

Judges Close Surgery

Quality Report

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East Grinstead
West Sussex
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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 |  |

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 Judges Close Surgery on 1 December 2016. The overall rating for the practice was good. However, we found breaches of regulation relating to the provision of safe services. The full comprehensive report on the December 2016 inspection can be found by selecting the 'all reports' link for Judges Close Surgery on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 21 June 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 1 December 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

The practice remains rated good overall and provision of safe services is now rated as good.

Our key findings were as follows:

- Safety systems had been reviewed and updated.
- The practice had taken action identified in their fire risk assessment by carrying out fire drills.

- A comprehensive risk assessment of the premises had been carried out. Actions identified from the risk assessment had either been completed or scheduled.
- Medicine fridges were kept securely in locked treatment rooms.
- Outcomes for patients with long term conditions had improved. The practice provided us with unvalidated data to March 2017. This showed the number of patients diagnosed with dementia receiving a face to face review had increased from 77% to 84%. Overall performance for diabetes indicators had improved 2% from 96% to 98%.
- The practice closely monitored the number of patients they removed from the Quality and Outcomes Framework (QOF) indicators of good care for patients with long term conditions. For example, it had identified that over 30 patients diagnosed with depression had their diagnosis entered twice in their records. The patient therefore had to be excluded from the indicators for the repeat diagnosis. (QOF is a system intended to improve the quality of general practice and reward good practice).
- The practice had conducted a patient satisfaction survey between October and December 2016. This had been completed by 211 patients. Results of the survey showed improvement on the national patients survey

Summary of findings

results published in July 2016. For example, 98% of patients surveyed by the practice said the GPs were good at listening to them compared to 88% in the last national survey completed by 112 patients.

- The latest results from the friends and family recommendation test were from May 2017. During that month 14 patients completed the survey and eight said they were extremely likely to recommend the practice to others. The remaining six were likely to recommend the practice.

The areas where the provider should make improvement is:

- Ensuring an appropriate system is put in place to check, and record the checks, of oxygen held for use in a medical emergency.

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 had taken appropriate action and is now rated as good for the provision of safe services. Our last inspection in December 2016 identified concerns relating to how the practice managed and monitored risks. We saw most risks to patients were assessed and managed, with the exception of completing annual control of infection audits, completion of actions from the fire risk assessment and undertaking an environmental risk assessment.

- The areas where medicines fridges were located were kept secure.
- Health and safety policies had been updated and appropriate risk assessments had been carried out. The lead for health and safety had completed relevant training for the role.
- Actions required from the practice fire risk assessment had been completed including carrying out fire drills.
- There was an appropriate system in place for recording action arising from safety alerts.
- The checks of emergency medicines and the defibrillator were undertaken and recorded. However, the practice did not regularly check, and record such checks, of the emergency oxygen.
- Monitoring of potential risks of cross infection was undertaken in accordance with national best practice guidance.

Good



Judges Close Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

This focused inspection was carried out by a CQC lead inspector.

Background to Judges Close Surgery

Judges Close Surgery is situated in the centre of the town of East Grinstead, in West Sussex. The practice serves approximately 8000 patients living in the town and surrounding areas.

There are four GP partners, three female and one male. The practice employs two practice nurses, two healthcare assistants, and three phlebotomists. Data available to the Care Quality Commission (CQC) shows the practice serves a higher than the national average number of patients over the age of 65. There are less than the local and national average numbers of patients between the ages of 0-4, 5-14 and under 18 years. Income deprivation is relatively low for both children and older people.

The practice is open from 7.30am until 6.45pm Monday to Friday. Extended access is available from 7.30am every weekday morning. GP appointments are available on three mornings from 7.30am and these are supported by a variety of practice nurse, healthcare assistant and phlebotomist appointments also commencing from 7.30am. Appointments can be booked over the phone, on line or in person at the surgery. When the practice is closed, patients are advised on how to access the out of hours service on the practice website, the practice leaflet or by calling the practice. Out of hours calls are handled by an out of hours provider (Integrated Care 24).

