

# Dr Hendrik Johan Beerstecher

## 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

<b>Overall rating for this service</b>	<b>Inadequate</b> 
Are services safe?	<b>Inadequate</b> 
Are services effective?	<b>Requires improvement</b> 
Are services caring?	<b>Good</b> 
Are services responsive to people's needs?	<b>Requires improvement</b> 
Are services well-led?	<b>Inadequate</b> 

# 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 Dr Hendrik Johan Beerstecher on 8 March 2016. Overall the practice is rated as inadequate.

Our key findings across all the areas we inspected were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, significant event investigation and patient communication was not always completed in a timely manner.
- Governance arrangements were not robust or always effectively implemented. The practice had a number of policies and procedures to govern activity, but there was a lack of consistency in governance, for example, some policies required review and others did not contain sufficient detail.
- There was an inconsistent approach to national and local clinical guidance.
- Risks to patients were not always well assessed and well managed, for example, contingency planning in the event of an emergency or major incident or continuity planning in the event of unplanned absence of key members of staff.
- The arrangements for managing medicines in the practice did not always keep patients safe. For example, the practice nurse was administering medicines, such as vaccines, without Patient Group Directions and the use of blank prescriptions were not being monitored.
- The practice was unable to demonstrate portable appliance testing (PAT testing) was being carried out by suitably qualified personnel.
- The practice was unable to respond to a medical emergency in line with national guidance.
- The practice did not always assess needs and deliver care in line with relevant and current evidence based guidance and standards.
- Data showed patient outcomes were low compared to the local and national averages.

# Summary of findings

- There was evidence of audit activity, but this had not significantly improved performance or patient outcomes.
- Not all staff were up to date with mandatory training.
- The practice did not have a system to follow up patients recently discharged from hospital.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.
- Some childhood immunisation rates were lower than the local clinical commissioning group averages.
- Patients were offered health checks. However, newly registered patients did not routinely attend for health checks as part of their new patient assessments.
- Data from the National GP Patient survey was consistently better than local and national averages.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care.
- Practice staff had good local knowledge about their local patient population but did not actively engage with the NHS England Area Team and the local clinical commissioning group in order to secure improvements to services.
- The Practice did not always provide patients with the choice of seeing a female GP.
- Patients said they found it easy to make an appointment and there was continuity of care, with urgent appointments available the same day.
- Information was available to help patients understand the complaints system. However, this did not contain details of who to contact in order to raise a complaint and the practice was unable to demonstrate that all complaints, including verbal complaints, were investigated and replied to in a timely manner.
- There was a structure of leadership and staff felt supported by management. However, there was a lack of clarity around responsibility and accountability between the GP and the practice manager who was also the practice nurse.
- Revise risk assessment and management activities to ensure they include all risks to patients, staff and visitors.
- Ensure the practice follows national guidance on infection prevention and control.
- Revise medicines management to help ensure the practice is complying with relevant legislation and monitoring the use of blank prescriptions.
- Ensure the practice is able to respond to a medical emergency in line with national guidance.
- Ensure all staff have the necessary employment checks including a current Disclosure and Barring Service check in order to undertake roles such as chaperoning.
- Ensure that patients' needs are assessed and care delivered in line with relevant and current evidence based guidance and standards.
- Revise clinical audit activity to ensure quality and improvements in patient care are driven by the completion of clinical audit cycles.
- Implement a system for personalised care plans for vulnerable patients.
- Ensure that all staff are up to date with attending mandatory training courses.
- Ensure that patients discharged from hospital are followed up in a timely manner.
- Revise governance arrangements and ensure that all governance documents are kept up to date and contain sufficient details for staff to follow.
- Revise responsibility and accountability to ensure clarity between the GP and the practice manager/practice nurse.

In addition the provider should:

- Engage with the NHS England Area Team and the local clinical commissioning group in order to secure improvements to services.
- Revise the system that identifies patients who are also carers to help ensure that all patients on the practice list who are carers are offered relevant support if required.
- Review information available to patients about services provided to help ensure it is accurate and up to date.
- Review the role of the practice nurse in monitoring long- term conditions.
- Review processes for assessing new patients.

The areas where the provider must make improvements are:

- Investigate safety incidents and complaints thoroughly and ensure that people affected receive reasonable support and a verbal and written apology in a timely way.

