

Churchwood Medical Practice

Inspection report

Tilebarn Road
St Leonards On Sea
East Sussex
TN38 9PA
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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?	Good 
Are services effective?	Requires improvement 
Are services caring?	Requires improvement 
Are services responsive?	Requires improvement 
Are services well-led?	Requires improvement 

Overall summary

We carried out an announced comprehensive inspection at Churchwood Medical Practice on 13 November 2018 as part of our inspection programme following a period of special measures. The full comprehensive report on the November 2018 inspection can be found by selecting the 'all reports' link for Churchwood Medical Practice on our website at .

At the last comprehensive inspection in November 2018 we rated the practice as inadequate for providing safe and well-led services and overall, they were rated requires improvement for effective and responsive services and good for caring. This was because;

- Risk management processes were insufficient.
- Patients on repeat prescriptions did not have regular medicine reviews.
- The practice did not have sufficient systems to evaluate and improve practice and did not seek and act on feedback from relevant persons.
- Training and recruitment processes were insufficient.

At this inspection we found that the provider had made improvements in these areas.

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 and for all population groups, they are rated as good in safe.

We found that:

- There was deterioration in the results of the GP patient survey around patient's satisfaction in relation to their experience of consultations and in relation to accessing appointments. Changes to the way that patients accessed appointments had been implemented, however had not yet been evaluated in order to demonstrate improvements.
- A third of comment cards received during inspection showed that patients had experienced difficulties accessing appointments.

- Patients received effective care and treatment that met their needs and action was taken to improve patient outcomes in most areas. However, there was negative variation in relation to patients with diabetes and blood pressure control.
- The practice performance in relation to cervical screening was significantly below the national target.
- Action had been taken to improve medicine reviews for patients on repeat prescriptions.
- There was improved training compliance and supervision processes.
- Improvements to the recruitment processes had been made.
- Patient feedback during inspection and comment cards received showed that patients found that staff were kind and caring.
- The way the practice was led and managed promoted the delivery of high-quality, person-centre care. The practice had made improvements in the governance of the service, including in relation to the management of risk and acting on feedback to make improvements.
- A system had been implemented to track prescriptions within the practice and ensure that these were kept securely. However, we found printer prescriptions unlocked in an administrative room away from patient areas that had not been logged.
- Safety netting of the referral system for patients with suspected cancer referred to secondary care under the two-week rule was not always carried out in a timely way.

The areas where the provider **must** make improvements are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

In addition, the provider **should**:

- Review prescribing of nonsteroidal anti-inflammatory drugs (for the treatment of pain and inflammation) with a view to bringing this in line with average prescribing levels.
- Ensure that all printer prescriptions are kept securely and logged.
- Review safety netting processes for patients with suspected cancer referred to secondary care under the two-week rule and ensure processes are completed in a timely way.

Overall summary

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by the service.

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 lead inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

Background to Churchwood Medical Practice

Churchwood Medical Practice offers general medical services to the people of the St. Leonards area of Hastings. There are approximately 6,100 registered patients. Services are provided at Tilebarn Road, St Leonards On Sea, East Sussex, TN38 9PA.

This service has been provided by the current provider since 27 November 2017. Prior to that it was provided by a different provider. The service is currently registered with the Care Quality Commission as a single-handed GP provider however, the provider told us that they formed a partnership a year ago. We were told at our 2018 inspection that the provider would re-register with CQC as a partnership however, the application for this had not been submitted at the time of the inspection. Following the inspection an application was submitted.

Churchwood Medical Practice is managed by a single GP. The practice is supported by two further GPs, a partner and a salaried GP (one male and one female). Additionally, there are three practice nurses, an advanced nurse practitioner, a paramedic practitioner, and two health care assistants. The team also includes an interim practice manager, a deputy practice manager, medical secretaries and reception staff most of whom also have some additional responsibilities.

The practice runs a number of services for its patients including asthma clinics, child immunisation, diabetes clinics, contraception services, antenatal clinic, flu vaccine clinic and travel vaccinations (not Yellow fever).

The provider is registered with CQC to provide the following regulated activities: Diagnostic and screening procedures, Treatment of Disease, Disorder and Injury, Maternity and midwifery services, Family planning services and Surgical procedures.

The practice is run from two floors and has no lift access, however patients were seen on the ground floor. The practice is open from 8am until 6pm Monday to Thursday and from 8am to 5pm on a Friday. There are extended hours appointments available one evening a week fortnightly between 6.30pm and 8pm.

In addition to pre-bookable appointments that could be booked up to three weeks in advance, urgent appointments are also available for people that need them. When the surgery is closed patients can access out of hours care via the 111 telephone number. Urgent calls up until 6.30pm are put through to the duty GP.

The practice population has a higher than both the national and local average number of patients aged from five years to under 18 years of age and a lower than average patient population over the age of 65. There is a

higher than average number of patients with a long-standing health condition than both the local and national average. A higher than average proportion of

patients are unemployed. The percentage of registered patients suffering deprivation (affecting both adults and children) is also higher than both the local average and national average.

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 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>How the regulation was not being met...</p> <p>The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process. In particular:</p> <p>Data relating to the GP patient survey showed a deterioration in performance in relation to patient access and patient's satisfaction with how they were cared for. Processes to make improvements were in place but had not yet been evaluated in a way that could demonstrate improvements. There were areas of patient outcomes in relation to diabetes and cervical screening where practice performance was below average or target.</p> <p>This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>