

**We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## Gossops Green Medical Centre

Hurst Close, Gossops Green, Crawley, RH11  
8TY

Tel: 08448151238

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We inspected the following standards as part of a routine inspection. This is what we found:

**Respecting and involving people who use services** ✓ Met this standard

**Care and welfare of people who use services** ✓ Met this standard

**Safeguarding people who use services from abuse** ✓ Met this standard

**Cleanliness and infection control** ✓ Met this standard

**Complaints** ✓ Met this standard

## Details about this location

Registered Provider	Gossops Green Medical Centre
Registered Manager	Dr. Ranjan Sinha
Overview of the service	Gossops Green Medical Centre is a GP practice providing primary care services for people in the Crawley area of West Sussex.
Type of services	Doctors consultation service Doctors treatment service
Regulated activities	Diagnostic and screening procedures Family planning Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We carried out a visit on 22 August 2013, checked how people were cared for at each stage of their treatment and care, talked with people who use the service and talked with staff. We reviewed information sent to us by other regulators or the Department of Health and reviewed information sent to us by local groups of people in the community or voluntary sector.

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### What people told us and what we found

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We spoke with six people who used the service who had attended on the day of inspection for an appointment. These patients were randomly selected. All agreed to us observing their consultations and speaking to us after this took place.

We spoke with staff that included; the practice manager, two practice nurses, a receptionist and the registered manager, who was the lead general practitioner (GP). We also spoke with a midwife who although not employed directly by the surgery offered a service to people. We also spoke with the representative of the Patients Representation Group.

We used a number of different methods to help us understand the experiences of people who used the service. We spent time talking with people and observing the interactions between staff and people. We reviewed records and systems.

When registered the provider declared compliance with all outcome areas.

We found that people were treated with respect and had treatment options discussed with them. People felt involved in their care and treatment.

We saw that there were effective infection control measures in place to prevent the spread of infection.

We looked at the processes that the practice had in place to ensure the people who used the service were protected from abuse. These processes ensured staff had an understanding of adult and child abuse and what to do if it was suspected.

We found that people understood how to make a complaint or how to raise concerns. They were helped to complete this process if necessary. The provider responded to complaints and kept these under review.

You can see our judgements on the front page of this report.

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### **More information about the provider**

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

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The provider was meeting this standard.

People's privacy, dignity and independence were respected.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

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People who use the service understood the care and treatment choices available to them. We were shown how consultations were recorded on the computer system. We saw that people were assessed, sometimes with reference to previous consultations and conditions. The choices and options offered to people were recorded as were the individual's decision. We saw that refusal to treatment would also be recorded. We also saw how patients were referred to other services such as secondary care at hospital.

People who use the service were given appropriate information and support regarding their care or treatment. We spoke with people who used the service who told us they were fully involved in their care and treatment. We were invited to sit in on some consultations. We observed a consultation with the midwife, one with the nurse practitioner and three with a GP. During our observations of these consultations we saw that people's choices were clearly discussed with them and their opinions respected. People told us that their privacy and dignity was respected at all times. Screens were in place in consulting rooms to maintain privacy. One person said, "The door is always closed when I see my doctor".

Another person said, "I feel that I am given all the information I need and the alternative treatments are explained to me".

We observed that the queuing point for the reception was set back from the desk. We saw a sign in reception that asked patients to stand back from the desk to afford people privacy. We were told that there was a room available adjacent to the reception desk where people could speak in private to staff.

Equality and diversity was considered in the practice and the premises were fully accessible to people with disabilities. There were also facilities for baby changing. Consideration was given to patients cultural choices such as in requesting a GP of a

particular gender. The surgery was also fitted with a hearing loop system.

We spoke with a representative of the practice's Patients Representation Group (PRG). They told us that they also sat on the Clinical Commissioning Groups Patient Participation Group as the practice's representative. They spoke about some of the issues that the provider was in the process of addressing following comments from patients through a recent survey. These included extending the surgery times with two evening surgeries and the reorganising of the flu vaccination programme for this year to improve waiting times. We were told that the PRG is in its early stages and they were looking for people to come forward to join. We noted that posters advertising the group were on display in the practice and information was on the practice website.

We also observed that the provider was in the process of installing a new display system in the practice in response to concerns raised by people about the waiting room announcement system currently being used.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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**Reasons for our judgement**

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People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We spoke with six people who used the service during our inspection. They all spoke positively about the service and told us they were happy with the treatment and support they received. People told us they felt they were listened to. One person we spoke with told us, "An excellent service, I have never had a problem. X (GP) is an excellent doctor who has gone out of his way to help."

Within the records we reviewed, we saw that people's conditions and clinical needs had been assessed. Staff had guidance that prompted them to ensure relevant checks and assessments were completed during the assessment. This ensured that full information was available so that people's conditions were monitored appropriately and a relevant plan of care was in place.

We saw there were treatment plans in place for managing health conditions that included: hypertension (high blood pressure) and asthma. There were systems in place to recall people for reassessment of their health care needs. We saw evidence that the electronic system created an alert on the screen which advised staff when people required a review for their condition or medication. People could receive a call or text to remind them to make a new appointment.

We observed consultations and we spoke with people following these sessions. The consultations were comprehensive. People's needs were met and they were offered reassurance. They were involved in their consultation with all options discussed with them.

Some people told us that sometimes have to wait a long time for consultations. They also told us that they waited a long time for the telephone to be answered in the morning. One person told us that they felt the appointment system had improved, they said, "About six to eight months ago it was very difficult to get an appointment. Now it's not too difficult. You can get one on the day if you don't mind seeing the doctor on duty. Another person said, "It can be a bit of a nightmare having to keep phoning and being left on hold".