# Summary of findings

I am placing this practice in special measures. Practices placed in special measures will be inspected again within six months. If sufficient improvements have not been made so a rating of inadequate remains for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The practice will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service.

Special measures will give people who use the practice the reassurance that the care they receive should improve.

**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 rated as inadequate for providing safe services.

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, investigation and patient communication was not always completed in a timely manner.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.
- Staff who acted as chaperones had not received a Disclosure and Barring Service checks or risk assessment to demonstrate they were safe to carry out this role.
- The practice was unable to demonstrate they were following national guidance on infection prevention and control.
- The arrangements for managing medicines in the practice did not always keep patients safe (including obtaining, prescribing, recording, handling, storing and security). For example, the practice nurse was administering medicines, such as vaccines, without Patient Group Directions.
- The practice was unable to demonstrate portable appliance testing (PAT testing) was being carried out by suitably qualified personnel.
- The practice was unable to respond to a medical emergency in line with national guidelines as the defibrillator pads were out of date. Medical oxygen cylinders did not carry an expiry date and the practice was unable to demonstrate they were safe to use.
- The practice was unable to demonstrate they had a business continuity plan for major incidents.

Inadequate



### Are services effective?

The practice is rated as requires improvement for providing effective services.

- The practice did not always assess needs and deliver care in line with relevant and current evidence based guidance and standards.
- Data showed patient outcomes were low compared to the local and national averages. For example, 69% of patients on the diabetes register, had a record of a foot examination and risk classification within the preceding 12 months compared to clinical commissioning group and national average of 88%.

Requires improvement



# Summary of findings

- Knowledge of and reference to national and locality guidelines were inconsistent.
- There was evidence of audit activity, but this had not significantly improved performance or patient outcomes.
- Not all staff were up to date with mandatory training. For example, infection control training and fire safety training.
- The practice did not have a system to follow up patients recently discharged from hospital.
- Multidisciplinary working was taking place and the practice arranged meetings when required.
- Some childhood immunisation rates for vaccines given to children were lower than CCG averages. For example, for vaccines given to children aged 24 months and under.
- Patients were offered health checks. However, newly registered patients did not routinely attend for health checks as part of their new patient assessments.

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient survey was consistently better than local and national averages.
- Patients said they were treated with compassion, dignity and respect and that they were involved in decisions about their care and treatment.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had protocols to help staff identify patients who were also carers. The practice was aware of these patients and offered them appropriate support. However, this information not always captured in the notes or on a register of carers.

Good



## Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services.

- Practice staff had good local knowledge and awareness of its local patient population but did not actively engage with the NHS England Area Team and the local clinical commissioning group in order to secure improvements to services.
- The practice did not always provide patients with the choice of seeing a female GP.
- Patients said they found it easy to make an appointment with the GP and there was continuity of care, with urgent appointments available the same day.

Requires improvement



# Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Not all information for patients about the services accurate, for example, the practice opening times.
- Information was available to help patients understand the complaints system. However, this did not give details about who to contact in the practice in order to raise a complaint.
- The practice was unable to demonstrate that all complaints, including verbal complaints, were investigated and replied to in a timely manner.
- The practice had recently formed a patient participation group (PPG).

## Are services well-led?

The practice is rated as inadequate for being well-led.

- There was a structure of leadership but there was a lack of clarity around responsibility and accountability between the GP and the practice manager who was also the practice nurse.
- Governance arrangements were not robust or always effectively implemented.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- The practice was unable to demonstrate they had an effective system to help ensure all governance documents were kept up to date with sufficient detail for staff to follow.
- Significant issues that threatened the delivery of safe care were not identified or adequately managed.
- Risks to patients, staff and visitors were not consistently assessed and well managed.

Inadequate



# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

### Older people

The practice is rated as inadequate for the care of older people. The provider was rated as inadequate for providing safe and well-led services, requires improvement for providing effective and responsive services and good for providing caring services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- Care and treatment of older people did not always reflect current evidence-based practice, and some older patients did not have care plans where necessary.
- Nationally reported data showed that some outcomes for patients for conditions commonly found in older people were often below average. For example, 73% of patients with coronary obstructive pulmonary disease (COPD - a breathing disorder) had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (national average 90%).
- Home visits were available for older people when needed, and this was acknowledged positively in feedback from patients.

