

# Langley Corner Surgery

## Quality Report

Ifield Green  
Crawley  
West Sussex  
RH11 0NF

Tel: 01293 514340

Website: [www.langleycornersurgery.co.uk](http://www.langleycornersurgery.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 service

Good



Are services safe?

Requires improvement



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

When we visited Langley Corner Surgery on 16 February 2016 to carry out a comprehensive inspection we rated them as good overall. However, we found the practice required improvement for the provision of safe services and said that they must:

- Ensure that significant events are recorded and information is disseminated within the practice so that lessons can be learnt at all levels.
- Ensure that cleaning schedules are reviewed, and that cleanliness is monitored.
- Ensure clinical waste is correctly documented in order to minimise the risks of improper disposal.
- Ensure that relevant and appropriate training is provided to staff in accordance with the practice training policy; including safeguarding and the Mental Capacity Act (MCA) 2005.
- Ensure that an appropriate number of staff are trained to operate the evacuation chair, in order to assist patients who have mobility problems.
- Ensure that the practice has suitable available medical supplies to deal with a medical emergency for a child.

- Ensure that recruitment checks, including proof of identification, are completed and retained as set out in the practice recruitment policy.

We also said they should;

- Carry out inclusive audits to improve patient outcomes that involve all clinical staff.
- Continue to review, assess and monitor access to appointments.

This inspection was an announced focused inspection carried out on 22 June 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified at our previous inspection. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection. This report should be read in conjunction with the full report of our inspection on 16 February 2016, which can be found on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

On this inspection we found the provider had taken steps to address the regulatory breaches previously identified. However, the action taken had not adequately addressed all the issues. The practice continues to be rated as good overall and continues to require improvement for safe services.

# Summary of findings

Our key findings were as follows:

- All staff had received children and adult safeguarding training and training in the mental Capacity Act 2005 at a level appropriate to their role. However we noted during this inspection that not all staff had received training in Information Governance appropriate to their role.
- The cleaning schedules had been reviewed and cleaning standards were being routinely monitored.
- The practice had reviewed their use of an evacuation chair and had decided it was not required for the safe evacuation of infirm people for the first floor of the building in an emergency.
- The practice had suitable available medical supplies to deal with a medical emergency for a child.
- The practice had reviewed their processes for carrying out audits. They held regular audit meetings to which all staff were encouraged to attend. They had an audit register and we saw evidence that in the last two years they had conducted 11 clinical audits of which three were full cycle audits where the improvements made were implemented and monitored. For example, following an initial audit of postnatal depression checks they introduced a new template and guidance for clinicians doing postnatal maternity checks to ensure the appropriate questions were asked. Evidence from the second audit showed the percentage of women being asked all the appropriate questions had risen from 54% to 95% and the practice had seen a small increase in the number of women referred to specialist services.
- The practice had reviewed the accessibility and availability of appointments to patients. They had conducted an audit of appointments being offered and an audit of appointment availability. The practice told us that approximately 20 patients a day who phoned for an on the day appointment were unable to

get one. These patients were either referred to the local walk-in centre or phoned back by a GP depending on the patients preference. The practice told us they regularly reviewed their data.

- The practice did not record adequate details of investigations carried out on significant events and there was no evidence the practice had considered what action they might be required to take or had taken under their duty of candour.
- The practice had not taken adequate action to ensure that staff unable to attend a significant event meeting were aware of the learning points raised. This was a persistent breach of regulations.
- The practice system for checking the emergency medicines available in their branch practice was inconsistent.

There were areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Ensure they record adequate details of investigations carried out on significant events to support the requirements of their Duty of Candour
- Ensure the learning points from investigations into significant events were shared with all appropriate staff.

In addition the provider should:

- Ensure all staff receive training in Information Governance appropriate to their role.
- Ensure action plans produced as part of the infection control process, including waste management, are monitored to help identify when agreed actions have been completed.
- Ensure they have adequate systems for checking the emergency medicines in their branch practice.

