

Meadows Surgery

Quality Report

Temple Grove,
Burgess Hill,
West Sussex
RH15 9XN

Tel: 01444 242860

Website: www.meadowssurgery.org.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?

Good 

Are services effective?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Meadows Surgery on 2 August 2016. Overall the practice is rated as requires improvement. The full comprehensive report on the 2 August 2016 inspection can be found by selecting the 'all reports' link for Meadows Surgery on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 18 July 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 in our previous inspection on 2 August 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

We have amended the rating for this practice to reflect these changes. The practice is now rated good for the provision of safe, effective and well led services. Overall the practice is now rated as good. All six population groups have also been re-rated following these improvements and are also rated as good.

Our key findings were as follows:

- The practice had reviewed all their documents, policies and processes used to govern activity to ensure they were practice specific and up to date.
- The practice had reviewed and improved the arrangements they had in place for the management of infection control and for the assessment, monitoring and minimising of associated risks. This included the monitoring of actions from infection control audits and ensuring they were addressed, and that all cleaning of clinical equipment was recorded.
- The practice had reviewed its systems for the monitoring of staff training and had ensured all staff had received appropriate training to their role including infection prevention control and information governance.
- Clinical staff were involved in the assessment, monitoring and improvement of the quality and safety of the services being provided.
- The outcome of patient's mental capacity to consent to care or treatment was clearly recorded when this had been assessed by a GP or nurse.

Summary of findings

The practice had made improvements to the recording of complaints to enhance efficiency and the management of the process.

- The practice had improved the way they identified the patients who were also carers which had led to an increase in the number of patients registered as carers on the practice's list. At the previous inspection, the practice had identified 84 (less than 1% of the practice list) patients as carers. At this inspection we found that the number of patients identified as carers had increased to 145 (approximately 1.5% of the practice's list).

- The practice had arrangements to provide regular communication and updates to all staff and this had been reviewed to ensure it benefited part time staff.

We have changed the rating for this practice to reflect these changes. The practice is now rated good for the provision of safe, effective, caring, responsive and well led services.

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?

At the last comprehensive inspection on the 2 August 2016, we found the practice was not meeting legal requirements for providing safe services. Since our last inspection, the practice had made a number of improvements to address the breaches in regulations we previously identified.

During the inspection in July 2017, we saw the concerns leading to breach of regulation had been addressed. The practice is now rated as good for the provision of safe services.

Specifically, the practice had:

- Had reviewed and improved the arrangements in place for the management of infection control and for the assessment, monitoring and minimising of associated risks. This included the monitoring of actions from infection control audits and ensuring they were addressed, and that all cleaning of clinical equipment was recorded.

Good



Are services effective?

At the last comprehensive inspection on the 2 August 2016, we found the practice was not meeting legal requirements for providing effective services. Since our last inspection, the practice had made a number of improvements to address the breaches in regulations we previously identified.

During the inspection in July 2017, we saw the concerns leading to breach of regulation had been addressed. The practice is now rated as good for the provision of effective services.

Specifically, the practice had:

- Reviewed its systems for the monitoring of staff training and had ensured all staff have received appropriate training to their role including infection prevention control and information governance.
- Ensured clinical staff were involved in the assessment, monitoring and improvement of the quality and safety of the services being provided including clinical audits.
- Ensured that the outcome of patient's mental capacity to consent to care or treatment were clearly recorded when this had been assessed by a GP or nurse.

Good



Summary of findings

Are services well-led?

At the last comprehensive inspection on the 2 August 2016, we found the practice was not meeting legal requirements for providing well-led services. Since our last inspection, the practice had made a number of improvements to address the breaches in regulations we previously identified.

During the inspection in July 2017, we saw the concerns leading to breach of regulation had been addressed. The practice is now rated as good for the provision of well led services.

Specifically, the practice had:

- Reviewed all their documents, policies and processes used to govern activity to ensure they were practice specific and up to date.
- The overarching governance framework had improved to ensure, there was oversight and completion of staff training and the recording of consent where a patient's capacity had been assessed was clearly recorded.
- Reviewed their arrangements to ensure they provide regular communication and updates to all staff.

Good



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 provider had resolved the concerns for safe, effective and well-led identified at our inspection on 2 August 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People with long term conditions

The provider had resolved the concerns for safe, effective and well-led identified at our inspection on 2 August 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Families, children and young people

The provider had resolved the concerns for safe, effective and well-led identified at our inspection on 2 August 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Working age people (including those recently retired and students)

The provider had resolved the concerns for safe, effective and well-led identified at our inspection on 2 August 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People whose circumstances may make them vulnerable

The provider had resolved the concerns for safe, effective and well-led identified at our inspection on 2 August 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for safe, effective and well-led identified at our inspection on 2 August 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Summary of findings

Meadows Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.

Background to Meadows Surgery

Meadows Surgery is located in a purpose built premises in the North West of Burgess Hill. The practice provides medical services to approximately 9,600 patients. The practice also provides care and treatment for the residents of nearby care homes, which serves individuals with mental and physical care needs, including dementia.