Inadequate



### People with long term conditions

The practice is rated as inadequate for the care of people with long term conditions. The provider was rated as inadequate for providing safe and well-led services, requires improvement for providing effective and responsive services and good for providing caring services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- Nursing staff did not have lead roles in chronic disease management; this was undertaken by the GP. The systems for recalling and reviewing patients with long-term conditions were not robust and not all patients received a personalised care plan or structured annual review to check that their health and care needs were being met.
- Home visits were available when needed. Patients with long-term conditions were not routinely offered longer appointments but were seen at the end of clinical sessions to ensure they received enough time. The practice was in the process of reviewing this in consultation with the patient participation group.

Inadequate



# Summary of findings

## Families, children and young people

The practice is rated as inadequate for the care of families, children and young people. The provider was rated as inadequate for providing safe and well-led services, requires improvement for providing effective and responsive services and good for providing caring services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- There were arrangements to safeguard children and young people from abuse. Protocols were available to all staff on who to contact for further guidance if staff had concerns about a patient's welfare.
- Immunisation rates for the standard childhood immunisations were mixed. For example, vaccinations for children aged 24 and under months ranged from 57% to 100% (local average 84% to 97%),
- Patients told us that children and young people were treated in an age-appropriate way.
- Appointments were available outside of school hours. The premises were suitable for families, children and young people and the practice had added several health and safety features to ensure the safety of this patient population group.

Inadequate



## Working age people (including those recently retired and students)

The practice is rated as inadequate for the care of working age people (including those recently retired and students). The provider was rated as inadequate for providing safe and well-led services, requires improvement for providing effective and responsive services and good for providing caring services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- Patients could book appointments and order repeat prescriptions online.
- Health promotion advice was offered but there was limited accessible health promotion material available in practice waiting room.

Inadequate



## People whose circumstances may make them vulnerable

The practice is rated as inadequate for the care of patients whose circumstances may make them vulnerable. The provider was rated as inadequate for providing safe and well-led services, requires improvement for providing effective and responsive services and good for providing caring services. The resulting overall rating applies to everyone using the practice, including this patient population group.

Inadequate



# Summary of findings

- The practice did not hold a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- Not all patients with a learning disability were recalled for annual health checks.
- The practice worked with multi-disciplinary teams in the case management of vulnerable people.
- Vulnerable patients were told about how to access various support groups and voluntary organisations.
- Staff we spoke with knew how to recognise signs of abuse in vulnerable adults and children.
- Staff we spoke with were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies.

## People experiencing poor mental health (including people with dementia)

The practice is rated as inadequate for the care of patients experiencing poor mental health (including patients with dementia). The provider was rated as inadequate for providing safe and well-led services, requires improvement for providing effective and responsive services and good for providing caring services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- Not all of the patients experiencing poor mental health had an individual care plan.
- Advance care planning for patients with dementia was not always undertaken.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice did not have a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Inadequate



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing better than national averages. Two hundred and fifty two survey forms were distributed and 104 were returned. This represented 6% of the practice's patient list.

- 98% of respondents stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment (national average 77 %)
- 91% of respondents described the overall experience of their GP surgery as fairly good or very good (national average 86%).
- 92% of respondents said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (national average 79%).

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 48 comment cards, one card contained negative comments, 44 cards contained positive comments and three cards contained both negative and positive comments. The negative comments were about the attitude of some staff members and GP clinics running late. Conversely, other patients commented positively about never feeling rushed by the GP. The positive themes that ran through the comments were that patients felt listened to by the GP as well as the friendly, efficient staff. The comment cards highlighted that staff responded compassionately when patients needed help and provided support when required.

