

Crawley Down Health Centre

Quality Report

Bowers Place, Crawley Down,
West Sussex, RH10 4HY
Tel: 01342 713031
Website: www.cdhc.co.uk

Date of inspection visit: 12 April 2016
Date of publication: 08/08/2016

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 service	Good	
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?	Good	

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10

Detailed findings from this inspection

Our inspection team	11
Background to Crawley Down Health Centre	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13
Action we have told the provider to take	25

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Crawley Down Health Centre on 12 April 2016. Overall the practice is rated as good.

Our key findings across all the areas we inspected were as follows:

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- There was an open and transparent approach to safety and an effective system in place for reporting significant events, although we found the recording processes could be improved.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- The practice building was purpose built and they had contributed to the design with patients at the heart of their planning.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment and there was continuity of care, with urgent appointments available the same day. The patients we spoke with on the day of the inspection who told us they were happy with the care and treatment they received.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and almost all staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

Summary of findings

- The patient participation group was active and had made a number of improvements to the practice and ensured regular communication with the patients.
- The provider was aware of and complied with the requirements of the duty of candour.
- Most risks to patients were assessed and well managed. However, some systems and processes to address risks were not implemented well enough to ensure patients and staff were kept safe. This included the storage and disposal of medicines and the completion of risk assessments.
- Ensure risk assessments are completed including for fire and legionella, and that recommended actions are completed as appropriate.
- Ensure that local and national performance indicators are monitored and that shortfalls are addressed, particularly for people experiencing poor mental health, to improve patient care and treatment.

In addition the provider should:

- Ensure that all lessons learnt from complaints are communicated to the appropriate staff to support improvement at all levels.
- Carry out an on-going audit programme to show that continuous improvements have been made to patient care in a range of clinical areas as a result of clinical audit.
- Continue to improve the pathways for the obtaining and dissemination of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Ensure patients who are carers and who are cared for are pro-actively identified and supported.

The areas where the provider must make improvements are:

- Ensure that all significant events are fully recorded centrally at the practice to enable the on-going monitoring of trends and to ensure actions have been completed
- Ensure the practice maintains robust medicines management processes following national guidance, to include the correct storage of medicines.
- Ensure that access to controlled drugs is restricted and improve the security arrangements for their storage.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services.

- There was a system in place for reporting and recording significant events,
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Most risks to patients were assessed and well managed. However, some systems and processes to address risks were not implemented well enough to ensure patients and staff were kept safe. This included the storage and disposal of medicines and the completion of risk assessments.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed mixed patient outcomes compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- The practice had a buddy system between the GPs to ensure that all letters and referrals were dealt with, and all results were actioned.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The practice building was purpose built and they had contributed to the design with patients at the heart of their planning. We saw that the patient waiting area was warm and welcoming, including pictures displayed that had been drawn by local school children.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice recognised that large areas of their building were unoccupied, and were collaborating with Horsham and Mid Sussex CCG to consider better use of the rooms in order to provide extra services to the local population.
- Patients said they found it easy to make an appointment and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs. This included a portable hearing loop, disabled facilities and baby changing facilities.
- The practice regularly attended to the residents of a number of nearby care homes to provide services that included medicine reviews and health checks. We received positive feedback from one of the care home managers about the care and treatment received.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

The practice is rated as good for being well-led.

Good



Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and almost all staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The patient participation group was active and had made a number of improvements to the practice and ensured regular communication with the patients.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- All patients aged over 75 had a named accountable GP.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes who had a record of a foot examination and risk classification within the preceding 12 months was 90% compared with a national average of 88%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice offered a range of services to people with long term conditions. This included clinics for diabetes, asthma and hypertension.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.

Good



Summary of findings

- Immunisation rates were relatively high for all standard childhood immunisations. The practice had a policy to notify the child health services if a child repeatedly missed their immunisation appointment.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered a full range of health promotion and screening that reflects the needs for this age group.
- The practice was proactive in offering online services including booking/cancelling appointments and an electronic repeat prescription service.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- Appointments were offered to patients with no fixed address. Staff told us that they would support those patients by registering them with a temporary address.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia).

- Data from the Quality and Outcomes Framework (QOF) showed results were considerably worse than national averages for this population group. For example the percentage of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months was 28%, which was worse than the national average of 84%. The exception reporting was below the national average (5% compared to the national average 8%). However we have seen evidence that the results have significantly improved to above averages in all areas of mental health for 2015/16.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016 and the results showed the practice was performing in line with local and national averages. There were 246 survey forms distributed and 111 were returned. This represented less than 1% of the practice's patient list and a response rate of 45%.

