

# Buxted Medical Centre

## Inspection report

Framfield Road

Buxted

Uckfield

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[www.buxtedandeasthoathlymedicalcentres.co.uk](http://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?

Requires Improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Inadequate



# Overall summary

Buxted Medical Centre was placed into Special Measures in March 2020. We carried out this announced comprehensive inspection to follow up on breaches of regulation and to ensure sufficient improvements had been made. In the light of the COVID-19 pandemic, we undertook some of the inspection processes remotely and spent more focused time on site. We conducted remote staff interviews between 30 November and 8 December and an on-site visit on 2 December 2020.

The practice had previously been inspected in February 2015 and rated as good overall but with requires improvement in safe. A subsequent focused inspection was conducted in July 2016 where safe was rated as good. A further focused inspection was carried out in March 2018 in response to information received by the Care Quality Commission regarding patients' test results and correspondence. At this time the practice was rated as requires improvement in safe. A further inspection in October 2018 found that breaches had been addressed and the practice was rated as good in safe. We carried out an inspection of this service in March 2020 following our annual review of the information available to us, including information provided by the practice. At this inspection the practice was placed into Special Measures and rated as Inadequate overall, Inadequate in Safe, Well led and Requires Improvement in Effective. Caring and Responsive were not inspected during this inspection. Warning notices were issued due to the concerns found.

All of the practices' previous reports can be found by selecting the 'all reports' link for Buxted Medical Centre on our website [www.cqc.org.uk](http://www.cqc.org.uk)

We are mindful of the impact of COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

This inspection looked at the following key questions:

- Is it Safe
- Is it Effective
- Is it Caring
- Is it Responsive
- Is it Well led

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

- What we found when we carried out a remote review of patient records on 24 November 2020 by a GP specialist adviser.
- A visit to the location on the 2 December 2020.
- Telephone/video conferencing interviews with the practice staff, including the practice managers, partner GPs, salaried GP, advanced nurse practitioners, nurses, health care assistants and administration and reception staff.
- Information requested from the provider, patients, the public and other organisations.
- Information from our ongoing monitoring of data about services.

**We have rated this practice as inadequate overall, with safe and well led being inadequate, effective being requires improvement and caring and responsive being good. All of the population groups have been rated as requires improvement as the concerns found in the effective domain affect all of the population groups.**

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

# Overall summary

We found the practice had responded to some of the issues raised at the previous inspection regarding Patient Specific Directions, recruitment, risk assessments, and the management of significant events and safety alerts, and had started to make some improvements in these areas. However, further work was required to fully implement, embed and then review some of these systems. We also found new breaches of regulation. For example, the monitoring of fridge temperatures, monitoring patients who were prescribed high risk medicines, failing to follow up abnormal test results appropriately, not prescribing in line with current MHRA guidance, staff immunisation status and not working to the providers own policy for processes involving controlled drugs.

We rated the practice **requires improvement** for providing effective care.

Although we found the practice had made some improvements, such as having a programme for quality improvement through audits, the systems in place to ensure training was completed required further improvements to ensure all staff completed their required training.

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

Although we found the provider had made improvements by reviewing and initiating new policies, procedures and systems, these needed to be reviewed to ensure they were working as intended and embedded to further ensure the quality of the service going forward and ensure any changes could be sustained.

We rated the practice **good** for providing caring and responsive.

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.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out their duties.

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

The areas where the provider should make improvements are:

- Review and improve how the overview of staff training is recorded.
- Review and improve policies. For example, staff immunisation policy and clinical supervision policy.

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.

# Overall summary

**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

<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 CQC lead inspector, with two further CQC inspectors, a medicines inspector and a remote National Professional Advisor. The team also included a remote GP Specialist Adviser who reviewed patient searches and interviewed clinical staff.

## Background to Buxted Medical Centre

Buxted Medical Centre is a semi-rural practice which offers general medical services. The practice has two smaller branch surgeries (East Hoathly Medical Centre and Manor Oak Surgery) which were not inspected.

The practice is involved in the education and training of doctors and is also able to dispense medicines to patients. There are approximately 14500 registered patients. The practice is run by three partner GPs (two female, one male) who are supported by four salaried GPs and two trainee GPs (Registrars). The practice also has four advanced nurse practitioners, a paramedic practitioner, six practice nurses, four health care assistants, a dispensary team, a team of receptionists and administrative staff, a financial manager and two practice managers (who focused 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

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

The practice population has a higher number of patients between 45 and 85 years of age than the national and local Clinical Commissioning Group (CCG) average, with a significantly higher proportion of 65-69-year olds and over 85-year olds than the national average. The percentage of registered patients suffering deprivation (affecting both adults and children) is significantly lower than the average for England.

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](http://www.buxtedandeasthoathlymedicalcentres.co.uk)

## 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	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</b></p> <ul style="list-style-type: none"><li>• The recently reviewed or implemented policies, procedures, systems, and governance structures required further improvement, review or time to embed to ensure the quality and safety of the services provided.</li></ul> <p><b>Examples were:</b></p> <ul style="list-style-type: none"><li>• the management and learning of significant events, complaints and safety alerts</li><li>• the monitoring of attendance at learning hub meetings</li><li>• assurances staff were fully trained for their role.</li><li>• consistency of quality assurance processes across all sites including the dispensary.</li><li>• The staff immunisation policy did not reflect PHE guidance. Records of staff vaccinations did not cover all staff and all the required vaccination information.</li></ul>

## 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
Family planning services Diagnostic and screening procedures Treatment of disease, disorder or injury Surgical procedures Maternity and midwifery services	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</b></p> <ul style="list-style-type: none"><li>• Insufficient monitoring of patients who were prescribed high-risk medicines, including medicines used in the treatment of mood disorders and prevention of stroke.</li><li>• Prescribing not in line with medicines and healthcare products regulatory agency safety alerts.</li><li>• Test results were not always followed up appropriately in order to diagnose long term conditions. For example, diabetes</li><li>• Some patient records were coded as having a mental health care review or a dementia care review but there was a mixture of the quality of information recorded.</li></ul> <p><b>There was a lack of proper and safe management of medicines. In particular:</b></p> <ul style="list-style-type: none"><li>• Controlled drugs (CDs) were not always recorded in the CD register within 24 hours of receipt.</li><li>• Patient returned CDs were not always recorded when received into the practice.</li><li>• The risk assessment for Nitrous Oxide failed to cover all of the risks. For example, adequate ventilation, discharge risks (exhaust directly to outside), maintenance (Periodic leak testing) or the cleaning of tips to prevent contamination.</li><li>• Fridge temperature monitoring processes were insufficient to identify and respond to risks.</li></ul>
Diagnostic and screening procedures Family planning services	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p>



## Enforcement actions

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

The service provider had failed to ensure 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:

- Staff had not completed all of the required training. Including but not limited to, first aid, GDPR, hand hygiene, medicines management, risk management, whistleblowing. As well as dispensary staff not completing the identified training for medicines management, CDs, repeat dispensing or polypharmacy.
- Prescribing audits did not provide Advanced Nurse Practitioners with individual feedback to support clinical supervision processes.