

# The Shrubby Surgery

## Inspection report

The Shrubby  
65a Perry Street, Northfleet  
Gravesend  
DA11 8RD  
Tel: 01474356661

Date of inspection visit: 01 November 2022  
Date of publication: 30/12/2022

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

# Overall summary

We carried out an announced inspection at The Shrubby Surgery on 01 November 2022.

Overall, the practice is rated as Requires Improvement.

Safe – Requires Improvement

Effective – Requires Improvement

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 06 August 2015, the practice was rated Good overall.

The full reports for previous inspections can be found by selecting the 'all reports' link for The Shrubby Surgery on our website at [www.cqc.org.uk](http://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.

## 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 Requires Improvement overall**

**We rated the practice as Requires Improvement for providing Safe and Effective services.**

We found that:

- Improvement was required in the monitoring of vaccine fridges.

# Overall summary

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

We rated the practice **Good** for providing well-led services.

We found that:

- The practice had clear systems, practices and processes to keep people safe and safeguarded from abuse.
- 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.
- The practice exhibited an open culture, the leadership team were freely accessible to staff and staff felt included and listened to.

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

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

The provider **should**:

- Ensure that their newly improved and implemented procedures for patient group directives, high-risk medicines and long-term condition management are embedded.
- Continue to follow and embed revised procedures for the monitoring of oxygen and other emergency equipment at The Shrubbery site.
- Continue with their action plan to ensure that all historical safety alerts were being routinely reviewed.
- Follow up the proposal to appoint a Freedom to Speak Up Guardian.
- Continue with the plans to restart the Patient Participation Group (PPG).

**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 and two other CQC inspectors; 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 The Shrubby Surgery

The Shrubby Surgery is located at 65A Perry Street, Northfleet, Gravesend, Kent, DA11 8RD.

The practice has a branch surgery at Riverview Park Surgery 1 Whinell Way, Gravesend, Kent, DA12 4RX. We visited both sites.

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.

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 16,573. This is part of a contract held with NHS England.

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

Information published by UK Health Security Agency shows that deprivation within the practice population group is in the sixth lowest decile (six 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 84.9% White, 9.1% Asian, 2.8% Black and 1.9% Mixed.

The age distribution of the practice population shows slightly more young people and slightly less people of working age than the local and national averages.

The practice is led by three partner GPs (two male and one female). The practice has a team of three salaried GPs (female), an advanced nurse practitioner (female), two paramedics (female), six practice nurses (female) and three healthcare assistants (one male and two female). The practice is also supported by staff employed by the PCN. This includes a clinical pharmacist (male), a pharmacy technician (male) and a physician's associate (male). There was a further clinical pharmacist due to start soon. The GPs are supported at the practice by a practice manager, three surgery managers and a team of reception and administration staff.

The Shrubby Surgery and Riverview Park Surgery are both open between 8.00am and 7.00pm Monday to Friday.

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

Extended access is provided locally by Dartford, Gravesham and Swale Federation, where late evening and weekend appointments are available. Out of hours services are arranged by NHS111 and provided by Integrated Care 24 (IC24)

## 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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Maternity and midwifery services	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Surgical procedures	<b>How the regulation was not being met:</b>  The provider had not done all that was reasonably practicable to mitigate risks to the health of service users receiving care and treatment. In particular:
Treatment of disease, disorder or injury	<ul style="list-style-type: none"><li>• The monitoring of medicines that required refrigeration was not always effective.</li><li>• Some patients prescribed DOACs (direct oral anticoagulants, medications used to inhibit the blood's ability to form blood clots) had not been appropriately monitored and the reason for being prescribed coded, in line with best practice guidance.</li><li>• Some patients on Gabapentinoids (medicines from a group mainly used to treat nerve pain) had not had medicine reviews within the timeframes recommended in line with best practice guidelines.</li><li>• Not all patients with asthma who had been prescribed two or more courses of rescue steroids in the last 12 months had received the required reviews and monitoring in line with national guidance</li><li>• Some patients with a potential missed diagnosis of Chronic Kidney Disease (CKD), had not been diagnosed as having CKD or coded appropriately as such.</li><li>• Some patients with hypothyroidism had not had thyroid function monitoring in line with best practice guidelines.</li></ul> This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.