

Account Number:	1-483730245
Our reference:	INS1-2252195287
Location name:	DrHendrikJohanBeerstecher
Location address:	111CanterburyRoad,Sittingbourne,Kent,ME104JA

Page number e.g. Pg 10	Heading E.g. Is the Service Safe?	Suggested changes with explanation e.g. change last sentence from 10 staff to 15 staff	CQC decision ✓ or X	CQC comments e.g. explanation of decision
All pages	All headings	Please refer to the comments of the attached PDF file report		
2	CI letter	False statement regarding SE	Not accepted	SE reported in October 2015 regarding a referral found a task to manage this had not been generated. Analysis only occurred in March 2016 and the SE reports it was 'half finished on 02.03.2016 @ 20.14pm'. Dr B says in FACAC there is audio evidence that the patient received an apology but this is not recorded on the SE nor was it shared with the inspection team.
2	CI Letter	Not sure what insufficient detail refers to	Not accepted	Report gives details that the significant event policy submitted in 48 hours did not contain enough detail dates or dates for review
2	CI letter	Prescriptions		See comments regarding letter below
2	CI letter	False statement re responding to medical emergency	Not accepted	Oxygen tanks not suitable(Inspector can provide a photograph if required)
2	CI letter	Untrue misleading statement re guidance	Not accepted	See report for example about antibiotic prescribing
2	CI letter	QoF analysis		GP regional advisor to reply
3	Summary	Patient discharge		Receptionist told inspection team that not all discharged patients were routinely contacted but rather contacted the practice if further support was needed
3	Summary	False statement regarding clarity between roles	May have to remove this as a bit subjective	The PM contract was seen by the CQC inspection team, however, there was a lack of clarity around responsibilities so some tasks for example maintaining and updating policies was not undertaken
3	Summary	Chaperoning	Not accepted	See replies to letter
3	Summary	National guidance	Not	QoF figures and example

			accepted	about AB prescribing in report
3	Summary	Clarification for care plans needed		GP SpA reviewed patient notes and found a dementia patient without a care plan, a mental health patient without a care plan another had not had a meds review since 2013.
3	Summary	Mandatory training statement untrue	Not accepted	Staff files shown to the PM SpA on the day of inspection showed no fire training since 2012, no MCA training for non-clinical staff and not since 2010 for PM/ practice nurse. There was no evidence in the staff files of IG training
3	Summary	Unclear statement re governance clarity required	Not accepted	Clarity given in the report which gives the example of the significant event policy which was undated unsigned and did not describe significant events in detail. The infection prevention policy and health and safety policy had not been reviewed since 2013.
3	Summary	List of meeting attended was supplied to assessment team(CCG)		The practice manager informed the inspection team she rarely attended CCG events. The lead inspector was shown the minutes from CCG meetings received by the PM via email.
5		Business Continuity plan		The practice manager could not evidence this on the inspection day. An email was sent on the 9.03.2016 to PM (evidenced in CRM) requesting this. It was not forwarded post inspection
6		Caring		Patient data was reflected as inline or better than
8		Does not agree with CQC policy on coercing patients to come into practice		GP regional advisor
9		Immunisation CQC uses incorrect data		GP regional advisor
10		Patient Registers are 'untermenchen'		GP regional advisor
11		No patient information in waiting room as on website		Not all patients have access to website and health information on website
11		Dr B put in negative comment card to check whether CQC verify comments		National panel to comment
12		Not CQC position to review the role of nurse in LTC	Perhaps accept	Panel discussion
13		IPC training GP (2014) and nurse (2015) both have		The PM SpA looked at training files and requested training certificates from the PM but she was unable to provide

				them.
14		Pat testing		Panel to comment
16		O2		Comments to be reviewed by Panel and meds management
17		effective		GP regional advisor to review and comment
18		appraisals	Accepted	Change to all staff with the exception of...
19		Should read definitely better	Not accepted	Report already states similar or better than
20		CQC inconsistent asking for access to female GP		Comment from panel
20		CCG engagement		Fiona Morris to comment
20		Complaints misleading		The complaints leaflet does not tell patient to contact the practice manager but states these are addressed by our in house procedure
20		Complaint misleading		Two complaint from one patient concerned about the lack of visibility of notice of GP recording consultations pt wanted to speak to PM returned again to speak to PM. No evidence was provided to demonstrate this complaint was dealt with.
21		Vision and strategy untrue comments about aims		No mission statement was submitted to the CQC or displayed at the practice the statement in the report was taken directly from the statement of purpose part two submitted to the CQC in the pre inspection return
21		Untrue audits show clear improvement		See report for concerns regarding outcomes and improvements of LFT audit
21		Unfair contingency planning comments		No contingency policy submitted. See below for post inspection submission

(Include additional rows if required)