We spoke with two patients including one member of the patient participation group. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

## Areas for improvement

### Action the service MUST take to improve

- Investigate safety incidents and complaints thoroughly and ensure that people affected receive reasonable support and a verbal and written apology in a timely way.
- Revise risk assessment and management activities to ensure they include all risks to patients, staff and visitors.
- Ensure the practice follows national guidance on infection prevention and control.
- Revise medicines management to help ensure the practice is complying with relevant legislation and monitoring the use of blank prescriptions.
- Ensure the practice is able to respond to a medical emergency in line with national guidance.
- Ensure all staff have the necessary employment checks including a current Disclosure and Barring Service check in order to undertake roles such as chaperoning.
- Ensure that patients' needs are assessed and care delivered in line with relevant and current evidence based guidance and standards.
- Revise clinical audit activity to ensure quality and improvements in patient care are driven by the completion of clinical audit cycles.
- Implement a system for personalised care plans for vulnerable patients.
- Ensure that all staff are up to date with attending mandatory training courses.
- Ensure that patients discharged from hospital are followed up in a timely manner.
- Revise governance arrangements and ensure that all governance documents are kept up to date and contain sufficient details for staff to follow.
- Revise responsibility and accountability to ensure clarity between the GP and the practice manager/practice nurse.

# Summary of findings

## Action the service SHOULD take to improve

- Engage with the NHS England Area Team and the local clinical commissioning group in order to secure improvements to services.
- Revise the system that identifies patients who are also carers to help ensure that all patients on the practice list who are carers are offered relevant support if required.
- Review information available to patients about services provided to help ensure it is accurate and up to date.
- Review the role of the practice nurse in monitoring long- term conditions.
- Review processes for assessing new patients.

# Dr Hendrik Johan Beerstecher

## 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 GP specialist adviser and a practice manager specialist adviser.

## Background to Dr Hendrik Johan Beerstecher

Dr Hendrik Johan Beerstecher (also known as Canterbury Road Surgery) is a single handed General Practitioner (GP) whose practice serves the local area around Sittingbourne, Kent. There are approximately 1800 patients on the practice list. The practice population is close to national averages but the surrounding area has a deprivation score in the fourth centile.

The practice is funded by a General Medical Service contract and consists of one GP (male), one practice nurse (female) who is also the practice manager and a female locum practice nurse who supports the practice for three to four hours every four to six weeks. The GP and nurse are supported by a range of administration and reception staff. A wide range of services are offered by the practice including diabetes clinics and child immunisations.

The practice had been previously inspected on 11 June 2013 and was found non-compliant in areas relating to infection prevention control. A further focussed inspection was carried out on 28 November 2013 and the practice was found to be compliant.

Dr Beerstecher is currently subject to undertakings from the General Medical Council and has an appointed clinical supervisor. Further information in relation to the specific requirements can be found on the GMC website [www.gmc-uk.org](http://www.gmc-uk.org)

Out of hour's services are provided by Medway On Call Care (MedOCC). Details of how to access this service are available at the practice and on their website.

Services are delivered from a converted residential property

111 Canterbury Road, Sittingbourne, Kent, ME10 4JA.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is 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.

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 8 March 2016. During our visit we:

- Spoke with a range of staff including the GP, the practice nurse who was also the practice manager, one receptionist and two patients who used the service.
- Observed how staff talked with patients, carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

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

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

### Safe track record and learning

The practice recorded significant events but did not have a systematic approach for analysis, learning and improvement.

- Staff told us they would inform the practice manager of any incidents and these were discussed at practice meetings.
- Significant events were recorded but analysis, learning and action to improve practice did not always occur in a timely manner.

We reviewed the records of two significant events; the first, reviewed a prescribing error, this event had been analysed, the findings actioned and shared appropriately in the practice and with the relevant outside agency. However, the second event recorded in October 2015 reviewing the failure of the practice to refer a patient to secondary care was not analysed until March 2016. Findings did not instigate a review of protocols or a change in practice to help improve care.

Patients did not always receive reasonable support, truthful information, a verbal and written apology or informed about any actions after the occurrence of unintended or unexpected safety incidents. The practice was unable to produce a significant event protocol during the inspection, we received a copy of a significant event protocol within the required 48hrs following our visit. However, this was undated, unsigned, did not have a review date and failed to detail what constituted a significant event or how patients would be informed of the findings and subsequent actions.

### Overview of safety systems and processes

The practice did not have sufficient systems, processes and practices required to keep patients safe and safeguarded from abuse:

- There were arrangements to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements. Protocols were available to all staff on who to contact for further guidance if staff had concerns about a patient's welfare. The practice nurse was the lead member of staff for safeguarding. The GP attended safeguarding meetings when it was required and provided reports where necessary for other agencies. Staff had received training

relevant to their role and demonstrated they understood their responsibilities by describing how they had raised safeguarding concerns in the past. The GP and the practice nurse were trained to Safeguarding level 3.

