

# Dr WA Cotter + Dr JCJM Bohmer -Laubis

## Inspection report

174 Bellegrave Road  
Welling  
Kent  
DA16 3RE  
Tel: 02088561770  
www.bellegrovesurgery.co.uk

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

### Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

# Overall summary

We carried out an inspection of Dr WA Cotter + Dr JCJM Bohmer -Laubis on 2 December 2019 to follow up concerns identified at our last inspection undertaken on 22 February 2019.

At that inspection we identified concerns around the monitoring of patients on one high risk medicine. The practice had also failed to ensure that appropriate recruitment checks were undertaken when employing staff and that all training had been completed including chaperone training. As a result, the practice was rated as inadequate for safe and requires improvement for being well led which resulted in the service being rated as requires improvement overall. We issued a requirement notice for regulation 12; safe care and treatment and regulation 17; good governance. We also recommended that the provider should undertake fire drills, implement a system for tracking and monitoring safety alerts, improve the identification of carers and support offered to them and establish a schedule of staff meetings.

At this inspection we found that the provider had put systems in place to ensure that patients prescribed high-risk medicines were receiving regular monitoring in line with guidance and that all staff whose files we reviewed had completed the required training and that recruitment checks had been completed for all newly recruited staff. The practice had also taken action to address some of the actions we recommended the provider should take. However, we found that the practice still needed to undertake further work to improve the identification of carers.

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

**We have rated this practice as Good overall and good for all population groups.**

We rated the practice as **good** for providing safe services because:

- The systems in place for managing patients prescribed medicines, including high risk medicines, ensured adherence to guidance and that patients remained safe.

- The practice had safeguarding systems in place.
- There were systems in place to report significant events and we saw evidence of discussion of events in practice meetings and changes made
- Appropriate recruitment checks had been completed for staff employed at the service.
- Risks associated with the premises had been assessed however some of actions suggested to mitigate low level risks had not been implemented.
- The provider had adequate arrangements in place to respond to emergencies including patients who presented with symptoms of sepsis.

We rated the practice as **good** for providing effective services because:

- There was evidence of quality improvement activity.
- Staff were receiving regular appraisals.
- Effective joint working was in place.
- Patients were receiving regular reviews and the treatment provided was in line with current guidelines this was reflected in high levels of achievement against most local and national targets. However, performance against targets for some childhood immunisations were below the World Health Organisation Targets, performance for cervical screening was below the Public Health England target and the proportion of patients with serious mental illness who received an annual review was slightly below the local and national average. The practice provided us with unverified data which suggested uptake for childhood immunisations was higher than the published figures and provided action plans for how to improve on targets related to cervical screening and mental health reviews.

We rated the practice as **good** for providing caring services because:

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- Patient feedback was almost exclusively positive about the quality of care provided by both clinical and non-clinical staff

We rated the practice as **good** for responsive services because:

- Complaints were managed in a timely fashion and detailed responses were provided.

# Overall summary

- Feedback from both the national GP patient survey, patients and comment cards received by CQC was positive regarding access care and treatment at the practice. Patient survey feedback was more positive than average local and national survey scores.

We rated the practice as **good** for providing well-led services because:

- There were effective governance arrangements.
- The provider had adequate systems in place to assess, monitor and address risk in most areas although some low-level risks related to the premises had not been addressed.
- The provider had an active patient participation group who met regularly and felt able to raise concerns and contribute ideas regarding the operation of the service. We saw evidence that the provider considered suggestions.
- There was evidence of continuous improvement or innovation.
- Staff provided positive feedback about working at the practice which indicated that there was a good working culture.

The areas where the provider **should** make improvements are:

- Implement all recommendations from premises risk assessments in a timely fashion or put in place mitigating action where recommendations cannot be fully implemented.
- Continue with work to improve on national cervical screening, immunisation, mental health targets and review areas with above average exception reporting.
- The practice should improve the identification of carers to enable this group of patients to access the care and support they need.
- Have all staff complete equality and diversity training.

**Dr Rosie Benneyworth** BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

**Please refer to the detailed report and the evidence tables for further information.**

## Population group ratings

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

## Our inspection team

Our inspection team was led by a CQC lead inspector and supported by a GP specialist advisor.

## Background to Dr WA Cotter + Dr JCJM Bohmer -Laubis

Dr WA Cotter + DR JCJM Bohmer-Laubis' practice, also known as Bellegrove Surgery, is located in Welling in the London Borough of Bexley. The surgery has good transport links and there is a pharmacy located nearby.

The provider is registered with CQC to deliver the Regulated Activities: diagnostic and screening procedures, treatment of disease, disorder or injury, surgical procedures, family planning, maternity and midwifery services and treatment of disease, disorder or injury.

Bellegrove Surgery is situated within the NHS Bexley Clinical Commissioning Group (CCG) and provides services to 12,100 patients under the terms of a personal medical services (PMS) contract. This is a contract between general practices and NHS England for delivering services to the local community. The practice told us that they had closed their list due to increased pressure on the service as patients from neighbouring surgeries had chosen to register with the practice. However, the practice said that their list was due to reopen in January 2020.

The practice has two GP partners (one male and one female), one salaried GP, two regular sessional GPs, one nurse practitioner, five practice nurses, two pharmacists, one nursing associate, one HCA, a practice manager, an

assistant practice manager and an extensive administrative team. The practice is registered as a GP training practice and provides training opportunities for doctors seeking to become fully qualified GPs (registrars).

The practice is open from 7.00am until 6.00pm Monday to Friday. There is a worker's clinic which runs from 4.00pm until 7.00pm on Thursdays. An open surgery operates from 7.30am until 10.30am Monday to Friday. The practice is also open from 8.45am until 10.45am on Saturdays. Emergencies are covered by the NHS 111 service.

As part of a national initiative, local GP Practices are working together to offer patients better access to GP appointments. Weekday evening and weekend surgeries are now available for patients at two new GP hubs in the local area. These appointments are for routine general practice issues and not for emergency care. The appointments are hosted at Queen Mary's Hospital and Erith Hospital.

The practice scored eight on the deprivation measurement scale. The deprivation scale goes from one to 10, with one being the most deprived. People living in more deprived areas tend to have greater need for health services. The practice had a significantly lower proportion

of elderly and young patients who are deprived compared to local and national averages. Eleven percent of the practice population is from a black or other ethnic minority background.