure all internal safeguarding meetings are documented.
- Improve the uptake for cervical screening to ensure at least 80% coverage in line with the national target.
- Continue to implement and review measures to improve the patient experience of making and getting an appointment.

Overall summary

- Continue with measures to reduce the backlog of correspondence resulting from the change to a new clinical information system.

I am placing this service in 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.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement, we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Dr Rosie Benneyworth BM BS BMedSci MRCP

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. The team included a second and third CQC inspector who conducted staff interviews using video conferencing. A GP specialist advisor conducted remote clinical searches on the practice's patient records system and conducted an interview with the lead GP using video conferencing. The lead inspector and second inspector conducted a site visit.

Background to The Croft Practice

The practice provides general medical services to approximately 11,000 patients from its main surgery in Eastergate, near Chichester together with branch surgeries in Yapton and Walberton. We only visited The Croft surgery in Eastergate for this inspection.

The practice is situated within the Coastal West Sussex Clinical Commissioning Group (CCG) and delivers General Medical Services (This is part of a contract held with NHS England). The practice is part of a wider network of four local GP practices who work collaboratively to provide primary care services.

The practice population is spread over a largely rural area and serves all age groups, the proportion of which are in line with national average. However, it does have a higher than average proportion of its population over the age of 65 years compared to the rest of England. The percentage of registered patients suffering deprivation (affecting both adults and children) is lower than average for England.

According to the latest available data, the ethnic make-up of the practice area is 1.4% Asian, 97% White, 15%, 0.4% Black, and 1.7% Mixed.

There are three female partner GPs. The practice also employs a paramedic practitioner, one nurse practitioner, three practice nurses, one assistant practitioner and one health care assistant. There is a practice manager, two assistant practice managers and a team of administrative and reception staff.

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 were telephone consultations. If the GP needs to see a patient face-to-face then the patient is offered an appointment at The Croft Practice.

For information about practice services, opening times and appointments please visit their website at <http://www.thecroft-practice.co.uk>.

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.

The practice is registered to provide the regulated activities of diagnostic and screening procedures; treatment of disease, disorder and injury; maternity and midwifery services; family planning, and surgical procedures.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance <ul style="list-style-type: none">• Systems for recording, investigating, acting on and sharing the lessons from complaints and significant events were not sufficient.• The practice did not have effective systems for managing and mitigating health and safety risks to patients, visitors and staff.• The practice was unable to demonstrate that it involved the public, staff and external partners in the delivery of high quality, sustainable care. It had failed to establish a functioning patient participation group.
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment <ul style="list-style-type: none">• Safety alerts from the Medicines and Healthcare Products Regulatory Agency were not always acted on sufficiently.• Test results were not always followed up appropriately in order to diagnose long term conditions. For example, diabetes.• Staff vaccination was not maintained in line with current Public Health England (PHE) guidance relevant to their role.