There are four GP partners and three salaried GPs (three male, four female). Collectively they cover 46 sessions, which is the equivalent of approximately five 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 six female members of the nursing team; four practice nurses and two health care assistants/phlebotomists. GPs and nurses are supported by the practice manager, a care coordinator and a team of reception/administration staff.

Data available to the Care Quality Commission (CQC) shows the practice is located in an area that is considered to be in the least deprived decile nationally. The number of registered patients suffering income deprivation is much lower than the national average. People living in more deprived areas tend to have greater need for health services.

The practice is open from 8:30am to 6pm Monday to Friday. A telephone service is provided between 8am and 6:30pm Monday to Friday, outside of these hours the practice is serviced by an out of hours service. Extended hours appointments are offered from 7:20am on Tuesday mornings.

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

The practice offers a number of services for its patients including; family planning, minor surgery, hypertension clinics, 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.

The practice delivers its service at the following address:

Temple Grove,
Burgess Hill,
West Sussex
RH15 9XN

Why we carried out this inspection

We undertook a comprehensive inspection of Meadows Surgery on 2 August 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement.

Detailed findings

The full comprehensive report following the comprehensive inspection on in August 2016 can be found by selecting the 'all reports' link for Meadows Surgery on our website at www.cqc.org.uk.

We undertook a follow up focused inspection on 18 July 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

During our visit we:

- Spoke with the lead GP, the practice manager and a practice nurse.

We also reviewed:

- Infection prevention and control audits.
- Minutes of meetings
- A sample of medical records.
- Systems relating to the recording of significant events and complaints.
- Staff training records.
- Policies and procedures.
- Systems for identifying carers.

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

At our previous inspection on 2 August 2016, we rated the practice as requires improvement for providing safe services as we found:

- The practice had not ensured there were arrangements in place for the management of infection control and for the assessment, monitoring and minimising of associated risks. This includes that actions from infection control audits were monitored and addressed, and that all cleaning of clinical equipment was recorded.

These arrangements had improved when we undertook a follow up inspection on 18 July 2017.

The practice is now rated as good for providing safe services.

Overview of safety systems and process

The practice had improved the monitoring of actions from their infection and prevention control audits. Actions arising from infection and prevention control audits were recorded on an action plan and the practice nurses had oversight of these. We saw that those actions were monitored and reviewed. The practice nurses held nurses' meetings every six weeks where infection control and prevention was discussed including actions identified from audits. The practice had also engaged with an external specialist nurse advisor to advise them on their current infection prevention and control processes and on improvements that were needed.

There was a log in place to record the cleaning of clinical equipment. We saw that this log was maintained appropriately and systems were introduced to ensure practice were aware of equipment that had been cleaned and ready to use. For example, equipment that had been cleaned had a tag placed on these to ensure staff were aware that they were clean and ready to be used.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 2 August 2016, we rated the practice as requires improvement for providing effective services as we found:

- The practice had not ensured all clinical staff were involved in the assessment, monitoring and improvement of the quality and safety of the services being provided including clinical audits.
- The practice had not ensured all staff had received appropriate training to their role including infection prevention control and information governance.
- The practice had not ensured that the outcome of patient's mental capacity to consent to care or treatment were clearly recorded when this had been assessed by a GP or nurse.

These arrangements had improved when we undertook a follow up inspection on 18 July 2017.

The practice is now rated as good for providing effective services.

Management, monitoring and improving outcomes for people

The practice took part in a range of quality improvement activities including clinical audits. The outcome of clinical audits was shared with all staff at weekly clinical meetings and we saw these had been discussed from minutes of those meetings.

Effective staffing

A training matrix had been developed to ensure staff training was monitored and that there was management oversight of staff training at the practice. The practice had signed up to an online training facility and the practice manager had oversight of the training staff were required to complete. We saw evidence that all staff had received training in infection control and prevention and information governance.

Consent to care and treatment

Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity. We saw from a sample of medical records we reviewed, these were clearly recorded. We saw evidence of written consent from patients where they had received minor surgery treatment at the practice.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 2 August 2016, we rated the practice as requires improvement for providing well-led services as we found:

- The practice's documents, policies and processes used to govern activity were not always practice specific and up to date.
- The overarching governance framework had not ensured, there was oversight and completion of staff training and the recording of consent where a patient's capacity had been assessed was clearly recorded.
- The practice had arrangements to provide regular communication and updates to all staff however, these could be improved to benefit part time staff.

These arrangements had improved when we undertook a follow up inspection on 18 July 2017. The practice is now rated as good for providing well-led services.

Governance arrangements

The practice had reviewed all their documents, policies and processes used to govern activity to ensure they were practice specific. The overarching governance framework had been improved to ensure there was oversight and completion of staff training and the recording of consent where a patient's capacity had been assessed was clearly recorded.

Leadership and culture

The practice had arrangements to provide regular communication and updates to all staff. These arrangements had been reviewed to ensure part time staff received those communications and updates. The practice manager e-mailed the minutes of staff meetings to all staff where electronic copies were available. Hard copies of information were placed in staff's personal in-trays when these needed to be circulated.