

Brigstock Medical Centre

Inspection report

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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 location

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

Brigstock Medical Centre is a provider registered with CQC.

We carried out an inspection of the provider on 28 May 2019 to follow up concerns identified on our previous inspection which was carried out in April 2018 where the practice was rated requires improvement overall and we identified breaches of regulation 12 (safe care and treatment) and regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At that inspection we identified the following concerns:

- DBS checks had not been undertaken for clinical staff.
- There was no system of checks on the defibrillator.
- The fire alarms were not being checked to see if there were working with sufficient regularity.
- References had not been taken in line with the practice's recruitment policy.
- The results of the 2017 National GP Patient Survey had not been considered.
- There was no effective system to assess of the risk of, and prevent, detect and control the spread of, infections, including those that are health care associated.
- One clinical staff member had not completed adult safeguarding training.
- Not all staff had received suitable training in basic life support.
- Some policies were not in line with guidance or contractual obligations.

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.

Following this inspection we have rated this practice as good overall and good for all population groups with the exception of families children and young people which was rated as requires improvement.

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

- Not all staff working at the service had a DBS check completed at the point of recruitment. The practice had either not undertaken checks or relied on checks

undertaken by other healthcare services that were two to three years old. One clinical staff member did not have a record of their immunity to common communicable diseases on file. After our inspection the provider supplied evidence of staff immunity and evidence that they had risk assessed the need for a DBS for one staff member and had submitted a DBS application for them. We were also supplied with evidence after our inspection which suggested that the provider had undertaken a DBS status check for the other staff members who had out of date DBS checks.

- The practice had systems in place for the safe management of patients' medicines including high risk medicines.
- Risk management systems were in place. There were systems for testing the practice water supply for legionella although a risk assessment had not been completed. No cleaning schedules had been completed by the practice's contract cleaners.
- Safeguarding systems and processes were clear and effective.
- Staff were all aware of the systems and process for reporting significant events and we saw good examples of learning and action taken to prevent reoccurrence.

We rated the practice as **good** for providing effective services because:

- There was evidence of quality improvement activity.
- Staff were receiving regular appraisals.
- Effective joint working was in place. The practice held integrated care meetings with other health and social care organisations that aimed to provide a holistic package of care for those with complex needs.
- Patients were receiving regular reviews and the treatment provided was in line with current guidelines this was reflected in high levels of achievement against most local and national targets; although performance against targets for childhood immunisations were below the World Health Organisation Targets.

We rated the practice as **good** for providing caring services because:

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.

We rated the practice as **good** for responsive services because:

Overall summary

- Complaints were managed in a timely fashion and detailed responses were provided; although some complaints we reviewed did not contain contact information for external organisations patients could escalate their complaint to if they were dissatisfied with the practices' response.
- Most of the feedback from both the national GP patient survey and comment cards received by CQC indicated that it was easy to access care and treatment at the practice. The practice had taken steps to improve access in response to feedback from patients.

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

- There were effective governance arrangements in most areas.
- The provider had adequate systems in place to assess, monitor and address most risks.
- The provider did not have an active patient participation group but had obtained feedback through group consultation sessions and their own internal patient survey.
- There was evidence of continuous improvement or innovation.
- Staff provided positive feedback about working at the practice which indicated that there was a good working culture.

The areas where the provider **must** make improvements are:

- Ensure that care and treatment is provided in a safe way.

The areas where the provider **should** make improvements are:

- Review areas of high QOF exception reporting and low QOF scoring to improve performance and ensure that exception reporting is appropriate.
- Continue with work to improve the uptake of childhood immunisations and bowel screening.
- Make non clinical staff aware of issues related to child consent.
- Review and improve mechanisms to engage with patients and obtain feedback used to improve the quality and satisfaction with the service provided.
- Improve systems to record minutes of meetings.
- Consider alternative premises as part of the practice's business continuity arrangements and include contact information for all staff.
- Review the arrangements in place to assess and address risks associated with legionella and to monitor the work undertaken by contract cleaning staff.
- Include information for organisations that the patients can escalate complaints to in complaint responses.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Please refer to the detailed report and the evidence tables for further information.

Population group ratings

Older people	Good	
People with long-term conditions	Good	
Families, children and young people	Requires improvement	
Working age people (including those recently retired and students)	Good	
People whose circumstances may make them vulnerable	Good	
People experiencing poor mental health (including people with dementia)	Good	

Our inspection team

Our inspection team was led by a CQC lead inspector and supported by a GP specialist advisor, a practice manager specialist advisor and a second inspector.

Background to Brigstock Medical Centre

Brigstock Medical Centre is located at 141 Brigstock Road, Thornton Heath, London, CR7 7JN

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

Brigstock Medical Centre is situated within Croydon Clinical Commissioning Group (CCG) and provides services to approximately 16,000 patients under the terms of a personal medical services (PMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

Six doctors work at the practice: four male and two female. Four of the doctors are partners, with a pharmacist partner, and there are two salaried GPs (one male and one female). Some of the GPs work part-time. The combined GP working hours are the equivalent of five full-time GPs.

The (all female) nursing team is made up of a nurse prescriber, three practice nurses and three health care assistants. In addition to the pharmacist partner, there is also a salaried pharmacist. The practice also employs a full-time physician associate.

The practice trains junior doctors as GPs, and takes medical students, student nurses and physician associates for placements.

The practice has a higher proportion of children and working age patients compared to the local and national average. The proportion of patients over the age of 65 is half the national average. The percentage of patients not in employment is around three times the national average and the practice has a slightly lower proportion of patients with long standing health conditions. The National General Practice Profile states that 60% of the practice population is from a black or minority ethnic background with 34% identifying as black and 25% as Asian. Information published by Public Health England rates the level of deprivation within the practice population group as three, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. The practice has comparable levels of deprivation affecting older people and higher rates of deprivation affecting young people compared to the national average.

The practice told us that they had an annual turnover of between 15 and 20% of their patient list each year.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is 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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">The provider had not mitigated risks arising from staff recruitment as not all clinical staff had been DBS checked at the point of recruitment. <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>