- 81% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 73% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 85% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 80% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 22 comment cards which were all positive about the standard of care received. Patients said they felt the practice offered good care and staff were helpful, understanding and kind. There were four cards received where patients were not all positive, comments included difficulty with making appointments and getting through by phone and waiting time for the appointment whilst at the surgery.

We spoke with 18 patients during the inspection. All patients said they were happy with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service **MUST** take to improve

- Ensure that all significant events are fully recorded centrally at the practice to enable the ongoing monitoring of trends and to ensure actions have been completed
- Ensure the practice maintains robust medicines management processes following national guidance, to include the correct storage of medicines.
- Ensure that access to controlled drugs is restricted and improve the security arrangements for their storage.
- Ensure risk assessments are completed including for fire and legionella, and that recommended actions are completed as appropriate.
- Ensure that local and national performance indicators are monitored and that shortfalls are addressed, particularly for people experiencing poor mental health, to improve patient care and treatment.

Action the service **SHOULD** take to improve

- Ensure that all lessons learnt from complaints are communicated to the appropriate staff to support improvement at all levels.
- Carry out an on-going audit programme to show that continuous improvements have been made to patient care in a range of clinical areas as a result of clinical audit.
- Continue to improve the pathways for the obtaining and dissemination of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Ensure patients who are carers and who are cared for are pro-actively identified and supported.

Crawley Down Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a second CQC inspector, and an Expert by Experience.

Background to Crawley Down Health Centre

Crawley Down Health Centre is located in a residential area of Crawley Down and provides primary medical services and a dispensing service to approximately 8,100 patients. The practice also provides care and treatment for the residents of a nearby care home, which serves individuals with dementia or nursing needs.

There are two GP partners and four salaried GPs (three male, three female). Collectively they cover 43 sessions. The practice is registered as a GP training practice, supporting medical students and providing training opportunities for doctors seeking to become fully qualified GPs.

There are five female members of the nursing team; three practice nurses and two health care assistants. GPs and nurses are supported by the practice manager, a deputy practice manager, and a team of reception/administration staff. The dispensary service had a dispensary manager and three staff members.

Data available to the Care Quality Commission (CQC) shows the practice serves a higher than average number of patients who are aged over 65 when compared to the

national average. The number of patients under 4 years of age is slightly below the national average. The number of registered patients suffering income deprivation is below the national average.

The practice is open from 8am to 1:00pm and 2:00pm to 6:30pm Monday to Friday. An emergency telephone service is provided between 1pm and 2pm. Extended hours appointments are offered Monday and Thursday mornings from 7.40am to 8.30am and Saturday mornings 9am to 12pm.

Appointments can be booked over the telephone, online or in person at the surgery. Patients are provided information on how to access an out of hours service by calling the surgery or viewing the practice website.

The practice runs a number of services for its patients including; family planning, minor surgery, health checks, smoking cessation, and travel vaccines (including yellow fever).

The practice has a General Medical Services (GMS) contract with NHS England. (GMS is one of the three contracting routes that have been available to enable commissioning of primary medical services). The practice is part of the NHS Horsham and Mid Sussex Clinical Commissioning Group.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed findings

How we carried out this inspection

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 12 April 2016. During our visit we:

- Spoke with a range of staff including; two GP partners, two salaried GPs, the dispensary manager, the lead/senior nurse, one health care assistant, the practice manager, deputy practice manager and nine receptionists/administrators/secretaries.
- We also spoke with 18 patients who used the service, including two members of the patient participation group.
- Observed how people were being cared for and talked with carers and/or family members and reviewed the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Made observations of the internal and external areas of the main premises.
- Reviewed documentation relating to the practice including policies and procedures.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events however we found inconsistency in their recording practices. For example we looked at four significant events that had been recorded. We saw in meeting minutes that each event had been fully discussed and in most cases it was possible to determine the action taken. Each significant event had a detailed event log with space to record the result of the review and summary of action taken. However, not all event logs had been fully recorded with an account of whether it had been discussed and actioned, or the result of that discussion.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP

for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3 and nurses to at least level 2.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence of the most recent audit in December 2015 and that action was taken to address any improvements identified as a result.

