

# Elmdene Surgery

## Inspection report

Elmdene  
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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

Are services safe?

Are services effective?

Are services caring?

Are services responsive?

Are services well-led?

# Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Elmdene Surgery on 12 July 2018. The overall rating for the practice was inadequate. The full comprehensive report on the July 2018 inspection can be found by selecting the 'all reports' link for Elmdene Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 27 November 2018 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 12 July 2018.

This inspection on 27 November 2018 was carried out to review improvements made against a warning notice for breach of Regulation 17 Good Governance served after the last inspection. This is not a rating inspection. The ratings of the practice will be reviewed at the comprehensive special measures follow up inspection to be carried out at the end of the special measures period. This report covers our findings in relation to those areas identified as requiring improvement in the warning notice only.

The rating of the practice was not reviewed as part of this warning notice inspection.

Our key findings were as follows:

- The practice had worked hard to make improvements against each point of the warning notice. They had devised a comprehensive action plan and worked through this in a systematic and time based manner.

- The practice had embedded clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- There were skilled and qualified management staff and a clear governance system which helped to mitigate risks to people who use services.
- Staff had the information they needed to deliver safe care and treatment to patients.
- The practice had reliable systems for appropriate and safe handling of medicines, including in the two dispensaries.
- The practice had a programme of quality improvement activity and reviewed the effectiveness and appropriateness of the care provided.
- Staff had the skills, knowledge and experience to carry out their roles.
- Leaders had the experience and capacity to deliver high-quality, sustainable care.
- The provider was receptive to the findings of the inspection and the lead GP partner was immediately responsive, sending documents to show steps towards mitigation of risk and improvement.

However, there were also areas of practice where the provider needs to make improvements.

The provider should:

- Continue to embed the process for managing high risk medicines.

**Professor Steve Field** CBE FRCP FFPH FRCGP

Chief Inspector of General Practice.

## Population group ratings

**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)**

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, a practice manager specialist adviser and a medicines specialist advisor.

## Background to Elmdene Surgery

Elmdene Surgery is the name of the registered provider and this is a partnership between Dr Bhaskar Bora and Dr Saijit Shanker Shetty.

Elmdene Surgery is situated at Horns Cross, 273 London Road, Greenhithe, Kent, DA9 9DB which is a residential area, and provides primary medical services to approximately 9100 patients. This has increased by 3000 from approximately 6000 registered patients at the last comprehensive inspection in June 2016.

The practice web site address is

The provider is registered to provide the regulated activities treatment of disease, disorder and injury, family planning, maternity and midwifery and diagnostic and screening procedures.

Elmdene Surgery is the registered location, however, there are two branch practices which also provide these regulated activities. These are located at The Bean Surgery, Beacon Drive, Bean, Greenhithe, Kent DA2 8BG and Bennett Way Surgery, Darenth, Kent DA2 7JT. The practice was able to offer dispensing services to those patients on the practice list who lived more than one mile (1.6km) from their nearest pharmacy at these branch surgeries' and both dispensaries were visited as part of this inspection.

The practice is based in a purpose built converted bungalow and there is minimal car parking, however this is available on the surrounding roads. The building is accessible for patients but is small, with two consulting rooms and one treatment room. All office space is contained within the reception room and the administration staff and receptionists all work from this area.

The practice patient population has more children than the national average, specifically between the ages of birth and nine years and an above average working age patient group specifically between the ages of 25 and 44. There are significantly less older people than the national average (from 55 – 85+ years). It is in an area where the population are less deprived, registering as seven on the index of multiple deprivation (IMD) where ten is the least deprived.

There are two GP partners registered at the practice both male. Two salaried GPs, both female had started work at the practice on 1 August 2018. There is one long-term locum GP who is male. There are three female members of the nursing team; two practice nurses and one health care assistant/phlebotomist. There are three dispensers, two full time and one part time and a clinical pharmacist. GP's and nurses are supported by an experienced practice manager and a team of reception/administration staff each of whom have specific roles, such as prescription clerk.

Out of hours services are provided by Integrated Care 24.

# Are services safe?

**At our previous inspection on 12 July 2018, we rated the practice as inadequate for providing safe services as the arrangements in respect of systems and processes to mitigate risks were not adequate.**

**These arrangements had significantly improved when we undertook a warning notice follow up inspection on 27 November 2018. This inspection was to check improvements have been made against the warning notice and does not change the rating of the practice.**

## **Safety systems and processes**

The practice had clear systems to keep people safe and safeguarded from abuse.

- The practice had systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for their role and had received a DBS check. This included clinical and non-clinical staff members. (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.)
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order in the surgeries. There was a process to ensure clinical oversight and governance processes at the two dispensaries at The Bean Surgery and Bennett Way Surgery.

