

Crawley Down Health Centre

Quality Report

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Date of inspection visit: 14 February 2017
Date of publication: 06/04/2017

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



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 Crawley Down Health Centre on 12 April 2016. During this inspection we found breaches of legal requirement and the provider was rated as requires improvement under the safe domain. The full comprehensive report on the April 2016 inspection can be found by selecting the 'all reports' link for Crawley Down Health Centre on our website at www.cqc.org.uk. The practice sent to us an action plan detailing what they would do to meet the legal requirements in relation to the following:-

- Ensuring 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.
- Ensuring the practice maintains robust medicines management processes following national guidance, to include the correct storage of medicines.
- Ensuring that access to controlled drugs is restricted and improve the security arrangements for their storage.
- Ensuring risk assessments are completed including for fire and legionella, and that recommended actions are completed as appropriate.

- Ensuring 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.

Additionally we found that:

- The practice needed to ensure that all lessons learnt from complaints are communicated to the appropriate staff to support improvement at all levels.
- The practice needed to 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.
- The practice needed to 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.
- The practice needed to ensure patients who are carers and who are cared for are pro-actively identified and supported.

This inspection was an announced focused inspection carried out on 14 February 2017 to confirm that the practice had carried out their plan to meet the legal

Summary of findings

requirements in relation to the breaches in regulations that we identified in our previous inspection on 12 April 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection..

Overall the practice is now rated as good.

Our key findings were as follows:

- The practice was now maintaining a central log recording all significant events. These were discussed at clinical meetings and the minutes of these were disseminated to all appropriate staff.
- The practice now restricted access to controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and increased their security arrangements.
- The practice had ensured that medicines were stored between the required temperature range of 2 to 8 degrees centigrade.
- Risk assessments had been undertaken for fire safety and legionella as required and had their recommendations acted upon.
- The practice had monitored the local and national performance indicators and evidence was seen of improvements. For example the percentage of patients, using data from 2014/15, 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%. However, data from 2015/16 showed that this had risen to 93% which was better than both the local Clinical Commissioning Group (CCG) average of 85% and the national average of 84%.
- The practice discussed complaints at meetings which were minuted and subsequently disseminated to all staff.
- The practice was in the process of undertaking an audit in relation to the management of osteoporosis.
- The practice had a system in place that monitored evidence based guidance and standards and informed appropriate staff of any changes in guidelines.
- The practice had increased the number of carers recognised on their patient list from 24 carers to 86 carers, an increase of over 200%.

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 our previous inspection on 12 April 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of risk management and medicines management required some improvements.

At this inspection on 14 February 2017 we found that the practice had a comprehensive database in place to track, monitor and audit all significant events and alerts.

The practice had engaged an external contractor to carry out a full risk assessment of their fire safety and legionella risk . We saw evidence that the practice had acted on recommendations appropriately.

The practice had ensured that access to controlled drugs were restricted and that all medicines were stored within the required temperature range of between 2 and 8 degrees centigrade.

Good



Crawley Down Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

The team consisted of a CQC inspector.

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 hour's 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 undertook a comprehensive inspection of Crawley Down Health Centre on 12 April 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. The full comprehensive report following the inspection in April 2016 can be found by selecting the 'all reports' link for Crawley Down Health Centre on our website at www.cqc.org.uk.

Detailed findings

We undertook a follow up focused inspection of Crawley Down Health Centre on 14 February 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:

- Reviewed their fire risk assessments and action plan.

- Reviewed their arrangements for legionella risk assessment.
- Reviewed their significant events monitoring systems.
- Reviewed their medicine management systems.
- Reviewed parts of the staff training records in relation to fire safety.
- Reviewed and discussed their carers' data.
- Reviewed their performance in relation to local and national performance indicators.

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 12 April 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of risk management and medicine management were not adequate.

These arrangements had significantly improved when we undertook a follow up inspection on 14 February 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

At the comprehensive inspection on 12 April 2016 we had found that the practice carried out a thorough analysis of the significant events and we saw evidence of meeting minutes where they had been discussed. 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.

At this focused inspection in February 2017 we found the provider had addressed our concerns and we saw a comprehensive database, maintained to record all significant events. This database recorded outcomes, highlighted actions and allowed for detailed audits.

Medicines Management

At our previous inspection we found 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 also found 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.

At this inspection we saw evidence that medicines had been kept between the required temperature range of 2 to 8 degrees centigrade.

Access to controlled drugs had also been strengthened by removing the key to the controlled drugs cupboard and holding these in a secure location accessible to only authorised staff.

Monitoring risks to patients

At our last inspection we found the practice had not conducted a fire risk assessment within the last 12 months. We saw this had last been completed in 2013.

We also found a risk assessment for legionella had not been completed within the last 12 months. We saw this had last been completed in February 2012. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings)

At this focused inspection in February 2017 we found the provider had addressed our concerns. Evidence was seen that demonstrated the practice had engaged an external contractor to undertake a fire risk assessment. The practice had acted upon the recommendations detailed in the report and evidence was seen that staff had undergone fire safety training as required. Further fire marshal training was planned for staff in June 2017.

Also at this inspection we noted that the practice had engaged a contractor to undertake a complete risk assessment of the premises in relation to legionella. Evidence was seen that a logbook, with appropriate actions recorded, was maintained as required following this assessment.