Medicines Management

- Some of the arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to

Are services safe?

administer vaccines and medicines against a patient specific prescription or direction from a prescriber. We looked a sample of these and saw they had been correctly completed in line with legislation.

- There was a dispensary at Crawley Down Health Centre. There was a named responsible GP and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. However not all staff were well utilised or supported. The practice employed a pharmacist for a limited number of hours per week within the dispensary, but we were told there was little involvement with the practice clinically. We were told by some staff there was a lack of support and communication from the practice management team. Dispensary staff had standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). We were told that medicines were always checked carefully before being dispensed, although this was not always completed by two people due to the size of the dispensary. We saw that the dispensary recorded dispensing errors and took appropriate action to rectify these, they told us this had recently been subject to an external audit.
- The practice did not have effective arrangements in place for ensuring that medicines in the dispensary were kept at the required temperatures of 2 to 8 degrees centigrade. We saw the records of refrigerator temperatures; these showed the actual and minimum temperature recorded was 1 degree on certain dates during January 2016 and March 2016. Staff told us that this was due to the refrigerator needing to be defrosted and calibrated. We informed the practice at the time of inspection and they took immediate action to ensure that the medicines stored in the refrigerator were not issued. They contacted relevant organisations and manufacturers in order to seek advice regarding whether the medicines had been compromised or were unsafe to use. The practice have provided an update that the medicines are unlikely to have been compromised, however they have contacted all affected patients to apologise and inform them of this incident for monitoring.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage these, although we found the storage was not

always safe. Controlled drugs were stored in a controlled drugs cupboard. We found that access to the cupboard was not restricted, as the keys to the cupboard were held with all other keys and therefore all practice staff could gain access.

- There were arrangements in place for the destruction of controlled drugs.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Some risks to patients were assessed and well managed.

- There was a health and safety policy available which identified local health and safety representatives.
- We saw that the practice carried out regular fire drills and had recorded the most recent drill in November 2015. Staff received annual fire safety training and they had allocated fire marshals at the practice. We saw that the fire alarm and emergency lighting had been regularly tested.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- Not all risks to patients and staff had been assessed as the practice had not conducted a fire risk assessment within the last 12 months. We saw this had last been completed in 2013. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We noted a risk assessment for legionella had not been completed within the last 12 months. We saw this had last been completed in February 2012. Almost all recommended actions had been recorded as completed, with the exception of two. The practice was not able to evidence that these two procedures to minimise the risk of legionella had been completed. However, at the time of inspection we were shown evidence that discussions

Are services safe?

with third parties who have a shared responsibility for maintenance were underway. The practice has since advised these assessments are planned for completion in the new financial year by the responsible parties.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice had a policy and there was a rota system in place for different staffing groups to ensure that enough staff were on duty. The GPs covered each other's leave in order to minimise the use of locums. Where locums were used we saw evidence that appropriate recruitment checks had been completed prior to their use. We were also told that bank staff were used to cover administration and reception tasks, they were employed on a flexible basis with a zero hours contract.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice clinical staff told us they took personal responsibility for keeping themselves up to date, but the practice did not have a formal internal process to regularly seek and disseminate information. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. Since inspection the practice has taken steps to contact relevant organisations, including NICE, to be routinely informed of new guidelines as soon as they are issued for onward dissemination to staff.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results in 2014/15 were 77% of the total number of points available, which was below the clinical commissioning group (CCG) average of 97% and national average of 95%. The practice explained that, starting in the latter half of 2014, they suffered a number of staffing issues. This included the retirement of the senior partner, resignation of a salaried GP, the prolonged absence of a partner due to unforeseen circumstances and they were without a practice manager for three months due to recruitment issues. They also introduced a new computer system which was a dramatic change from the system previously used. However, in the month prior to inspection the practice had reached full strength for GPs and they provided evidence that for 2015/16 the QOF achievement was 97% of the total points available. This data is not yet published and therefore is unverified.