- There were notices displayed in clinical areas which advised patients that chaperones were available if required. However, this information was not on displayed in the waiting room or in the practice leaflet or on the practice website. The practice nurse acted as a chaperone but the practice was not able to produce a Disclosure and Barring Service check (DBS check) to support this role. (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). There were no risk assessments to explain the absence of DBS checks for staff who were chaperones.
- We observed the premises to be clean and tidy. The practice employed a cleaner once a week for three hours and staff told us they carried out daily and weekly cleaning activities and checks. However, there were no records to confirm this, for example the practice was unable to demonstrate that cloth curtains were routinely cleaned. Staff could not adequately respond the spillage of bodily fluids as the practice did not provide any spillage kits. The practice nurse was the infection control clinical lead and there was an infection prevention control policy dated 2013. However, this had not been reviewed and staff had not received any infection prevention training since 2013. The practice was unable to demonstrate that annual infection control audits were taking place.
- The arrangements for managing medicines in the practice did not keep patients safe (including obtaining, prescribing, recording, handling, storing and security). For example, the practice was unable to demonstrate that they had adopted Patient Group Directions which meant nurses were failing to administer medicines, such as vaccines, in line with legislation. Prescriptions were securely stored and batch numbers were checked and recorded on receipt. However, the practice did not have a system to monitor their use.
- There were systems to help ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The

## Are services safe?

practice had audited inadequate smears in 2015 and concluded that no action was required concluding their overall inadequate rate of 2.5% was acceptable and in line with national guidance.

### Monitoring risks to patients

The procedures for monitoring and managing risks to patient and staff safety were not well managed in all areas of the practice.

- There were up to date fire risk assessments, however, the last evacuation fire drill was carried out on 19 March 2012.
- The GP undertook portable appliance testing (PAT) testing for electrical equipment and calibration for clinical and practice equipment. However, the practice could not demonstrate that the necessary training had been undertaken to support this activity.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice had made changes as a result of health and safety checks. For example, the safety of children had been considered by the installation of safety glass viewing panels in the lower part of the doors in the waiting room to prevent children being accidentally knocked when doors were opened.
- Staff told us about arrangements for planning and monitoring the number of staff and mix of staff needed

to meet patients' needs. However, the practice was unable to demonstrate they had considered how lead roles in the practice would be covered in the event of unplanned absences of the GP or the practice manager/nurse.

### Arrangements to deal with emergencies and major incidents

The practice did not have appropriate arrangements to respond to emergencies and major incidents.

- There were panic buttons which could be used by staff in an emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator on the premises and medical oxygen was available. However, the defibrillator pads were out of date and the medical oxygen cylinders did not carry an expiry date so the practice was unable to demonstrate they were safe to use.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use, with the exception of medical oxygen.
- The practice was unable to demonstrate they had a business continuity plan for major incidents such as power failure or building damage.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice did not always assess needs and deliver care in line with relevant and current evidence based guidance and standards.

- Staff had access to guidelines from NICE and considered on an individual basis whether guidance was appropriate to patients' needs.
- Reference and implementation of national guidelines was inconsistent.
- Staff we spoke with were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines, but told us during our inspection that they did not always refer to or implement them.
- The practice was an outlier in the electronic Prescribing Analysis and Costs (ePACT). Data from 01/07/2014 to 30/06/2015 showed: 15% antibiotic items prescribed that were Cephalosporin's or Quinolones compared to national average of 5%. Staff we spoke with told us national prescribing guidance was not always followed.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 75% of the total number of points available, which is lower than the clinical commissioning group (CCG) average of 94% and national average of 95%. The practice had 6% exception reporting (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The practice had mixed QOF results and was an outlier in several areas. Data from 01/04/2014 to 31/03/2015 showed;

- Performance for diabetes related indicators were worse than the CCG and national average. For example, 69 % of patients on the diabetes register, had a record of a foot

Examination and risk classification within the preceding 12 months compared to CCG and national average of 88%. However, the practice produced recent, unvalidated results from 2015/16, which show some improvement at 74%.