The provider recognised the concerns raised about the current call handling system. We

were shown the booking system and noted that advanced appointments could be made. They told us they also had local telephone number that is available but this was not widely known. The practice manager agreed that the number was on the website but not in a prominent position. We noted that the website had been updated following our visit with this number on the homepage.

There was good communication with the wider health care team such as the midwifery and health visiting team. We were also told that a consultant from the palliative care team attended the practice meetings so best practice could be discussed.

There was a nurse triage service running at the surgery which assessed if a patient needed urgent treatment. There was a GP dealing with acute consultations and another dealing with more routine or chronic conditions.

There were arrangements in place to deal with foreseeable emergencies. We saw that there was emergency equipment and medication available for emergency use. We spoke with three members of staff who knew where the equipment or emergency drug supply was located. This included a defibrillator (a lifesaving machine that gives the heart an electric shock in some cases of cardiac arrest). The provider may find it useful to note that we were unable to find evidence of an up to date calibration of the device. Staff received annual training in emergency lifesaving procedures and we observed that emergency procedure flowcharts were in place to provide guidance in the event of an emergency.

**People should be protected from abuse and staff should respect their human rights**

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### **Our judgement**

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The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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### **Reasons for our judgement**

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People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. The lead GP had completed safeguarding training for staff. The training was primarily in safeguarding children but there was also a section on safeguarding adults. The practice manager told us that they were sourcing more in-depth training in safeguarding adults.

We were told that safeguarding was discussed at practice meetings and the provider told us he was confident in the practice staffs ability to recognise abuse and that they would discuss concerns with him.

A child protection register was held and was maintained up to date. This meant the computer system flagged up children at risk to ensure issues would not be missed. We also saw evidence of how the practice has supported vulnerable adults when concerns have been identified. Contact details of the local West Sussex safeguarding team were available as was an out of hours telephone number.

We spoke with two staff who told us they would report concerns if they recognised the signs of abuse. They were aware of the steps they needed to take to protect people.

**People should be cared for in a clean environment and protected from the risk of infection**

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**Our judgement**

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The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

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**Reasons for our judgement**

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During our inspection we found the provider had effective systems in place to reduce the risk and spread of infection. We were told that one of the practice nurses for the service was the infection control lead. We noted that there were records available to evidence an infection control policy and a recent audit of infection control.

We spoke with the infection control lead and they were able to explain the steps taken to ensure the service was meeting infection control standards. They told us that they had carried out the recent audit and followed up on actions that arose from that audit. This included new hand-washing posters and hand-washing training exercise for staff. The provider may find it useful to note that the infection control lead had taken steps to research the role and find information however they had not had specific training in this area.

We saw hand sanitisers located throughout the premises and hand washing guidance posters. People who used the service told us they had no concerns about the cleanliness of the building. We looked at the consultation rooms and two treatment rooms during our inspection. The rooms were free from clutter and in a good state of repair.

There was an infection control policy in place, updated in July 2013. Cleaning schedules were in place: these were daily, weekly and monthly. A checklist was completed to show that tasks had been completed. All clinical rooms, we were told were cleaned down at the end of the day. Examination couches and if needed lamps were wiped down between patients. Curtain screens were a disposable type and these were changed regularly.

All instruments were disposable with the exception of one which was used in family planning. These were immediately placed in a red bag following use. They were then placed in a Central Sterile Supplies Department (CSSD) bin. This was then collected and dealt with at the local CSSD. Clinical waste was held in secure waste bins. Clinical staff had been vaccinated against the hepatitis B virus. This was to protect them from the risk of infection from contact with blood or contaminated equipment.

We were told that the service had regular cleaners who could provide deep cleaning

services when required. The surgery was cleaned in the evenings by an external cleaning company. We saw that there was a liaison book in place so specific tasks to be completed could be communicated to them.

The provider may find it useful to note that a clinical waste bin in one of the consultation rooms we saw was not of the foot operated type. This meant staff would have to use their hands to open the bins. It was full and we were told the visiting healthcare professional had not emptied this following their consultations. This is a potential cross infection hazard.

Cleaning equipment and cleaning products were stored in an appropriate secure room. We saw correspondence from the service clarifying colour coding for mops to avoid cross infection. This meant that the provider maintained appropriate standards of cleanliness and hygiene in relation to the premises used.

**People should have their complaints listened to and acted on properly**

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**Our judgement**

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The provider was meeting this standard.

There was an effective complaints system available.

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**Reasons for our judgement**

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People were given support by the provider to make a comment or complaint where they needed assistance. People we spoke with told us they would report any concerns they might have to the GP or nurse, they told us they were aware of the complaints procedure. One person told us that they had raised an issue in the past and this had been dealt with promptly and to their satisfaction. They said, "When I needed to make a complaint the staff were very helpful and supported me. I was worried how it would affect my relationship with the surgery but I need not have worried as everything was fine".

People were made aware of the complaints system. This was provided in a format that met their needs. We saw information about how to raise a complaint or concern on display in the service. This meant that the provider brought the complaints system to the attention of people who use the service in a suitable manner and format.

The practice manager told us that she reviews and audits all complaints. We saw evidence that complaints had been responded to in an appropriate time. We saw that recent complaints had been discussed with the individuals concerned and actions taken as a result of the complaints were recorded.

There were systems in place that ensured a full record of complaints was audited including how these were managed. This showed us that the provider had regard to the comments and complaints expressed by people who used the service.

We noted that the provider's website invited people who use the service to make comments or suggestions about improving the service to the patients' representation group. The website also contained information on how to make a complaint.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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