This practice was not an outlier for most QOF (or other national) clinical targets; although some areas showed shortfalls for the reasons above. Data from 2014/15 showed:

- Performance for diabetes related indicators were in line with national averages. For example, the percentage of patients with diabetes who had a record of a foot examination and risk classification within the preceding 12 months was 90% compared with a national average of 88%. The exception reporting was 5% which was below the national average of 11%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).
- Performance for mental health related indicators were worse than the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 27%, compared with a national average of 90%. The exception reporting was much below the national average (3% compared to the national average 11%). We saw evidence that the practice results for 2015/16 have improved to 100% for this indicator.
- The percentage of patients diagnosed with dementia whose care had been reviewed in the preceding 12 months was 28% which was worse than the national average of 84%. The exception reporting was in line with the national average. The exception reporting was below the national average (5% compared to the national average 8%). We saw evidence that the practice results for 2015/16 have improved to 93% for this indicator.

There was evidence of quality improvement including clinical audit.

- The practice told us each GP completed at least one audit per year. They provided evidence of three clinical audits completed in the last two years, one of these was a completed audit where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example an audit was completed in November 2015 and February 2016 to determine whether female

Are services effective?

(for example, treatment is effective)

patients who had been diagnosed with gestational diabetes were being offered routine tests, in accordance with NICE guidance. It was found that following the first cycle of the audit, which was discussed in a practice meeting, the ongoing monitoring had significantly improved as all patients had appropriate test results recorded. It was also noted that number of patients recorded with gestational diabetes had increased by 50%. Following the second audit, further recommendations to improve care and treatment for these patients was made and circulated.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. New members of staff were introduced to the practice through shadowing and mentoring. A checklist/booklet was used to help the line manager assess whether the core competencies were being met.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months. Staff we spoke with commented they received useful objectives to structure their learning or progression.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. They had a buddy system at the practice between the GPs to ensure that all letters and referrals were dealt with, and all results were actioned.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.

The practice attended multi-disciplinary team meetings regularly; this included a three monthly palliative care meeting and attendance at a proactive care meeting every month (proactive care is a team consisting of representatives of community agencies). The practice told us they discussed and reviewed end of life cases with complex medical needs and we saw evidence of recent minutes. We saw that staff from other agencies regularly attended such as community nurses, mental health teams and adult social care. We also saw examples of personalised end of life care plans for patients that had been considered on an individual basis.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. We were told about the training that the whole practice had undertaken in 2015.

Are services effective?

(for example, treatment is effective)

- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, and those at risk of developing a long-term condition were signposted to the relevant service. The practice conducted multi-disciplinary reviews for housebound patients with community nurses, for example patients diagnosed with multiple sclerosis or motor neurone disease. We saw examples of detailed notes and personalised care plans for these patients.
- Advice on patients' diet and smoking cessation advice was available from the health care assistant or local support groups.

The practice's uptake for the cervical screening programme was 80% which was comparable to the national average of 82%. There was a policy to offer telephone reminders for

patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 97% and five year olds from 93% to 98%. The practice had a policy that if a child did not attend their immunisation appointment three times, despite repeated contact, then the child health bureau was informed. This was also documented in the patients' notes.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

Throughout our inspection we observed that members of staff were courteous, friendly and attentive with patients both in person and on the telephone. The reception desk was open plan but the waiting area was away from the desk, which meant conversations at the desk could not be overheard. We noted that staff dealt with patients in a friendly, professional and efficient manner. Staff told us that a room could be made available if patients wanted to speak confidentially away from the reception area. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Within consulting rooms we noted that curtains were provided so that patients' privacy and dignity was maintained during examinations, investigations and treatments.

All of the 22 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comments included that practice offered good care and staff were helpful, understanding and kind. There were four cards received where patients were not all positive, these all related to difficulties booking appointment and wait times.

We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was in line with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 93% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 87%.
- 87% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.

- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 92%.
- 89% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

We spoke with 18 patients on the day of the inspection who told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 85% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 81% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

Are services caring?

- In the waiting room we saw that the digital check in system had a number of different languages available.
- The practice had a television screen in the waiting area which gave information about services offered, including clinics.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice told us the building was purpose built and they had contributed to the design with patients at the heart of their planning. We saw that the patient waiting area was warm and welcoming, including pictures displayed that had been drawn by local school children.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 24 patients as carers (less than 1% of the practice list). The practice told us they offered help to carers by signposting them to relevant support and information. They had a question on the new patient registration to identify carers and administrators would record carers if noted when summarising patient notes. We saw that written information was available in a dedicated area of the waiting room to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them by telephone or letter. This was either followed by a patient consultation at a flexible time and advice was given to the family on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice recognised that large areas of their building were unoccupied, and so were collaborating with Horsham and Mid Sussex CCG to consider better use of the rooms in order to provide extra services to the local population.