- The percentage of patients with hypertension having regular blood pressure tests was better than the national average. Practice 87%, national average 84%.
- Performance for mental health related indicators was mixed. For example, 100% of patients diagnosed with dementia had received a face to face care review in the preceding 12 months compared to national average of 84%. However, 63% patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months compared to a national average of 88%. We reviewed nine records of patients with poor mental health and found only five had a care plan documented in the record.

There was evidence of audit activity, but there was not an overarching audit plan or systematic approach to demonstrate quality improvement.

- The practice had completed several clinical audits. For example, a completed audit cycle had taken place to assess how many patients prescribed statins (a medicine used to reduce cholesterol) had received a liver function test in line with national guidance. This was ongoing with the practice planning to reaudit and evaluate in 2016.
- The practice was unable to demonstrate current clinical audits were significantly improving quality or driving change. For example, after the statin audit only 40% of patients received the required liver function test. We found no evidence to support that the 60% of those patients identified as requiring an LFT, had been appropriately reviewed in line with the audit.

### Effective staffing

There were some gaps in management and support arrangements for staff.

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For

# Are services effective?

(for example, treatment is effective)

example, staff taking samples for the cervical screening programme had received specific training. Long-term conditions were managed by the GP rather than the nursing team.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Most staff had received an appraisal within the last 12 months with the exception of the practice manager/ nurse. Staff had received training that included: safeguarding, basic life support and information governance awareness. However, records showed that there was some gaps in staff training. For example, not all non clinical staff had received training for infection prevention control or safeguarding children. Some training was out of date for example, records showed fire safety training was last completed by the practice in 2012.

## Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred. However, the practice did not have a robust system to follow up patients recently discharged from hospital. We saw evidence that multi-disciplinary team meetings took place. However, these were not planned on a regular basis but the practice arranged them when necessary.

## Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

## Supporting patients to live healthier lives

The practice had a good awareness and knowledge of their patients and had numerous ways of identifying those who needed additional support for example, there was a protocol to help staff identify carers. However, there was not a systematic approach for recording vulnerable patient groups such as a register for carers.

The practice's uptake for the cervical screening programme was 82%, which was the same as the national average. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice ensured a female sample taker was available.

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 the CCG average 84% to 95%.

Patients were offered appropriate health assessments and checks, but were not a required by the practice. For example, new patients were offered but not required to attend the practice for a health check in order to register and only needed to attend if the patient felt it was necessary.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and talked to them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 48 comment cards, **one card was negative about telephone access to the practice**, but 44 cards contained positive comments and three cards contained both negative and positive comments. The negative comments were about the attitude of some staff members and GP clinics running late. Conversely, other patients commented positively about never feeling rushed by the GP. The positive themes that ran through the comments were patients felt listened to by the GP as well as the friendly, efficient staff. The comment cards highlighted that staff responded compassionately when patients needed help and provided support when required.

We spoke with two patients including one member of the patient participation group. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. **The practice was similar or better than the clinical commissioning group (CCG) and national average for its satisfaction scores on consultations with GPs and nurses. For example:**

- 95% of respondents said the GP was good at listening to them compared to the CCG average of 85% and national average of 89%.
- 94% of respondents said the GP gave them enough time (CCG and national average 92%).
- 96% of respondents said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%)

- 94% of respondents said the last GP they spoke with was good at treating them with care and concern (national average 85%).
- **89% of respondents said the last nurse they spoke with was good at treating them with care and concern (national average 91%).**
- 96% of respondents said they found the receptionists at the practice helpful (CCG and national average 87%).

### Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were better than local and national averages. For example:

- 96% of respondents said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.
- 94% of respondents said the last GP they saw was good at involving them in decisions about their care (national average 82%)
- 90% of respondents said the last nurse they saw was good at involving them in decisions about their care (national average 85%).

Staff told us that translation services were available for patients who did not have English as a first language.

### Patient and carer support to cope emotionally with care and treatment.

The practice had protocols to help staff identify patients who were also carers. The practice was aware of these patients and offered them appropriate support. However, this information not always captured in the notes or on a register of carers.

Staff told us that if families had suffered bereavement, the GP contacted them and arranged a consultation to meet the family's needs and gave them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local patient population, however, the GP and practice nurse told us they did not routinely engage with the local clinical commissioning group or participate in local pilot schemes. We were also aware of a lack of engagement with NHS England.

