

# The Croft Practice

## Inspection report

The Croft Surgery Barnham Road  
Eastergate  
Chichester  
West Sussex  
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Date of inspection visit: 28 January 2020  
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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?

Good



Are services well-led?

Requires improvement



# Overall summary

We carried out an inspection of The Croft Practice on 28 January 2020 due to the length of time since the last inspection. Following our review of the information available to us, including information provided by the practice, we focused our inspection on the following key questions: Safe, Effective and Well Led.

Because of the assurance received from our review of information we carried forward the ratings for the following key questions: Caring and Responsive.

We based our judgement of the quality of care provided by the practice 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 requires improvement for the safe, effective and well-led domains.**

**All population groups have been rated as requires improvement.**

**Our overall findings were: -**

- Patients told us that staff treated them with compassion, kindness, dignity and respect. They were involved in their care and decisions about their treatment.
- The practice had good facilities and was well equipped to treat patients and meet their needs. The premises were clean and hygienic.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- There was a strong culture of multi-disciplinary working. All the GPs were actively engaged in meetings with representatives from health and social care to discuss those with complex health and social care needs and adults and children at risk.
- The practice sought and acted on feedback from patients.
- The practice had a clear vision to improve patient services across the rural area.
- Staff were positive about working in the practice and felt valued and supported by the leadership.

We rated the practice **requires improvement** for safe because:

- Not all staff had received up to date training on safeguarding children and vulnerable adults relevant to their role.
- Recruitment checks for locum GP staff had not been carried out in accordance with regulations.
- The practice did not have a system to ensure the registration of clinical staff (including nurses and professions and paramedic practitioners) was checked and regularly monitored.
- There were no records to show that staff vaccination was maintained in line with national guidance.

We rated the practice **requires improvement** for effective because:

- The practice was unable to demonstrate that staff had been trained to provide them with the skills and knowledge and experience to deliver effective care and treatment.

We rated the practice **requires improvement** for well led because:

- The practice did not always act on appropriate and accurate information.
- Arrangements for identifying, managing and mitigating risks were not always effective.

The areas where the provider **must** make improvements are:

- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development necessary to enable them to carry out the duties.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The areas where the practice **should** make improvements are:

- Improve the uptake for cervical screening to ensure at least 80% coverage in line with the national target.
- Continue to look at ways to reduce exception reporting rates where they are higher than average.

## Overall summary

- Continue to implement and review measures to improve the patient experience of making and getting an appointment.
- Provide increased support to the establishment of an active patient participation group so that a wider range of patient views can be heard.

## Population group ratings

<b>Older people</b>	<b>Requires improvement</b> 
<b>People with long-term conditions</b>	<b>Requires improvement</b> 
<b>Families, children and young people</b>	<b>Requires improvement</b> 
<b>Working age people (including those recently retired and students)</b>	<b>Requires improvement</b> 
<b>People whose circumstances may make them vulnerable</b>	<b>Requires improvement</b> 
<b>People experiencing poor mental health (including people with dementia)</b>	<b>Requires improvement</b> 

## Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

## 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 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 however 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.

There are three female partner GPs. The practice also employs a paramedic practitioner, one nurse practitioner, four 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.

For information about practice services, opening times and appointments please visit their website at .

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.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>The provider was unable to demonstrate that persons employed in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. In particular:</p> <ul style="list-style-type: none"><li>• Not all clinical staff had the level of training required for their role in relation to safeguarding children and vulnerable adults or infection control.</li><li>• There were no records to demonstrate that clinical staff were up to date with role specific training, for example cervical screening and managing long term conditions.</li></ul> <p>This was in breach of regulation 18 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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met:</p> <p>The registered person's recruitment procedures did not ensure that only persons of good character were employed. In particular:</p> <p>The practice had not undertaken appropriate checks for locum GP staff.</p> <p>This was in breach of regulation 19(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
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This section is primarily information for the provider

## Requirement notices

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

**The provider did not have effective systems and processes to ensure compliance with requirements and to demonstrate good governance.**

**In particular we found:**

- Records in relation to essential clinical and non-clinical training for all staff were not accurate, up to date or monitored.
- The practice did not have a policy for the reporting of significant events. Records of significant events were not always accurate.
- Staff records were not kept up to date in relation to the professional registration of clinical staff and their vaccination and immunity status.
- Ensure patient records accurately reflect authorisations to administer medicines under patient specific directions.

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