## **Risks to patients**

There were adequate systems to assess, monitor and manage risks to patient safety.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics. The practice recruited an experienced practice manager in August 2018 to ensure a single governance system across the three surgeries. The lead partner GP was therefore not the sole manager of the practice. They had reduced their clinical sessions to nine each week with the tenth session being for administration and was based mainly at Elmdene Surgery.
- Elmdene Surgery was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures. There was now a defibrillator at The Bean Surgery and Bennet Way Surgery, which would help to mitigate risk in the event of a medical emergency. The recommended emergency medicines were available at Elmdene Surgery and where these were not required a risk assessment had been completed.

## **Safe and appropriate use of medicines**

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment minimised risks.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. This was also the case in the dispensaries, where additional dispensers had been recruited along with a clinical pharmacist who worked part time, but was always on call.
- There was a system for monitoring patients' health in relation to the use of medicines to help ensure that they were followed up on appropriately. Patients were involved in regular reviews of their medicines and an escalation process had been introduced at the practice to respond to patients who failed to engage.
- Arrangements for dispensing medicines at the practice helped to keep patients safe.

## **Track record on safety**

# Are services safe?

The practice had a process to demonstrate a good track record on safety going forward.

- There were comprehensive risk assessments in relation to safety issues.
- The practice were able to provide evidence that they had an embedded system to monitor and review activity. They were able to demonstrate that they were aware of risks and had a clear, accurate and current picture of safety and could show safety improvements.

## **Lessons learned and improvements made**

The practice learnt and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Near misses were recorded by the dispensaries, and the practice were implementing a standardised system across all sites.
- There were clear systems for reviewing and investigating when things went wrong. The practice did learn from significant events, share lessons, identify themes and take action to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

**Please refer to the Evidence Tables for further information.**

# Are services effective?

**At our previous inspection on 12 July 2018, we rated the practice as inadequate for providing effective services as the arrangements in respect effective needs assessment and the monitoring of care and treatment were not sufficient.**

**These arrangements had significantly improved when we undertook a warning notice follow up inspection on 27 November 2018. This inspection was to check improvements have been made against the warning notice and does not change the rating of the practice.**

## **Effective needs assessment, care and treatment**

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clinical pathways and protocols.

- Patients' immediate and ongoing needs were assessed, and there was a system to ensure that patients had received appropriate medicine reviews. Where patients did not engage with requests to be monitored, a new escalation policy had been introduced.
- We found that there was a system for coding patients and that this had been used to improve prevalence in a number of disease areas. For example, three patients diagnosed with cancer since the last inspection were correctly coded and two of these had been reviewed within the target timeframe. The third patient still had time to be reviewed.

## **Monitoring care and treatment**

The practice had started a programme of quality improvement activity and did review the effectiveness and appropriateness of the care provided.

# Are services well-led?

**At our previous inspection on 12 July 2018, we rated the practice as inadequate for providing well-led services as there was no overarching governance structure.**

**We issued a warning notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 27 November 2018. This inspection was to check improvements have been made against the warning notice and does not change the rating of the practice.**

## **Leadership capacity and capability**

Leaders had the capacity to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges, and the practice was sufficiently resourced to be able to effectively address them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice. For example, they had recruited a skilled and experienced practice manager in August 2018.

## **Culture**

The practice had a culture of high-quality sustainable care.

- We found that staff who worked at the practice felt respected, supported and valued.
- The practice focused on the needs of patients, and was well resourced to meet the patient care and treatment needs.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The staff team were aware of how to raise these and learning was shared. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There was a strong emphasis on the safety and well-being of all staff and concerns regarding lone working had been addressed.

## **Governance arrangements**

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- Staff were clear on their roles and accountabilities including in respect of safeguarding. All staff, both clinical and non-clinical had lead areas.
- Practice leaders had established effective policies, procedures tailored to the practice, or activities to ensure safety.

## **Managing risks, issues and performance**

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety. For example, a health and safety risk assessment, a fire risk assessment, a comprehensive infection control audit had been carried out and DBS checks had been completed for all staff. Medicines were now safely managed.
- The practice did have effective processes to manage current and future performance. For example, clinical meetings were held monthly and formally recorded. The practice was working to address incorrect coding identified at the previous inspection and a system had been established.



# Are services well-led?

- Practice leaders had oversight of safety alerts, incidents, and complaints. There was a consistent process for managing these across the three sites and staff who needed to have access to safety alerts. The near miss process at the dispensaries was not a consistent process, however, this was being addressed.
- We found that clinical audits had been carried out at the practice and there was evidence of action to change practice to improve quality.
- The practice considered and understood the impact on the quality of care of service changes or developments and now had the resources to address these.

## **Continuous improvement and innovation**

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- Staff knew about improvement methods and had the skills to use them. For example, on-line training systems.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.

**Please refer to the Evidence Tables for further information.**