**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?**

When we visited Langley Corner Surgery on 16 February 2016 to carry out a comprehensive inspection we rated them as requires improvement for the provision of safe services

On this inspection we found most of these issues had been adequately addressed, for example:

- All staff had received children and adult safeguarding training and training in the mental Capacity Act 2005 at a level appropriate to their role.
- The cleaning schedules had been reviewed and cleaning standards were being routinely monitored.
- The practice had reviewed their use of an evacuation chair and had decided it was not required for the safe evacuation of infirm people for the first floor of the building in an emergency.
- The practice had suitable available medical supplies to deal with a medical emergency for a child.

However,

- The practice did not record adequate details of investigations carried out and there was no evidence the practice had considered what action they might be required to take or had taken under their duty of candour.
- The practice had not taken any action to ensure that staff unable to attend a significant event meeting were aware of the learning points raised. This was a persistent breach of regulations.
- The practice system for checking the emergency medicines available in their branch surgery was inconsistent.

**Requires improvement**



# Langley Corner Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

This focussed inspection was undertaken by a CQC inspector.

## Background to Langley Corner Surgery

Langley Corner Surgery is located in a residential area of Crawley and provides primary medical services to approximately 9900 patients. The practice also provides care and treatment for the residents who are registered at the practice of two nearby care homes, which serve individuals with a diagnosis of dementia or who have nursing care needs.

Services are provided from two locations, the main practice building at:

- Langley Corner Surgery, Ifield Green, Crawley, West Sussex, RH11 0NF.

And the branch surgery at:

- Ifield West Community Centre, Dobbins Place, Ifield, Crawley, RH11 0SZ

There are five GP partners and two salaried GP (three male, four female). Collectively they equate to 5.5 full time GPs.

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 seven female members of the nursing team; four practice nurses and three health care assistants. GPs and nurses are supported by the practice manager, a deputy practice manager, and a team of reception/administration staff.

Data available to the Care Quality Commission (CQC) shows the practice serves a higher than average number of patients who are aged 0 to 18 when compared to the national average. The number of patients aged 65 and over is also slightly above the national average. The number of registered patients suffering income deprivation is below the national average.

The main practice is open from Monday to Friday between 8:30am and 6:30pm. Extended hours appointments are offered every Monday from 6:30pm to 8pm, and Tuesday to Friday from 7:30am to 8:30am. The Ifield West surgery is open every Monday from 2:30pm to 5:30pm, and Wednesday and Friday from 9:30am to 12:30pm. An emergency telephone service is provided between 1pm and 2pm. 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, chronic disease management, minor surgery, health checks, smoking cessation, and holiday vaccines and advice.

## Why we carried out this inspection

We undertook a comprehensive inspection of Langley Corner Surgery on 16 February 2016 under Section 60 of the Health and Social Care Act 2008 as part of our

# Detailed findings

regulatory functions. Overall the practice was rated as good. They were rated as requires improvement for the provision of safe services and good for the provision of responsive, caring, effective and well-led services. The full comprehensive report following the inspection on Month Year can be found by selecting the 'all reports' link for Langley Corner Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up focused inspection of Langley Corner Surgery on 22 June 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

## How we carried out this inspection

Before visiting,

- We asked the practice to send us evidence they had carried out the actions as set out in their action plan they sent us after the inspection undertaken in February 2016.
- We reviewed a range of information we hold about the practice and asked other organisations to share what they knew.

We carried out an announced focused, follow up inspection on 25 June 2017. During our visit we:

- Spoke with the lead GP, the practice manager and a health care assistant.
- Looked at facilities and equipment
- We reviewed records. Including training records and significant events.
- Looked at information the practice used to deliver care and treatment plans.

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

### What we found at our previous inspection

When we visited Langley Corner Surgery on 16 February 2016 to carry out a comprehensive inspection we rated them as requires improvement for the provision of safe services. We said they must:

- Ensure that significant events are recorded and information is disseminated within the practice so that lessons can be learnt at all levels.
- Ensure that cleaning schedules are reviewed, and that cleanliness is monitored.
- Ensure clinical waste is correctly documented in order to minimise the risks of improper disposal.
- Ensure that relevant and appropriate training is provided to staff in accordance with the practice training policy; including for safeguarding and for the Mental Capacity Act (MCA) 2005.
- Ensure that an appropriate number of staff are trained to operate the evacuation chair, in order to assist patients who have mobility problems.
- Ensure that the practice has suitable available medical supplies to deal with a medical emergency for a child.
- Ensure that recruitment checks, including proof of identification, are completed and retained as set out in the practice recruitment policy.