The practice provides a full range of NHS services and clinics for its patients including asthma, diabetes, cervical smears, childhood immunisations, family planning and new patient checks.

The practice provides services from the following location:-

Judges Close

High Street

East Grinstead

West Sussex

RH19 3AA

Why we carried out this inspection

We undertook a comprehensive inspection of Judges Close Surgery on 1 December 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good but provision of safe services was rated as requires improvement. Breaches of regulation were found during the inspection. The full comprehensive report following the inspection in December 2016 can be found by selecting the 'all reports' link for Judges Close Surgery on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Judges Close Surgery on 21 June 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.

Detailed findings

How we carried out this inspection

During our visit we:

- Met with the practice manager, lead GP and the reception team manager.
- Also spoke with three members of the administration and reception team.

- Observed how patients were being cared for in the reception area.
- Undertook observations around the practice.
- Looked at information the practice used to manage 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 1 December 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of effective and consistent implementation of safety systems required improvement. Specifically:

- Actions arising from the fire risk assessment had not been completed.
- An appropriate range of risk assessments had not been carried out.
- Recording action arising from safety alerts was inconsistent.
- Medicines were not always kept securely.
- Audit to reduce the risk of cross infection did not always follow best practice guidance.

These arrangements had improved when we undertook a follow up inspection on 21 June 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

The practice had updated their system to deal with safety alerts.

- Safety alerts were retained in a practice log. The alerts were annotated with the date of receipt and the action taken, where relevant, to deal with the alert. Practice generated records, relevant to the alert, were also retained. The practice had an audit system to assure that actions needed to address safety alerts had been taken and recorded.
- Staff we spoke with were able to identify relevant safety alerts and the action taken in response to these.

Overview of safety systems and process

The practice had reviewed and implemented systems and processes that maintained patient safety.

- Keypad locks had been installed on the doors to all three treatment rooms. Fridges containing medicines that required temperature control were located in all three of these rooms. The medicine fridges were kept in secure conditions which only staff could access.
- There were records of fridge temperature checks being undertaken twice daily. The records we reviewed for the last two months showed the fridges were operating within appropriate temperature ranges.

- The practice had completed an annual audit process to assess the risks of cross infection. The audit was recorded and actions identified from the audit had been completed. For example chairs in treatment rooms had been replaced with new chairs that had wipe clean upholstery which reduced risk of cross infection.
- Pedal operated waste bins had been installed in the toilets for both patients and staff. The risk from touching waste bins had been reduced.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- The practice had updated their health and safety policy and appointed one of the GPs to lead on health and safety. This GP, along with two other members of staff, had completed training that was relevant to management of general health and safety. An approved health and safety poster was available in two areas of the practice. This identified both the local health and safety executive office and the person responsible for health and safety at the practice.
- The health and safety policy was supported by a range of risk assessments that were relevant to the practice. These included a comprehensive risk assessment of the practice premises. We saw that actions identified from the risk assessment were completed.
- The practice had carried out fire drills and recorded the outcome of the fire drills. Staff had attended fire training relevant to their role in March 2017. Staff we spoke with were able to recognise their role in the event of a fire and confirmed the fire drills had taken place. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises. However, this plan was not supported with a diagram to identify the nearest fire escape route and fire exit.
- We found combustible materials kept on a fire escape route. The practice took immediate steps to remove these.

Arrangements to deal with emergencies and major incidents

- The practice held a stock of medicines required to deal with medical emergencies. We found the stock of medicines to be relevant and the medicines we checked were all within their expiry date. There was a record of practice checks of the emergency medicines.

Are services safe?

- There was an automated external defibrillator. There was a record of this being checked on a daily basis.
- Two cylinders of oxygen were kept for use in emergencies. There was a system in place to replace the oxygen cylinders if they were used for an emergency. However, the practice did not have a system in place to undertake or record regular checks of the oxygen cylinders.
- Medicines and equipment for use in an emergency were held in a secure area of the practice that was accessible to staff.

These actions were now ensuring that regulations relating to safe care and treatment were being met.