Completed by (name(s))	H Beerstecher
Position(s)	provider
Date	24 May 2016

Responses to Dr Beerstecher letter dated 24.05.2016

Number	Issue	Response By inspection team	Response By National Panel
1	Thank you for the report sent by email on the 10 th instant giving us two weeks to respond after your team took ten weeks to produce it.	This is the standard time allowed for factual accuracy comments	
2	Ms Dudley asked the practice manager if we carried out pill checks and then stated we were not registered to provide this service.	This comment is not clear, but the lead inspector has assumed it relates to family planning contraceptive pill checks. The inspection team noted the practice was not registered to carry out family planning activities and requested what activities the practice was undertaking in this area.	
3	Ms Dudley quoted 'the party law' and stated that making a video recording of the presentation was illegal.	Point accepted. This was the understanding of the lead inspector on the day of the inspection and not CQC policy. This incident has been reported within the CQC and Mrs Dudley has received further training in this area including support from the legal team and individual policy training.	
4	Ms Dudley stated our waiting room chairs were non -compliant with infection control.	The chairs in the waiting room had a cloth finish. During the inspection the infection prevention lead was unable to demonstrate these could be cleaned in the event of a body fluid spill as the practice did not have body fluid spillage kits available when asked we were not shown	

		how these would be cleaned.	
5	Ms Dudley seemed unaware that prescriptions are not numbered sequentially, while commenting on monitoring of prescriptions.		Comment by medicines management required about tracking printer prescriptions
6	The report states PAT testing was not carried out competently.	The GP carried out PAT testing no information was supplied during the inspection to demonstrate he was suitably qualified for this role	Technical point comment from panel required
7	The report states Patient Group Directives are needed.	This is the understanding of the inspection team	Comment required by medicines management and Panel
8	Data analysis of the QOF was carried out incompetently.	The report was written using QoF data from the CQC data pack. The report did include data submitted by the GP regarding diabetes foot checks but reflected this had not been validated. Dr Beerstecher does not agree with the findings from the data pack	Technical point comment required from panel on how CQC manages data analysis
9	Data analysis of the GP Patient Survey was carried out incompetently.	Please see point above. However, most of the data reflected in the report from the patient survey was better than local and national averages.	As above
10	Data on childhood immunisations used is incorrect.	Childhood immunisation rates for the vaccines given were mixed compared to the CCG averages. For example, childhood immunisation rates for the vaccines given to children aged 24 months and under ranged from 57% to 100%, compared to the CCG range of 88% to 97%. The low uptake was for the Meningitis C booster and MMR for two year olds. Five year olds vaccines ranged from 85% to 90% and was similar to	This information was taken from the data. Comments required from panel about accuracy and validity.

		the CCG average 84% to 95%.	
11	The report lists DBS check requirement where there is none.	Dr Beerstecher does not agree that clinical staff require DBS checks. The practice nurse carries out chaperoning duties and there is a locum nurse who provides nursing care for 4-6 hours per month. The practice was unable to provide evidence that any members of staff clinical or otherwise had received DBS checks. There were no risks assessments regarding the absence of these. The only person providing chaperone duties is married to the GP.	Comment from panel as provider does not accept DBS checks are required
12	Ms Dudley stated the doctor's emergency number should be made available for routine patient enquiries	The reception telephone lines were closed between 8am and 9am, 1pm and 2pm and 6pm and 6.30pm daily and Thursday afternoons from 1pm to 6.30pm. The inspection team were told during these times an answer phone message directed patients to the GP's mobile telephone number. This was repeated by the inspection team during feedback, but it was not suggested that the GP or any other member of staff should share personal numbers. However, we were told that the GPs number was shared during core hours when the practice was closed.	
13	The report comments negatively on the organisation of the practice.	The inspection did look at the organisation of the practice in terms of clinical governance	Comment from panel
14	Dr Hin suggested we should increase patient compliance by		To be discussed with Nigel Starey

	coercing them to attend by withholding treatment.		
15	The CQC overtly promotes gender discrimination.		Comment required from CQC
16	Notes about patients from reception to the manager were judged as complaints.	The practice had no records of written complaints in 2015/16 but supplied a list of verbal complaints. There was no evidence these had been responded to. For example, in one of the complaints dated 01/04/2015 the reception had indicated a written reply was acceptable but there was no evidence to suggest this had been completed.	
17	Judgements were passed on training, when Ms Dudley declined to see courses practice manager and nurse had attended.	The lead inspector did not examine training files as this task was undertaken by the practice manager specialist advisor. The practice was unable to demonstrate that mandatory training was up to date in some areas for example fire training and infection prevention.	
18	Falsely state there was no contingency plan, that patient outcomes were low, guidance is not being followed, lack of audit activity, lack of staff training, that we do not engage with the CCG, that the practice is disorganised, that patients are not followed up or their care is lacking, etc.	The report indicated that there was a lack of contingency planning if the practice manager, Nurse and GP were unexpectedly absent from the practice together.	Further comment from Fiona Morris re lack of engagement with CCG, NHS England etc.



Photo of undated O2 cylinders

Copy of SE policy submitted by practice post inspection

Title: **Date:**

Summary

Learning points

How the learning point was communicated to team

Person responsible

A further email was sent by lead inspector asking for a policy not reporting form on 10.03.2016 evidenced in CRM in inspection activities. No further information was forthcoming.

Contingency information submitted post inspection

Dear Ms. Dudley,

There is a further item that came up during the inspection that may not have been clarified sufficiently: cover during holidays.

Reception staff numbers are doubled, GPs have a two-hour induction session a few weeks before start, and the regular GP (me) and manager (Allyson) are available by phone and email. During the last week's holiday to attend a wedding in Florida I called the practice only once to see how things were going and sent one email with a picture of the ocean view of our hotel room.

The reception staff and secretary have a combined more than 25 year experience in this practice and are very capable of managing the practice during any absences that have never been longer than one week in the last 15 years, except for 2011 when we were away for two weeks.

I hope that clarifies any misunderstandings that could have arisen on the day of the inspection.

Best wishes,

Hank Beerstecher