### What we found at this inspection

We undertook a focused follow up inspection of the service on 22 June 2017 to review the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements. We found the practice had not adequately addressed all the areas as set out in their action plan and the practice continues to be rated as requires improvement for the provision of safe services.. On the day of the inspection the practice had a temporary manager in post who told us new permanent practice manager was due to start in two weeks' time.

### Safe track record and learning

Since our last inspection the practice had reviewed their procedures for significant events and had introduced a new protocol. They had a register of all significant events and had completed an annual review to look for any trends.

They held regular significant event meeting where they were discussed and we saw that some examples of learning from significant events had been included in the staff newsletter. However:

- The practice did not record adequate details of investigations carried out and there was no evidence the practice had considered what action they might be required to take or had taken under their duty of candour. For example, we saw notes which said the practice had phoned a patient but did not record what was discussed or agreed.
- The practice had not taken adequate action to ensure that staff unable to attend a significant event meeting were aware of the learning points raised. This meant the practice could not be sure the learning points were shared with all appropriate staff. This was a persistent breach of regulations.

### Overview of safety systems and process

- We saw evidence which showed all staff had received children and adult safeguarding training and training in the Mental Capacity Act 2005 at a level appropriate to their role.
- We saw evidence which showed the practice had taken action to address the cleaning issues we identified at our last inspection, including setting up a small working group to look into the issues. The practice had reviewed their cleaning schedules and had, had ongoing discussions with the cleaning company which had ended with the appointing a new cleaning contractor who was due to start on 1<sup>st</sup> July. We saw evidence that cleaning standards were now being routinely monitored.
- We saw that clinical waste, including sharp bins, were correctly labelled.
- The practice had commissioned a site waste audit. This had been undertaken by an external consultant which had identified some areas where action was required. However, there was no systematic process to manage the individual items identified or actions agreed, so that on the day of our inspection the practice was unable to confirm which of the issues had been addressed and which were ongoing.
- On the day of our inspection the practice was unable to evidence that they had completed a healthcare waste

## Are services safe?

pre-acceptance audit as required. However, they subsequently sent us a copy of the pre-acceptance waste audit had been completed on 7th September 2016.

- We looked at the records of one staff member who had joined since our last inspection and saw that all the appropriate recruitment checks had been completed and evidence such as photographic identification and interview summary had been retained in the staff members file.

### **Arrangements to deal with emergencies and major incidents**

The practice had reviewed their use of an evacuation chair and had decided it was not required for the safe evacuation of infirm people for the first floor of the building in an emergency.

At our last inspection the practice did not have an oxygen mask suitable for a child at their branch practice. On this inspection we saw there was oxygen available with child and adult oxygen masks at both the main and branch practice.

The practice system for checking the emergency medicines available in their branch surgery was inconsistent. We were told that some medicines were kept in a box at the branch practice while others were in a second box which was taken to the branch when it was open and returned to the main surgery when it closed. However, the list of contents that was used to check all required medicines were available was only kept in one box; there were no clear records of checks for these medicines. All the emergency medicines and equipment we looked at were in date and able to be used.



## 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 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <ul style="list-style-type: none"><li>• We found that the registered provider could not demonstrate robust arrangements to ensure that all staff were involved in the ongoing assessment, monitoring and improvement of services provided by the practice. Specifically, significant events were not always thoroughly recorded and shared to all staff.</li><li>• We found that the registered provider did not maintain adequate records in relation to the management of the regulated activity. Specifically they did not record adequate details of investigations carried out on significant events and incidents, and there was no evidence the practice had considered what action they might be required to take or had taken under their duty of candour.</li></ul> <p>This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>