- The practice offered extended hours appointments on Monday, Thursday and Saturday mornings.
- There were longer appointments available if required. This included younger patients, and those with a learning disability, dementia or poor mental health.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- There was a self-service blood pressure machine, disabled facilities, baby changing facilities, a hearing loop and translation services available.
- Same day appointments were available for children, and those patients with medical problems that require same day consultation.
- Patients had online services available that included booking/cancelling appointments, ordering repeat prescriptions and accessing medical records.
- Appointments were offered to patients with no fixed address.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately. The practice was registered to provide the yellow fever vaccine, which can only be offered by a designated yellow fever vaccination centre.
- The practice offered a variety of services including minor surgery, joint injections, chronic disease management, family planning, new baby checks, and services to a local adolescent secure unit.
- The practice also regularly attended to the residents of a number of nearby care homes to provide services that included medicine reviews and health checks. We received feedback from the manager of one of these care homes, who stated GPs were patient and kind,

always giving enough time to explain treatment to the residents. The manager also commented that, as a registered patient, he was happy with the care and treatment provided.

Access to the service

The practice was open 8am to 1:00pm and 2:00pm to 6:30pm Monday to Friday. Extended hours were available Monday and Thursday mornings from 7.40am to 8.30am and Saturday mornings 9am to 12pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 73% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 80% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

We spoke with 18 patients on the day of the inspection. Almost all told us that they were able to get appointments when they needed them. Those who were not entirely happy said it was sometimes difficult to get a pre-bookable appointment, but it was always possible to get an urgent appointment.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available on notice boards and leaflets in the waiting room to help patients understand the complaints system

We looked at six complaints out of 22 received in the last 12 months and we saw evidence that almost all had been fully investigated, with transparency and openness. We saw evidence that complaints were discussed weekly at a clinicians meeting to learn the lessons and ensure action

Are services responsive to people's needs? (for example, to feedback?)

was taken as a result to improve the quality of care. The practice also discussed the analysis and trends of complaints affecting all staff in a quarterly meeting; however individual complaints involving specific staff groups were not shared.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement and staff told us it was in their staff handbook and on the website. Most staff knew and understood the values.
- The practice had a robust strategy along with a two and five year business plan which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. These included a whistleblowing policy, chaperone policy and a confidentiality policy. The practice also had a staff handbook which included information on topics such as health and safety, working standards and grievances.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. Many of the GPs and nurses had a specialist interest, for example in orthopaedics and medical student teacher/training. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support and training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and almost all staff felt supported by management.

- Staff told us the practice held regular team meetings. This included a daily GP lunch time meeting, a weekly partners meeting and a quarterly significant events/complaints meeting which all staff were invited to. A meeting was also held every two months with all clinic staff and individual teams had their own meetings. Most staff told us they felt informed about changes and other communication within the practice.
- Staff told us there was an open culture within the practice. They said they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Many staff commented that the senior practice staff were kind, supportive and willing to help when needed.
- Staff said they felt respected and valued, particularly by the partners in the practice. Almost all staff felt supported in their roles. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

through surveys and complaints received. The PPG or “Friends of Crawley Down Health Centre” were very active and met regularly with a strong relationship with the practice management and Horsham and Mid Sussex Clinical Commissioning Group. They communicated with patients in a variety of ways including their own website, a twice monthly PPG table in the waiting room and a suggestion box. The PPG had also raised funds to enable the purchase of a high capacity printer allowing a quarterly newsletter to be circulated. We saw this included articles such as ‘the day in the life of a GP’, details of flu clinics, and updates on changes at the practice. The PPG members told us about their aspirations for future articles and also about how they tried to ensure harder to reach patients received the newsletter by local community members making deliveries. The PPG continued to use innovative ways to

raise funds for ongoing improvements to the practice and continuance of the newsletter, for example they raised £540 by working with a charitable scheme run by a local supermarket.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

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 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>How the regulation was not being met:</p> <p>We found that the registered provider had not always ensured that effective systems were in place to assess the risks to the health and safety of service users of receiving care or treatment and had not always done all that was reasonably practicable to mitigate such risks.</p> <p>This included that the provider had not:</p> <ul style="list-style-type: none">• Completed risk assessments for fire and legionella.• Ensured that significant events were always thoroughly recorded.• Ensured the proper and safe storage of medicines. <p>This was in breach of regulation 12(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>