Crook Log Surgery

Inspection report

19 Crook Log
Bexleyheath
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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	Inadequate
Are services safe?	**Inadequate**
Are services effective?	**Requires improvement**
Are services caring?	**Good**
Are services responsive?	**Requires improvement**
Are services well-led?	**Inadequate**

Overall summary

We carried out an announced comprehensive inspection at Crook Log Surgery on 10 June 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was good overall and requires improvement for providing a responsive service.

This inspection was an unannounced inspection, following concerns raised with CQC, which we undertook on 27 March 2019 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This report covers our findings in relation to those requirements.

The practice was rated as inadequate for the safe and well-led key questions. This led to an overall rating of inadequate. Breaches of legal requirements were found, and requirement notices were issued in relation to patient safety, staffing and governance.

The reports of all the previous inspections can be found by selecting the 'all reports' link for Crook Log Surgery on our website at www.cqc.org.uk.

We have rated this practice as **inadequate** overall and requires improvement for all population groups due to significant issues affecting all these groups.

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 and the public.

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

- The practice did not have clear and effective processes for managing risks, issues and performance.
- Staff did not all have safeguarding, fire and infection control training.
- Necessary recruitment checks including references had not been undertaken for all staff.
- Not all staff had evidence of their immunisation status on file.
- Clinic curtains had not been cleaned since December 2017.
- The practice had provided their reception staff with guidance about when patients should be

prioritised for medical attention.

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

- There was a lack of governance arrangements to ensure that quality assurance processes were in place which led to improvements in patient outcomes.
- The practice culture did not effectively support high-quality sustainable care.
- The overall governance arrangements were ineffective.
- The practice did not have clear and effective processes for managing risks, issues and performance.
- Practice policies had not been updated within the required timeframe and contained out-of-date information.

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

- The provider had not taken steps to ensure staff had the knowledge to carry out their roles.
- We were not shown evidence of any quality improvement activity taking place at the practice.
- Childhood immunisation uptake was below target.

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

- Data from the GP Patient survey showed that the practice was in-line with local and national averages in indicators relating to patients' experience of the practice.
- The practice had identified 2% of the patients as being a carer.

We rated the practice as **requires improvement** for providing a responsive service because:

- Data from the national GP patient survey showed patients rated the practice lower than others for some aspects accessibility to the service and their overall experience.
- Complaints were not responded to in a timely manner and were not used to improve the quality of care.

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

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Overall summary

- Ensure that persons employed at the practice have received appropriate training.

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

- Continue to take steps to increase the uptake of all standard childhood immunisations and cervical screening.
- Proactively contact those patients who they knew had been bereaved due to the death of one of their patients.
- Review arrangements in place to enable staff to respond to medical emergencies, in particular, their ability to identify patients with sepsis.
- Review the process in place for the safe handling of requests for repeat medicines to ensure persons who are responsible for this role are adequately trained.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate 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 service 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 by adopting our proposal to remove this location or cancel the provider's registration. Special measures will give people who use the service the reassurance that the care they get should improve.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser.

Background to Crook Log Surgery

Crook Log Surgery is located at 19 Crook Log Bexleyheath, Kent DA6 8DZ. The practice registered with the Care Quality Commission (CQC) in 2013 as a partnership to provide the regulated activities of: diagnostic and screening procedures, treatment disease, disorder or injury, maternity and midwifery services, family planning and surgical procedures.

The practice list size is 8148 patients. The staff team comprises male GP partners (one male and one female). In addition, there are four salaried GPs, a part-time practice nurse, an associate practitioner, a prescription team (two members), three receptionists, seven administrators, a part-time practice manager, and part-time assistant practice manager. The practice has employed a new full-time practice manager who is due to start in May 2019. The practice is wheelchair accessible and has a lift and baby changing facilities.

The practice is open from 8am to 7.30pm on Monday and from 8am to 6.30pm on Tuesday, Wednesday, Thursday and Friday. Pre-bookable appointments are from 8am-11am Monday to Friday for the walk-in clinic and from 3.30pm-6.30pm Monday to Friday. Extended hours are provided between 6.30pm and 8pm Monday. The practice has opted out of providing out-of-hours services; these services are provided by the locally agreed out-of-hours provider for the CCG.

The practice is a member of Bexley Clinical Commissioning Group (CCG) and is one of 28-member practices. The National General Practice Profile states that of patients registered at the practice 8% are from an Asian background, 86% are white, 4% are black and a further 6.9% originate from mixed or other non-white ethnic groups. Information published by Public Health England, rates the level of deprivation within the practice population group as nine, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **WARNING NOTICE** The registered persons had not done all that was reasonably practicable to provide safe care in accordance with the relevant regulations. In particular: No infection control audits had been carried out. Staff had not received safeguarding training. We reviewed five staff files, there was no record of DBS checks or risk assessments for staff, including those carrying out chaperoning duties. Staff who carried out chaperoning had not received training and were not aware of chaperones' responsibilities. No record of staff immunisation. Equipment had not been calibrated or received a portable appliance test. One member of staff had Health & Safety training, information governance and basic life support training. The practice did not stock hydrocortisone for acute severe asthma or severe or recurring anaphylaxis. No adult pads available for the defibrillator and the member of staff we spoke to did not know where to find any. Clinic curtains had not been cleaned since December 2017. The practice manager informed us that they were supposed to be cleaned every six months and this was on the practice's to-do list. New member of staff did not know how to access practice policies and did not know who the practice's child safeguarding lead was.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **WARNING NOTICE** The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular: We carried out a record review of four patient files and found that one patient had not been coded as pre-diabetic and had not been referred to a diabetic prevention programme. The practice did not have a programme of quality improvement. Practice polices had not been updated (since 2017) within the required timeframe (annual) and referred to members of staff that were no longer employees. The practice did not have clear and effective processes for managing risks, issues and performance. The practice did not have regular team meetings and when there was a meeting the minutes of the meeting were not circulated. Staff reported feeling overworked due to staff shortages. None of the five files reviewed contained a CV or application form, employment history or references. Four did not have a signed contract. Of the five staff files we reviewed, five did not have training in safeguarding (adult and children) and infection control, four did not have training in information governance,basic life support and fire training.

This section is primarily information for the provider

Enforcement actions

Staff informed us that they had not received an appraisal within the last 12 months and did not feel supported within their role.

Staff reported not having defined roles within the team and did not feel clear about their roles and responsibilities.

Complaints were not always managed in line with the practice's policy of acknowledging complaints within three working days.

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