

Gossops Green Medical Centre

Quality Report

Hurst Close Crawley West Sussex RH11 8TY

Tel: 01293 228328 Website: www.gossopsgreenmedical.co.uk Date of inspection visit: 19 January 2017 Date of publication: 02/03/2017

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

Contents

Summary of this inspection	Page
Overall summary	2
The five questions we ask and what we found	4
Detailed findings from this inspection	
Our inspection team	5
Background to Gossops Green Medical Centre	5
Why we carried out this inspection	5
How we carried out this inspection	5
Detailed findings	7
Action we have told the provider to take	8

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Gossops Green Medical Centre on 19 January 2016. The overall rating for the practice was good, but breaches of legal requirements were found in the safe domain. The practice was found to be good in the effective, caring, responsive and well-led domains but requires improvement in the safe domain. The full comprehensive report on the January 2016 inspection can be found by selecting the 'all reports' link for Gossops Green Medical Centre on our website at www.cqc.org.uk.

At the previous inspection of January 2016 our key findings were as follows:

 Not all systems and processes to address risks were implemented well enough to ensure patients and staff were kept safe. Specifically not all Patient Group Directions (PGDs) had been completed in line with legislation, blank printer prescriptions were not always stored securely and no children's oxygen masks could be located on the day. These findings were in breach of the legal requirements

Additionally we found that:

- The practice should seek to improve the information displayed in the patient waiting room to meet the needs of the local population.
- The practice should improve processes to engage with the patient reference group in order to gather feedback and involve patients in the delivery of the service

This inspection was an announced focused inspection carried out on 19 January 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 19 January 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:

 All systems and processes to address risks were now implemented well and ensured patients and staff were kept safe. Specifically all Patient Group Directions (PGDs) had been completed in line with legislation, blank printer prescriptions were stored securely and children's oxygen masks were available.

Additionally we saw that:

Summary of findings

- There was a good selection of information available to patients in relation to local support services.
- The practice engaged with the patient reference group and involved patients in the delivery of the service. In particular members of the group acted as a link with the Crawley voluntary service and also a local social group linked to a new social prescribing pilot scheme.

(Social prescribing is a means of enabling primary care services to refer patients with social, emotional or practical needs to a range of local, non-clinical services, often provided by the voluntary and community sector.)

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?

All systems and processes to address risks were now implemented well and ensured patients and staff were kept safe. Specifically all Patient Group Directions (PGDs) had been completed in line with legislation, blank prescriptions were stored securely and children's oxygen masks were available

Good





Gossops Green Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team consisted of a CQC lead inspector.

Background to Gossops Green Medical Centre

Gossops Green Medical Centre is located in a residential area of Crawley and provides primary medical services to approximately 6,775 patients.

There are three GP partners and two salaried GPs (four male, one female) with a further locum salaried GP about to start. The practice also currently has one male locum GP. The GP partners are full time, and the salaried GPs collectively cover 17 sessions per week. 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 three female members of the nursing team; one nurse practitioner, one senior practice nurse and one health care assistant. 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 slightly higher than average number of patients who are aged 75 years or older when compared to the national average. The number of patients aged 5 to 18 is also slightly higher than average. The number of patients aged 5 to 18 is also slightly higher than average. The number of registered patients suffering income deprivation is below the national average.

The practice is open from Monday to Friday between 8:30am and 1pm for morning appointments, and 2pm to 6pm for afternoon appointments. Between 6pm and 6:30pm a telephone service is offered by the on call duty GP. Extended hours appointments are offered every Thursday between 7am and 8am. 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; chronic disease management, asthma clinics, diabetes clinics, new patient checks, and holiday vaccines and advice. The practice shares the premises with Crawley Clinical Commissioning Group led services, which enables patients to access additional services from the practice; including a hearing and audiology clinic, ultrasound scanning, weight clinic and dermatology services.

Services are provided from the location of Gossops Green Medical Centre, Hurst Close, Crawley, West Sussex, RH11 8TY.

The practice has a Personal Medical Services (PMS) contract with NHS England. (PMS 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 Crawley Clinical Commissioning Group.

Detailed findings

Why we carried out this inspection

We undertook a comprehensive inspection of Gossops Green Medical Centre on 19 January 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good overall and good in the effective, caring, responsive and well-led domains, but requires improvement in the safe domain. The full comprehensive report following the inspection on January 2016 can be found by selecting the 'all reports' link for Gossops Green Medical Centre on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Gossops Green Medical Centre on 19 January 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

We carried out focused inspection of Gossops Green Medical Centre on 19 January 2017. This involved reviewing evidence that:

- Patient Group Directions (PGDs) had been completed correctly.
- Blank prescription sheets were being stored securely and tracked through the practice.
- Children's oxygen masks were readily available in the event of a medical emergency.
- The two outstanding action points from the legionella risk assessment were now being adhered to.
- There was a good selection of information available to patients in relation to local support services.
- The practice were engaging with the patient reference group and had gathered feedback to involve patients in the delivery of the service.

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 19 January 2016, we rated the practice as requires improvement for providing safe services as 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 receiving care or treatment and had not always done all that was reasonably practicable to mitigate such risks.

These arrangements had significantly improved when we undertook a follow up inspection on 19 January 2017. The practice is now rated as good for providing safe services.

Overview of safety systems and process

At our previous inspection in January 2016 we saw that he majority of arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe. We were told that blank prescriptions within the reception area were kept locked in cupboards, including from printer trays, when the practice was closed. However, we found that blank prescriptions were not always secure. We were told that treatment doors were always locked during the day, but these were accessed by unsupervised cleaning contractors once the practice was closed. Additionally, during the inspection we observed that one treatment room door was not locked at all times, allowing public access to the room and the blank prescriptions. We found that Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation, however we noted that not all had been signed and dated correctly by a GP and other authorising signatories.

At this focused inspection on 19 January 2017 we found that: A new system of keeping printer prescription sheets secure was in place and the system was regularly audited to ensure that it was being adhered to. We also saw that a revised system of tracking prescriptions throughout the practice had been implemented with a clear guide on the use of the system and revised prescription control protocol available to all staff. All consulting room doors were locked when vacated. We looked at all the Patient Group Directions that had been adopted by the practice to allow nurses to administer medicines in line with legislation and found them all to have been signed and dated correctly.

Monitoring risks to patients

At our previous inspection in January 2016 we saw that the practice had a variety of risk assessments in place to monitor safety of the premises such as legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We noted the practice had last been serviced for legionella in September 2015 by an external contractor. We saw various comprehensive checklists and almost all actions had been completed, with the exception of two. Therefore it was not possible to evidence that these two procedures to minimise the risk of legionella had been completed. Although this was not highlighted in our inspection on 19 January 2016 as an issue, we have now followed it up.

At this focused inspection on 19 January 2017 we found that the two outstanding procedures to minimise the risk of legionella had now been completed. The shower head had been removed from the shower and both the shower and sluice sink were flushed through weekly. This was recorded in a log book and signed by the recorder.

Arrangements to deal with emergencies and major incidents

At our previous inspection in January 2016 we saw that oxygen was available with an adult mask but that the practice staff were not able to locate a children's mask at the time of inspection.

At this focused inspection on 19 January 2017 we found that there were two types of children's masks available (baby and infant) and these were each attached to the appropriate valved bag to aid resuscitation in an emergency.

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.

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. The provider must send CQC a report that says what action they are going to take to meet these requirements.