- Telephone consultations and home visits were available for patients from all patient population groups who were not able to visit the practice.
- Same day appointments were available for children and those with serious medical conditions.
- Appointments were available outside of school hours.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- There was a range of clinics for all age groups.
- The practice did not routinely offer longer appointments for patients with long term conditions or learning disabilities, but these patients were offered appointments at the end of clinical sessions so the GP could spend longer with them if required. The practice was reviewing this with the support of the patient participation group to assess if this arrangement met with patient's needs.
- The practice did not always provide patients with the choice of seeing a female GP.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. 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. During these times an answer phone message directed patients to the GP's mobile telephone number. However, this was not reflected in the opening times information displayed at the practice or on the website, which indicated the practice did not open until 9am and

closed at 6pm daily and 1pm on Thursdays. Appointments were from 9.10am to 10.50am and 4.30pm to 6.50pm daily. Urgent appointments were available for patients that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was consistently better than the national average:

- 91% of respondents were satisfied with the practice's opening hours compared to the national average of 73%.
- 100% of respondents said they could get through easily to the surgery by telephone (national average 73%).
- 98% of respondent's patients stated that the last time they wanted to see or speak with a GP or nurse from their GP surgery they were able to get an appointment (national average 76%).

People told us on the day of the inspection that they were able to get appointments when they needed them.

### Listening and learning from concerns and complaints

The practice had a policy for managing complaints; however, the complaints process was not fully explained in the policy, patient information leaflets or on the website.

- The practice manager was responsible for handling complaints in the practice.
- Information was available to help patients understand the complaints system, however, this did not give details about who to contact in the practice in order to raise a complaint.

The practice had not received any written complaints the last 12 months. However, seven verbal complaints had been logged. Although these complaints had been recorded, we did not see evidence that complainants concerns had been investigated and replied to in a timely or consistent fashion. Some complaints were discussed at staff meetings and with the patient participation group and this was reflected in the minutes of these meetings.

# Are services well-led?

Inadequate 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

## Our findings

### Vision and strategy

The aim of the practice was to provide registered patients with primary care services to a reasonable standard.

- Staff knew and understood the aims of the practice.
- The GP and practice nurse/ manager focused on delivering clinical care, which resulted in a lack of focus on governance arrangements.

### Governance arrangements

There were a range of mechanisms to manage the governance of the practice; however, governance arrangements were not robust or always effectively implemented.

- The practice had a number of policies and procedures to govern activity, however, not all of the policies or guidance documents we looked at were reviewed regularly or sufficiently detailed. For example the infection prevention control policy had not been reviewed since 2013 and the significant event policy, submitted to us within the required 48 hours of the inspection, did not contain sufficient detail or include a definition of a significant event. The document was not dated and did not contain a review date. The practice was unable to demonstrate they had an effective system to help ensure all governance documents were kept up to date.
- There was evidence of some clinical and internal audit, but there was not an overarching audit plan or systematic approach to demonstrate quality improvement.
- Significant issues that threatened the delivery of safe care were not identified or adequately managed. Risks to patients, staff and visitors were not consistently assessed and well managed. The practice had failed to identify the potential risks associated with: staff acting as chaperones without the necessary Disclosure and Barring Service check or risk assessment; nurses administering medicines, such as vaccines, outside of legislation; staff carrying out portable appliance testing (PAT testing) without relevant training; not having a system that followed up patients recently discharge from hospital.

### Leadership and culture

The GP had good knowledge about the local patient population, but did not actively engage with the NHS England Area Team, the local clinical commissioning group or systematically implement national and local guidelines in order to secure improvements to services and patient outcomes.

When there were unexpected or unintended safety incidents:

- The practice recorded significant events but did not always investigate and carry out analysis of them in a timely manner.
- The practice did not always demonstrate action was taken to improve practice when appropriate as a result of significant event analysis.
- Patients did not receive reasonable support, truthful information, a verbal and written apology or information about any actions after the occurrence of unexpected or unintended safety incidents.
- They kept written records of verbal interactions as well as written correspondence.

There was a structure of leadership. However, there was a lack of clarity around responsibility and accountability between the GP and the practice manager / practice nurse. In the event of unplanned absence the practice was unable to demonstrate they had sufficient arrangements to cover these key roles.

