

# Herstmonceux Integrated Health Centre

## Inspection report

Hailsham Road  
Herstmonceux  
Hailsham  
BN27 4JX  
Tel:

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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?

Outstanding



Are services responsive to people's needs?

Good



Are services well-led?

Requires Improvement



# Overall summary

We carried out an announced inspection at Herstmonceux Integrated Health Centre on the 14th and 20th April 2022. Overall, the practice is rated as requires improvement.

Safe - Requires improvement

Effective - Requires improvement

Caring - Outstanding

Responsive - Good

Well-led - Requires improvement

The full reports for previous inspections can be found by selecting the 'all reports' link for Herstmonceux Integrated Health Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

## **Why we carried out this inspection.**

We inspected the practice because it was newly registered as a partnership. This inspection was comprehensive and covered the safe, effective, caring, responsive and well led key questions.

## **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
- A staff questionnaire

## **Our findings**

We based our judgement of the quality of care at this service 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.**

# Overall summary

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.
- Patients could access care and treatment in a timely way.
- The way the practice was led and managed promoted the delivery of high-quality, holistic and person-centre care.
- Feedback from patients about their care was consistently positive. The practice scored above average in all areas of the national GP patient survey.
- Patient views were actively sought and helped to shape the planning and development of services.
- The practice had close links with the community and was involved in several initiatives to reduce social isolation and improve people's emotional and physical well-being.
- Staff felt supported by their managers and that their well-being was prioritised.

We rated the practice as requires improvement for providing safe services because:

- Blank prescription stationery was not handled securely or monitored in line with national guidance.
- The practice did not have effective processes for monitoring patients' health in relation to the use of some medicines.
- Systems for ensuring safety alerts were acted on were not always effective.
- The practice had not taken enough steps to ensure appropriate antimicrobial use.
- Staff vaccination was not maintained in line with current national guidance relevant to their role.

We rated the practice as requires improvement for providing effective services because:

- Not all staff had received essential training, for example sepsis in primary care.
- There was limited evidence to show that new staff had completed an induction.
- The practice could not demonstrate how they assured the competence of staff employed in advanced clinical practice.
- The practice did not have effective processes for monitoring patients' health in relation to some long-term conditions, for example patients with hypothyroidism.

We rated the practice as outstanding for providing caring services because:

- Feedback from patients and their representatives who used the service, was consistently positive about the way staff treated people. Patients felt that staff go 'the extra mile' and that their care and support exceeded their expectations.
- Patient's emotional and social needs were as important as their physical needs.
- The practice had found innovative ways to enable people to manage their own health and well-being and was able to demonstrate reduced dependence on GP services as a result.

We rated the practice as good for providing responsive services. However, we identified timely patient access to services and appointments as an area of **outstanding practice**.

We rated the practice as requires improvement for providing well-led services because;

- Leaders lacked oversight of some processes and therefore failed to identify risks when those processes did not operate as intended.

We found three 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.

# Overall summary

- Ensure staff receive appropriate support, training, professional development and supervision.

In addition, the provider **should**:

- Regularly review and maintain an up to date safeguarding register.
- Document risk assessments for the emergency medicines the practice had decided not to stock.
- Ensure that significant events are followed up to ensure actions have been completed.
- Keep a copy of proof of identity on staff files.
- Annually check and record the professional registration to ensure that it is current.

**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 who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

## Background to Herstmonceux Integrated Health Centre

Herstmonceux Integrated Health Centre is located near the town of Hailsham, East Sussex.

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.

The practice is situated within the East Sussex Clinical Commissioning Group (CCG) and delivers general medical services (**GMS**) to a patient population of about 5000. This is part of a contract held with NHS England.

The practice is part of a wider network of six GP practices in the Greater Wealden locality.

Information published by Public Health England shows that deprivation within the practice population group is in the seventh highest decile (7 out of 10). The higher the decile, the less deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 97% White, 0.5% Asian, 0.1% Black, 0.7% Mixed, and 0.3% Other.

The age distribution of the practice population closely mirrors the local and national averages. There are more male patients registered at the practice compared to females.

There is a team of two partner GPs one male and one female. There are three salaried GPs, one male and two females. The practice has an advanced nurse practitioner, two practice nurses and a health care assistant. The GPs are supported at the practice by practice manager and a deputy practice manager, plus a team of reception and administration staff.

For more information on opening times and services provided visit: <https://hmxihc.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  
Maternity and midwifery services  
Treatment of disease, disorder or injury

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance  
Systems and processes for monitoring the service were not always effective. The practice had failed to identify risks when those processes did not operate as intended.  
This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Regulated activity

Diagnostic and screening procedures  
Maternity and midwifery services  
Treatment of disease, disorder or injury

#### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing  
Staff did not always receive appropriate support, training, professional development, supervision as was necessary to enable them to carry out the duties they were employed to perform.  
The practice had not ensured reception staff received formal training and guidance on how to identify a deteriorating or acutely unwell patient, for example sepsis.  
The practice was unable to demonstrate the competence of non-medical prescribers, and there was no regular review of their prescribing practice. There was no formal supervision of non-medical staff in advanced roles.  
There was limited evidence to show that new staff had completed an induction programme.  
This was in breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Regulated activity

#### Regulation

This section is primarily information for the provider

## Requirement notices

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Maternity and midwifery services

Regulation 12 CQC (Registration) Regulations 2009  
Statement of purpose

The practice did not ensure the safe and proper management of medicines. In particular:

- The practice did not have effective processes for monitoring patients' health in relation to the use of some medicines and long-term conditions.
- Blank prescription stationery was not handled securely or monitored in line with national guidance.
- Systems for ensuring medicines safety alerts were acted on were not always effective.
- The practice had not taken enough steps to ensure appropriate antimicrobial use.
- Staff vaccination was not maintained in line with current national guidance relevant to their role.

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