

# Saltdean and Rottingdean Medical Practice

## Inspection report

Grand Ocean Medical Centre  
Longridge Avenue, Saltdean  
Brighton  
BN2 8BU  
Tel: 01273305723

Date of inspection visit: 9 to 11 November 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?

Requires Improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires Improvement



# Overall summary

We carried out an announced comprehensive at Saltdean and Rottingdean Medical Practice from 8 November to 11 November 2022. Overall, the practice is rated as requires improvement.

Safe - requires improvement

Effective - requires improvement

Caring – good

Responsive - good

Well-led – requires improvement

Following our previous inspection on 6 June 2019, the practice was rated requires improvement overall. They were rated as requires improvement for all key questions, except for caring, which was rated as good. We issued a requirement notice for regulation 12 (safe care and treatment), regulation 17 (good governance) and regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The full reports for previous inspections can be found by selecting the ‘all reports’ link for Saltdean and Rottingdean Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Why we carried out this inspection

We carried out this inspection to follow up breaches of regulation from a previous inspection.

The focus of our inspection included:

- All key questions
- Areas we said the provider should improve; to improve patient satisfaction, to improve diabetes management, and to include details of how to contact the ombudsman in responses to complaints.

## How we carried out the inspection

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This included:

- Conducting staff interviews in person and using video conferencing.
- Completing clinical searches on the practice’s patient records system (this was with consent from the provider and in line with all data protection and information governance requirements).
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- A staff survey.
- A short site visit.

## 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 found that:

- The practice was addressing challenges that had arisen from their recent merger with another local practice, which increased their patient list size by approximately 3000 patients.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- Patients could access care and treatment in a timely way.
- There was a programme of learning and development for staff.
- Staff told us they were happy with the level of support provided by their management team and each other.
- There were some concerns around the management of medicines and review of patients with long-term conditions.
- The practice did not always have effective processes for managing risks, issues and performance.
- The practice did not always have clear systems, practices and processes that were consistently followed.

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

- Establish effective systems and processes to ensure good governance in accordance with fundamental standards of care.
- Ensure that care and treatment is provided in a safe way.

Additionally, the provider **should**:

- Ensure staff files contain complete information about recruitment checks undertaken.
- Establish a formalised programme of audit and review of the workflow optimisation system.
- Continue to embed improvements to prescription form security.
- Ensure expired medical equipment is promptly disposed of.
- Continue plans to complete training on how to support people with a learning disability and autistic people.
- Continue to improve clinical supervision to include prescribing activity of non-medical prescribers.
- Continue to improve the recording of complaints and strengthen the identification of trends.
- Consider methods to improve communication within the practice and opportunities for feedback.

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

**Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA**

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

## 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 Saltdean and Rottingdean Medical Practice

Saltdean and Rottingdean Medical Practice is located at

Grand Ocean Medical Centre,

Longridge Avenue,

Saltdean, Brighton,

BN2 8BU.

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services and treatment of disease, disorder or injury and surgical procedures.

The practice is situated within the Integrated Care System (ICS) NHS Sussex and delivers General Medical Services (GMS) (Personal Medical Services (PMS) to a patient population of about 12,629. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices who work collaboratively to provide primary care services.

Information published by Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the second highest decile (9 of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 93.7% White, 2.5% Asian, 2.4% Mixed, 0.8% Other, 0.5% Black.

There are 8 GPs, one paramedic, 1 advanced nurse practitioner, 3 practice nurses, 1 healthcare assistant, 2 phlebotomists and a team of reception/administration staff. There is 1 practice manager to provide managerial oversight.

The practice is open between 8:30am and 6:30pm Monday to Friday. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Evening and weekend appointments are offered through the local GP federation. These were held at the practice or other practices in the local area.

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.

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	Regulation
Diagnostic and screening procedures Surgical procedures Maternity and midwifery services Transport services, triage and medical advice provided remotely	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider was unable to demonstrate that systems and processes were implemented effectively to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk arising from the carrying on of the regulated activities. In particular:</p> <ul style="list-style-type: none"><li>• The provider could not demonstrate that effective systems and processes were implemented to ensure that significant events and complaints were always thoroughly recorded, acted on and analysed.</li><li>• The provider did not always have clear and effective processes for managing risks, issues and performance.</li></ul> <p>This was in breach of Regulation 17(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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <ul style="list-style-type: none"><li>• The provider had not ensured that systems and processes were all established and operating effectively to prevent abuse of service users.</li><li>• The provider was unable to demonstrate that appropriate therapeutic monitoring of patients prescribed medicines, including those that are high-risk, was being carried out consistently when prescribing.</li></ul>

This section is primarily information for the provider

## Requirement notices

- The provider had not always ensured patients' use of medicines was being regularly reviewed, to support the patient with their treatment, optimise the impact of their medicines, and ensure they were still safe.
- The provider had not always ensured practice nurses had appropriate authorisation to administer medicines using patient group directions.
- The provider was unable to evidence that they had acted on and learned from external safety events including patient and medicine safety alerts.

This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.