

Modality Mid Sussex

Inspection report

Bowers Place
Crawley Down
Crawley
RH10 4HY
Tel:

Date of inspection visit: 18 and 25 May, and 19 June
2023

Date of publication: 27/09/2023

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Inadequate 

Are services safe?

Inadequate 

Are services effective?

Requires Improvement 

Are services caring?

Good 

Are services responsive to people's needs?

Inadequate 

Are services well-led?

Inadequate 

Overall summary

We carried out an announced comprehensive at Modality Mid-Sussex on 18 and 25 May and 19 June 2023. Overall, the practice is rated as inadequate.

Safe - Inadequate.

Effective - Requires improvement.

Caring - Good.

Responsive – Inadequate.

Well-led – Inadequate.

Why we carried out this inspection.

We inspected the practice because it was newly registered following the merging of 4 practices and also in response to concerns. This inspection was comprehensive and covered the key questions are services safe, effective, caring, responsive and well-led.

How we carried out the inspection

This inspection included:-

- Conducting staff interviews using video conferencing.
- Completing clinical searches on the practice's patient records system (this was with consent from the provider and in line with all data protection and information governance requirements).
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- Five site visits.

Our findings:-

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 found that:

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice had an active patient participation group and patient views were acted on to improve services and culture.
- The practice prioritised training and supported staff to obtain additional skills and qualifications.
- Staff felt supported by their managers who listened and acted on their views.

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

Overall summary

- Patients' health was not always monitored in a way that ensured the safe prescribing of certain medicines.
- The practice was unable to demonstrate that effective reviews of patients' medication were undertaken.
- Risks to patients, staff and visitors from infection control, health and safety and fire were not always assessed, monitored, or managed effectively.
- Safety alerts were not managed effectively to always keep patients safe.
- The practice did not have enough suitably qualified, competent, skilled, and experienced staff to provide the regulated activities.

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

- Not all patients with a long-term condition or a potential missed diagnosis had received appropriate monitoring and clinical review.
- Patients' needs were not always assessed, and care and treatment was not always delivered in line with current legislation, standards and evidence-based guidance

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

- Patients were unable to access services in a timely way.

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

- The delivery of high-quality care was not assured by the leadership or governance in place.
- The practice could not demonstrate that comprehensive and effective systems were in place and regularly reviewed to identify and manage risk.
- The systems for assessing, monitoring and improving the quality and safety of the service were not always effective. Leaders lacked oversight of some processes and therefore failed to identify risks when those processes did not operate as intended.

We found three breaches of regulations. The provider **must**:

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

In addition, the provider **should**:

- Implement arrangements to ensure privacy and confidentiality at the reception desk.
- Check the professional registration status of clinical staff on a regular basis.
- Authorise Patient Group Directions correctly.
- Keep records of the authorisation to administer medicines under Patient Specific Directions in individual patient notes.
- Include details of how to raise and report concerns about controlled drugs with the NHS England and Improvement Area Team Controlled Drugs Accountable Officer in the practice's prescribing policy.
- Undertake a risk assessment to support the range and quantity of emergency medicines held at Crawley Down Health Centre and include a risk assessment for the storage of emergency medicines in the open plan reception and administration area.
- Implement a plan to improve patient satisfaction in response the National GP Patient Survey results.
- Lock doors to the treatment rooms and fridges for medicines, when unattended to prevent unauthorised access.

Overall summary

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement, we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

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

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Health Care

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included 2 GP specialist advisors who completed clinical searches and records reviews remotely. A practice manager specialist advisor, 2 team inspectors and a medicines inspector undertook sites visits and interviewed staff in person and via video conferencing facilities.

Background to Modality Mid Sussex

Modality Mid Sussex Medical is located in Crawley Down at:

Crawley Down Health Centre

Bowers Place

Crawley Down

Crawley

RH10 4HY

The practice has a branch surgeries at:

Judges Close Surgery

Judges Terrace

High Street

East Grinstead

RH19 3AA

Park View Health Partnership

Sidney West PCC

Leylands Road

Burgess Hill

RH15 8HS

Ship Street Surgery

Ship Street

East Grinstead

West Sussex

RH19 4EE

There is a dispensary at Crawley Down Health Centre. All four sites including the dispensary were visited as part of this inspection.

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services, family planning, treatment of disease, disorder or injury and surgical procedures. These are delivered from all sites.

The practice is situated within the Sussex Integrated Care System (ICS) and delivers general medical services (GMS) to a patient population of about 31,000. This is part of a contract held with NHS England.

The practice is part of a primary care network of 2 local GP practices.

Information published by Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the highest decile (10 out of 10). The higher the decile, the less deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 97% White, 1.6% Asian, 1.3% Mixed, and 0.3% Black.

The age distribution of the practice population closely mirrors the local and national averages.

There is a team of 14 GPs (6 partner GPs) who provide cover at all sites. The practice team includes 2 paramedics, a nurse practitioner, 6 practice nurses, 4 healthcare assistants and 1 phlebotomist. The GPs are supported at the practice by a patient services team made up of call handlers and administration staff. There are 2 practice managers and 4 patient services managers.

The pharmacy team is managed by a lead clinical pharmacist. There are 3 clinical pharmacists and 3 pharmacy technicians. There is a dispensary manager and a team of dispensing staff.

Extended access is provided locally by practices in the primary care network, where late evening and weekend appointments are available. Out of hours services are provided by via 111.

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	Regulation 18 HSCA (RA) Regulations 2014 Staffing
Family planning services	The practice had not ensured enough suitably qualified, competent, skilled and experienced persons were deployed to meet the fundamental standards of care and treatment.
Maternity and midwifery services	There were insufficient staff to provide patients with timely access to suitable appointments.
Surgical procedures	This was in breach of Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Treatment of disease, disorder or injury	

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met.

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> <ul style="list-style-type: none">• The practice was failing to provide care and treatment in a safe way for service users as the results of the searches carried out by our GP Specialist Advisors indicated that service users' health was not always monitored in a way that ensured the safe prescribing of certain medicines.• The practice was unable to demonstrate the effective reviews of patients' medication were undertaken.• Not all patients with a long-term condition or a potential missed diagnosis had received appropriate monitoring and clinical review.• Safety alerts were not managed effectively and prescribing relating to these did not always keep patients safe.• Patients' needs were not always assessed, and care and treatment was not always delivered in line with current legislation, standards and evidence-based guidance. <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <ul style="list-style-type: none">• The practice did not have an effective system for managing the risks to patients' health in relation to the prescribing of certain medicines.• The practice did not have an effective system for managing the risks to service users' health in relation to their long-term conditions.

This section is primarily information for the provider

Enforcement actions

- The practice did not have an effective system of clinical governance to ensure it identified when appropriate monitoring of long-term health conditions and prescribing had not taken place.
- Systems and processes were not properly established for the management and monitoring of health and safety fire and infection prevention and control.

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