

Bewbush Medical Centre

Quality 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

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 of this practice on 5 March 2015. Breaches of legal requirements were found in relation to the recruitment of staff and the recording, analysis, and sharing of learning from significant events. After the comprehensive inspection, the practice wrote to us to say what they would do to meet legal requirements. We undertook this focused inspection on 4 May 2016 to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements.

Our previous report highlighted the following areas where the practice must improve:-

- Ensure that all staff recruitment files contain relevant information as required under the regulation, including criminal records checks via the Disclosure and Barring Service for those staff who undertake chaperone duties.
- Ensure that all significant events are recorded and that there is a greater degree of learning, including reviewing the impact upon the service provided to ensure that the event is not repeated.

Our previous report also highlighted the following areas where the practice should improve:-

- Ensure that when needed language line is considered to help patients.
- Ensure required codes for risks to children and young people on child protection plans are shown as active or non-active.
- Ensure that annual appraisals record appropriate information and that staff are given a copy of their objectives.
- Ensure that staff inductions are role related and that sign off on specific learning is recorded.

Our key findings across the areas we inspected for this focused inspection were as follows:-

- There was an open and transparent approach to safety and an effective system in place for reporting, recording, and learning from significant events.
- The practice had appointed a new lead nurse to provide additional leadership for the nursing team.
- The practice had undertaken appropriate recruitment checks prior to the employment of staff. They also regularly checked registration status with the appropriate professional body.

Summary of findings

- Staff had recently been provided with a new e-learning system, and this had been opened out to include locums who worked at the practice.
- There was evidence of appraisals and induction plans for all staff.

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?

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

- There was an effective system in place for reporting and recording significant events.
- Communications had been improved to ensure that lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had undertaken appropriate recruitment checks prior to the employment of staff. They also regularly checked registration status with the appropriate professional body.
- There was evidence of appraisals and induction programmes for staff.

Good



Bewbush Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a practice manager specialist adviser.

Background to Bewbush Medical Centre

Bewbush Medical Centre is located in a residential area of Crawley and provides primary medical services to approximately 7,500 patients.

All services are provided from the location of:

Bewbush Medical Centre, Bewbush Place, Bewbush, Crawley, RH11 8XT.

There are two GP partners and one salaried GP. There are four members of the nursing team; one lead/senior nurse, two practice nurses and one health care assistant. GPs and nurses are supported by a practice manager, an assistant practice manager, a patient services manager, a reception manager, and a team of reception/administration staff.

The surgery is open from Monday to Friday between 8:30am and 6pm. Extended hours appointments are offered every Monday evening from 6:30pm to 8:30pm. 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, smoking cessation, and holiday vaccines and advice.

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 NHS Crawley Clinical Commissioning Group.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 on 5 March 2015 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. Breaches of legal requirements were found at this inspection, and as a result we undertook a focused inspection on 4 May 2016 to follow up on whether action had been taken to address the breaches.

How we carried out this inspection

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Detailed findings

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 4 May 2016. During our visit we:

- Spoke with staff including; the practice manager, the assistant practice manager, a receptionist, an administrator.

- Made observations of the internal and external areas of the main premises.
- Reviewed documentation relating to the practice including policies and procedures.

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

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

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform their line manager of any incidents and there was a recording form available on the practice's computer system and hard copy in the administration office. The practice manager had overall responsibility for ensuring that all significant events were recorded, investigated, and acted on in a timely manner. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice told us they carried out a thorough analysis of significant events, which were then fully discussed in a practice meeting. This meeting took place twice per month, and this had increased from once per month, which was found at the last inspection. The practice manager had a system to ensure that actions arising from significant events were completed. We reviewed the eight significant events that the practice had recorded and monitored in the last 12 months. We also reviewed the practice meeting minutes and staff meeting minutes, where we saw these had been discussed in order to share learning amongst all practice staff. We saw that that significant events were a standing agenda item on practice meetings, which was attended by clinical staff members, and the full staff meeting every two months which was attended by all staff. We spoke with two members of the reception and administration team who told us they were made aware of significant events by their line managers soon after the event, rather than this waiting until the staff meeting. They told us the practice closed, with an emergency line used, for the hour of the meeting to

ensure all staff were given opportunity to attend. All minutes were held on the practice computer system and hard copy to enable staff who were not present to review the discussion.

- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a patient suffered a complication from a procedure conducted at the practice. As a result the patient had to have surgery at hospital. The patient felt that not enough information was given to explain the risks of the procedure. We saw that the practice recorded this as a significant event, had apologised to the patient, and thoroughly investigated what had happened. As a result, we saw evidence that the practice developed a new information leaflet to be given to patients prior to the procedure, and the consent form was also updated with additional risk information. We also saw minutes where it was discussed for learning amongst staff in both a clinical practice meeting and a full staff meeting.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- At the previous inspection it was found that the practice computer system was used appropriately to record whether a child or young person was looked after or on a child protection plan, in order to ensure risks were clearly highlighted and reviewed. However it was noted there was no record to show if the protection plan was active or non-active. At this inspection we were told that the practice had resolved this issue, by making a change to the symbols displayed depending on the protection plan status and adding information to the patient notes.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Staff told us that since the inspection in March 2015 the practice had made the decision to conduct a DBS check for all current staff, and we saw evidence of this. The practice had previously completed risk assessments on all staff,

Are services safe?

completing DBS checks depending on whether a member of staff was on their own with a patient. They but took the decision to complete DBS checks for all staff because, as they were a small practice, there was a chance that any member of staff may be on their own with a patient.

- We reviewed five personnel files and found they all contained evidence that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. We were told that a lead nurse had been appointed since the inspection in March 2015 in order to provide additional leadership, and we saw appropriate recruitment checks had been undertaken.
- The practice had produced a comprehensive information pack for locums. We saw that appropriate recruitment processes were completed prior to the use of locums and these checks were repeated on every occasion, even if they were well known to the practice. We were also told that the practice had recently started to use an e-learning system, and we saw that the practice had opened this out to their locums to provide up to date learning opportunities.

Effective staffing

- We found that the practice manager used a calendar system to ensure that checks with the appropriate professional body were made for each GP every six months.
- The practice had an induction programme for all newly appointed staff and used a checklist of actions to be completed. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. We saw in staff files of recently employed staff that the checklist had been used and completed.
- Staff received an appraisal every 12 months and we saw summary records of appraisals in personnel files.
- Staff we spoke with told us that translation services were available for patients who did not have English as a first language. We were told that the practice had members of staff who spoke other languages including Portuguese and Italian. In the waiting room we saw that the digital check in system had a number of different languages available. The practice staff showed us they also had had information on how to book interpreter services on a noticeboard in the administration. We saw this included detail on how to book services such as language line and interpreters, including for patients with a hearing or sight impairment.