

Buxted Medical Centre

Inspection report

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Buxted
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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?

Good



Are services well-led?

Inadequate



Overall summary

We carried out an announced focused inspection at Buxted Medical Practice on 10 March 2020 as part of our inspection programme.

The practice had previously been inspected in February 2015 when they were rated as good overall and requires improvement in safe. A subsequent focused inspection was conducted in July 2016 where they were 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 following our annual review of the information available to us including information provided by the practice. Our review indicated that there may have been a significant change to the quality of care provided since the last inspection.

This inspection looked at the following key questions:

Is the service safe?

Is the service effective?

Is the service well-led?

Because of the assurance received from our review of information we carried forward the ratings for the following questions:

Is the service caring? Good

Is the service responsive? Good

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 inadequate overall and for safe and well-led services. We rated them as requires improvement for effective services. We rated the practice as requires improvement for all of the population groups because of the issues identified within the effective domain.

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

- Patient specific directions not properly authorised.
- Batch numbers for medicines used in minor surgery were not recorded in patient records.
- The practice was an outlier for antibiotic prescribing and there was no clear plan to address this.
- There was no process in place for monitoring of the non-medical prescribers' prescribing practice.
- The practice did not have Atropine (for emergencies relating to coil insertions) and there was no risk assessment for this. However, following inspection we were informed that Atropine was stored separately from the other emergency medicines and routinely monitored. The practice did not provide us with evidence of this.
- There were no risk assessments for the storage and use of medical gases, including nitrous oxide which was not stored securely. Not all staff were aware of where the emergency oxygen was stored.
- Actions relating to the fire risk assessment had not been recorded.
- There was no formal risk assessment for emergency medicines.
- Actions and learning from significant events were not clearly identified or completed.
- Actions relating to safety alerts were not clearly recorded and it was not clear how alert guidance was incorporated into practice.

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

- The overall governance arrangements were ineffective.
- The practice did not have clear and effective processes for identifying and managing risks and identified issues.
- The practice did not always act on appropriate and accurate information.
- There were inconsistent systems and processes for learning and continuous improvement.

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

- There was a significant proportion of staff who had not completed training required by the provider.
- The practice did not have a clear plan for quality improvement activity.

Overall summary

The areas where the provider must make improvements are:

- Ensure that care and treatment is provided in a safe way.
- Ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons are deployed to meet the fundamental standards of care and treatment.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The provider should:

- Continue to improve cervical screening rates.
- Consider developing a programme of clinical audit and service evaluation.
- Review how batch numbers for medicines used in minor surgery are recorded.
- Improve antibiotic prescribing practices.

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.

We are mindful of the impact of the 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.

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

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

Our inspection team

Our inspection team was led by a CQC inspector. The team included a GP specialist advisor, a pharmacy advisor, and a practice manager specialist advisor.

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 its 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 healthcare assistants, a dispensary team, a team of receptionists and administrative staff, a practice manager and two deputy practice managers.

Services are provided from three sites:

The registered location,

Buxted Medical Centre, Framfield Road, Buxted, Uckfield, East Sussex, TN22 5FD

And two branch surgeries,

East Hoathly Medical Centre, Juziers Drive, East Hoathly, BN8 6AE

Manor Oak Surgery, Horebeech Lane, Horam, East Sussex, TN21 0DS

There are arrangements for patients to access care from an Out of Hours provider through NHS 111.

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

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	Regulation 18 HSCA (RA) Regulations 2014 Staffing
Family planning services	How the regulation was not being met...
Maternity and midwifery services	The provider did not always ensure that persons employed by the service in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as necessary to enable them to carry out the duties they are employed to perform. In particular, there were gaps in training records for a significant proportion of staff.
Surgical procedures	This was in breach of regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Treatment of disease, disorder or injury	

This section is primarily information for the provider

Enforcement actions

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. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>There was insufficient proper and safe management of medicines. In particular:</p> <ul style="list-style-type: none">• Patient specific directions were not properly authorised.• The practice was an outlier for antibiotic prescribing and there was no clear plan to address this.• There was no process in place for monitoring of the non-medical prescribers' prescribing practice.• There was no formal risk assessment for emergency medicines. <p>There was additional evidence that safe care and treatment was not being provided. In particular:</p> <ul style="list-style-type: none">• Investigations and reviews of significant events did not ensure that all avenues for learning and improvement were explored. Records relating to significant events did not include evidence that actions had been completed. <p>This was in breach of regulation 12 (1) 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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person had systems or processes that were operating ineffectively in that, they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <ul style="list-style-type: none">• Health and safety risk assessments were not always completed.

This section is primarily information for the provider

Enforcement actions

- Action to address risks relating to fire safety had not been sufficiently addressed/recorded.
- Action to address risks relating to the risk of legionella had not been sufficiently addressed.
- There was no recorded nitrous oxide risk assessment.
- Actions relating to safety alerts were not clearly recorded and it was not clear how alert guidance was incorporated into practice.

The registered person had systems or processes in place that were operating ineffectively, in that they failed to enable the registered person to maintain securely such records as are necessary to be kept in relation to persons employed in the carrying on of the regulated activity or activities. In particular:

- There was no risk assessment for staff not having a DBS in place at the start of their employment.

This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.