Whilst there was a lack of clarity for leadership roles, the member of staff we spoke with felt supported by the GP and practice manager/nurse.

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported. The staff we spoke with told us they were involved in discussions about how to run and develop the practice, and the GP and practice manager/nurse encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

# Are services well-led?

Inadequate 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

## Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients and staff. It sought patients' feedback and engaged patients in the delivery of the service.

- The practice had formed a patient participation group (PPG) in 2015. The PPG had plans to undertake a patient survey and newsletter in response to complaints about GP clinics running late. The PPG was promoted at the practice and on the website both to gain new members and promote the PPG as another forum for patients to raise concerns.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff we spoke with told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

## Continuous improvement

The GP and practice nurse were focused on delivering clinical care. However, this meant that the practice did not always provide enough focus on governance arrangements including policies, clinical and internal audit, equipment maintenance and staff training. The practice team was not forward thinking and did not regularly participate with the local CCG or systematically follow national and local guidance.

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 were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures 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> <p>Care and treatment was not always provided in a safe way for service users.</p> <p>In that:</p> <ul style="list-style-type: none"><li>• The practice was unable to demonstrate they had a business continuity plan for major incidents.</li></ul> <p>The provider was not doing all that is reasonably practicable to mitigate any such risks;</p> <p>In that:</p> <ul style="list-style-type: none"><li>• There was a failure to demonstrate that the oxygen cylinder was safe to use as there was no expiry date or servicing record. The pads on the defibrillator were out of date.</li></ul> <p>This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>The provider had failed to ensure that the equipment used by the service provider for providing care or treatment to a service user is safe for such use and used in a safe way;</p> <p>In that:</p> <ul style="list-style-type: none"><li>• The GP himself carried out portable appliance testing (PAT testing). The practice was unable to demonstrate any training to support this role or that the testing was being carried out by suitably qualified personnel.</li></ul> <p>This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>The provider did not always ensure the proper and safe management of medicines;</p>

This section is primarily information for the provider

## Requirement notices

In that:

- Vaccinations were given without Patient Group Directions.

This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The provider did not always assess the risk of, and prevent, detect and control the spread of, infections, including those that are health care associated;

In that:

- Staff could not adequately respond to the spillage of bodily fluids, spillage kits were not available at the practice.
- Records of daily and weekly cleaning activities and checks completed by staff, were not being maintained.
- Cleaning schedules did not include how cloth curtains provided in the consulting rooms were routinely cleaned.
- Staff had not received any infection prevention training since 2013.

This was in breach of Regulation 12(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Regulated activity

Diagnostic and screening procedures  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014: Good governance.

#### How the regulation was not being met:

The provider failed to establish and operate effectively systems to:

Assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the service users in receiving those services)

This section is primarily information for the provider

# Requirement notices

In that:

- There was no systematic approach to clinical governance.
- Current policy failed to ensure that clinical and electrical equipment was adequately maintained.
- Current audit did not monitor or significantly improve the quality and safety of the service.

This was in breach of Regulation 17(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and other who may be at risk which arise from the carrying on of regulated activity

In that:

- Current policy failed to ensure information gathered was analysed and responded to in a timely fashion, including taking action to address issues. For example, significant events.

This was in breach of Regulation 17(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

## Regulated activity

Diagnostic and screening procedures  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

## Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing  
Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2014: Staffing

How the regulation was not being met:

The provider failed to establish and operate effectively systems to ensure the numbers of suitably qualified, competent, skilled and experienced persons could be deployed in order to meet the requirements of service users:

In that:

This section is primarily information for the provider

## Requirement notices

- There was no procedure to ensure sufficient and suitable people could be deployed to cover emergency and routine work of the service if the practice manager/nurse and GP were both unexpectedly absent.

This was in breach of Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Regulated activity

Diagnostic and screening procedures  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The provider did not always ensure that persons employed for the purposes carrying on regulated activities were of good character.

How the regulation was not being met:

In that

- We found that staff who acted as chaperones had not received a disclosure and barring service (DBS) check and appropriate risk assessments had not been completed to show why the provider deemed a DBS check unnecessary.

This was in breach of Regulation 19(1)(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.