

The Station Practice

Inspection report

Station Plaza Health Centre
Station Approach
Hastings
TN34 1BA
Tel: 01424464756
www.thestationpractice.co.uk

Date of inspection visit: 29 April 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?

Good



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 inspection at The Station Practice between 27 April 2022 and 29 April 2022. Overall, the practice is rated as Requires Improvement.

The key questions are rated as:

Safe - Requires Improvement

Effective - Good

Caring - Good

Responsive - Good

Well-led – Requires Improvement

The full reports for previous inspections can be found by selecting the 'all reports' link for The Station Practice on our website at www.cqc.org.uk

Why we carried out this inspection

At our last inspection of The Station Practice on 10 August 2021 we found significant concerns in the management of medicines and the provision of appropriate healthcare monitoring of patients. We took urgent action to impose conditions for the breaches of regulation. This inspection was a comprehensive inspection to follow up on these breaches of regulation.

How we carried out the inspection

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account 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 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 have rated this practice as Requires Improvement overall

We found that:

- The practice had taken significant steps to address concerns raised at the last inspection, to ensure they provided care in a way that kept patients safe and protected them from avoidable harm.
- The practice had improved systems to review patients prescribed high risk medicines and who were diagnosed with long term conditions.
- The provider had kept CQC informed through the submission of a monthly action plan, in compliance with their conditions of registration.
- Patients received effective 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 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 person-centred care.
- The practice had undertaken significant work to address the backlog of correspondence and test results found at our last inspection. Failsafe measures were in place to reduce the risk of any future reoccurrence.

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

- Whilst we identified significant improvement, some concerns remained around the monitoring and prescribing of patients' medicines, including those that were high risk. The changes made had not been fully embedded.
- Staff vaccination was not maintained in line with current national guidance relevant to their role.
- Action plans for health and safety, fire and legionella risks assessments were not in place in the practice.

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

- There had been significant improvement since our last inspection to address concerns.
- Leaders had demonstrated that they had a credible strategy to develop sustainable care.
- However, at this inspection we identified concerns around clinical governance.
- Health and safety risk assessments were not always accurate and managed in a way that provided appropriate reassurances that actions had been taken.

We found breaches of regulations. The provider must:

- 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.

The provider **should**:

- Keep under review and act where necessary to respond to patient feedback and experience on access to services.
- Establish further means to gather patient views including the establishment of the patient participation group (PPG).
- Continue to monitor the uptake of childhood immunisations and cervical screening.
- Keep staffing levels under review.

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

Overall summary

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 advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location. A further two CQC team inspectors assisted with the site visit.

Background to The Station Practice

The Station Practice offers general medical services to the population of Hastings in East Sussex.

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

Services are delivered from:

Station Plaza Health Centre

Station Approach

Hastings

East Sussex

TN34 1BA.

The service is provided in a purpose-built building across the second and third floors. The building contains other clinical services and a pharmacy. The Station Practice is situated within the East Sussex Clinical Commissioning Group (CCG) and provides services to approximately 18,500 patients under the terms of a general medical services (GMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

The practice has two GP partners and is supported by locum GPs, nurses, healthcare assistants, a team of pharmacists and pharmacist technicians, paramedic practitioners and a physiotherapist. There is a practice manager and a team of reception and administrative staff.

Information published by Public Health England, rates the level of deprivation within the practice population group as one, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

Opening hours are Monday to Friday 8am to 7:30pm. Pre-bookable appointments are available on Saturday between 9am and 12:30pm.

Out of hours services are provided via 111.

For further details about the practice please see their website: www.thestationpractice.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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <ul style="list-style-type: none">• Health and safety risk assessments were not always accurate and managed in a way that provided appropriate reassurances that actions had been taken.• There were no risk assessments to explain why a number of emergency medicines were not available nor any mitigation for their absence. <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 Family planning 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">• The practice did not have fully effective and embedded processes for monitoring patients' health in relation to the use of some medicines and long-term conditions.• Staff vaccination was not maintained in line with current Public Health England (PHE) guidance relevant to their role.• The provider had not ensured the risks to service users, staff and visitors had been mitigated. In particular; responding to the outcome of risk assessments for fire, health & safety and legionella.• The authorisation of patient group directives (PGDs) were not always signed when new staff have completed the form. <p>This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>