

Wateringbury Surgery

Inspection report

14 Pelican Court Wateringbury Maidstone ME18 5SS Tel: 01622814466 www.wateringburysurgery.co.uk

Date of inspection visit: 2 September 2022 Date of publication: 10/10/2022

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?	Requires Improvement	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Overall summary

We carried out an announced inspection at Wateringbury Surgery on 2 September 2022. Overall, the practice is rated as Good.

Safe - Good

Effective - Requires Improvement

Caring - Good

Responsive - Good

Well-led - Good

Why we carried out this inspection

This was an announced comprehensive inspection to provide the practice with an up to date rating. At our previous inspection on 13 July 2016, the practice was rated Good overall.

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

How we carried out the inspection

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Conducting staff interviews using video conferencing,
- Completing clinical searches on the practice's patient records system and discussing findings with the provider,
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider,
- A short site visit,
- Staff surveys.

Our findings

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

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Overall summary

We rated the practice **Requires Improvement** for providing effective services.

We found that:

 Our clinical record searches found improvement was required in relation to the safe management and monitoring of long-term conditions.

We rated the practice **Good** for providing safe, caring, responsive and well-led services.

We found that:

- The practice provided care in a way that kept patients safe and protected them from avoidable harm.
- Where our clinical record searches found improvement was required in relation to the safe management and monitoring of high-risk medicines and patients with long-term conditions; the practice had made improvements and had a clear, comprehensive and realistic action plan to address this.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic. Patients could access care and treatment in a timely way.
- The way the practice was led and managed promoted the delivery of person-centre care.

We found one breach of regulations. The provider **must**:

• Ensure care and treatment is provided in a safe way to patients.

The provider **should**:

- Continue with their action plan to ensure that all historical safety alerts were being routinely reviewed to ensure that patients being newly prescribed certain medicines were highlighted in the system to ensure the guidance was applied.
- Ensure that newly implemented procedures for legionella testing and emergency medicines are routinely monitored and embedded.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC lead inspector; who spoke with staff using video conferencing facilities and undertook a site visit. The team included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

Background to Wateringbury Surgery

Wateringbury Surgery is located at 14 Pelican Court, Wateringbury, Maidstone, ME18 5SS. The provider also delivers regulated activities at a branch surgery; Larkfield Surgery, Chaucer Way, Larkfield, Aylesford, Kent, ME20 6SS.

The practice offers services from both a main practice and a branch surgery. Patients can access services at either surgery. We visited both practices as part of this inspection.

The practice offered dispensing services from its Wateringbury practice to those patients on the practice list who live more than one mile (1.6km) from their nearest pharmacy (currently 33% of the patient list).

The provider is registered with CQC to deliver the Regulated Activities; Diagnostic and screening procedures, Family planning, Maternity and midwifery services, Treatment of disease, disorder or injury and Surgical procedures. These are delivered from both sites.

The practice is situated within the Kent and Medway Integrated Care Board (ICB) and delivers General Medical Services (GMS) to a patient population of about 9,045. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices, Malling Primary Care Network (PCN).

Information published by Public Health England shows that deprivation within the practice population group is in the ninth lowest decile (seven of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 96% White, 1% Black, 1.5% Asian and 1.5% Mixed.

The age distribution of the practice population closely mirrors the local and national averages. There are more female patients registered at the practice compared to males.

The practice is led by three partner GPs (two female and one male). The practice has a team of three nurses (female) and two healthcare assistants (female and male). The GPs are supported at the practice by a practice manager, assistant practice manager and a team of reception/administration staff.

Wateringbury Surgery is open Monday to Friday 8am to 6pm. Larkfield Surgery is open Monday to Friday 8am to 12.30pm and 2pm to 5pm.

The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Extended access is provided locally by Malling PCN, where late evening and weekend appointments are available. Out of hours services are arranged by NHS111 and provided by Integrated Care 24.

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 Family planning services	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Maternity and midwifery services	The provider had failed to provide care and treatment in a safe way for service users. In particular:
Surgical procedures Treatment of disease, disorder or injury	 Five patients with potential missed diagnosis of Diabetes lacked routine blood tests. The practice had not repeated the test within two to 12 weeks (when the test result was above the parameter set). Two patients with asthma, who had been prescribed two or more courses of rescue steroids in the last 12 months were overdue a review, one had last been conducted in 2019 and the other in February 2021. Five patients with Hypothyroidism who have not had thyroid function test monitoring for 18 months; lacked routine blood tests, with reviews dating back to 2016 in one specialised case and between 2019 and January 2022 for the remainder. Two patients with diabetic retinopathy who had a HbA1c blood test result within the required parameters; were overdue a review following their most recent HbA1c blood test result.
	This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.