

Chelsfield Surgery





Inspection report

62 Windsor Drive
Chelsfield
Orpington
BR6 6HD
Tel: 01689852204
www.chelsfieldsurgery.co.uk

Date of inspection visit: 06 April 2022
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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	Requires Improvement	
Are services safe?	Requires Improvement	
Are services effective?	Requires Improvement	
Are services well-led?	Requires Improvement	

Overall summary

We carried out an announced inspection at Chelsfield Surgery between 4 and 8 April 2022. Overall, the practice is rated as requires improvement.

Set out the ratings for each key question

Safe - Requires improvement.

Effective - Requires improvement.

Caring - Not inspected

Responsive - Not inspected

Well-led - Requires improvement.

Following our previous inspection on 11 July 2017 the practice was rated Good overall and for all key questions.

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

Why we carried out this inspection

This inspection was a focused inspection to follow up on information of concerns which involved a site visit: We looked at the Safe, Effective and Well-led key questions.

How we carried out the inspection/review

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:

Overall summary

- 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 found that:

- Policies were monitored, reviewed and updated.
- 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 did not always promote the delivery of high-quality, person-centre care.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Whilst we found no breaches of regulations, the provider **should**:

- Review all legacy valid MHRA alerts.
- Ensure all staff undertake and complete Sepsis awareness training.
- Continue to work and review process in place for using DOCMAN.
- Continue to take action to improve cervical screening uptake.
- Continue to review and monitor staff recruitment documents.

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

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

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 Chelsfield Surgery

Chelsfield surgery operates from 62 Windsor Drive Chelsfield Orpington Kent BR6 6HD. The service is open Monday to Friday 8am to 6.30pm

The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of treatment of disease, disorder or injury, maternity and midwifery services, family planning services, surgical procedures and diagnostic and screening procedures.

The practice is situated within the Bromley Clinical Commissioning Group (CCG) and delivers General Medical Services (GMS) to a patient population of about 9497. This is part of a contract held with NHS England.

Local enhanced services provided by the practice included Sexual Health Clinic- Level 2, Minor Surgery- Level- 3, Phlebotomy, 24-hour BP Hub and Cardiology.

The practice has a male and a female GP partner. They employ five female long term locum GPs. Chelsfield Surgery is an accredited training practice, and at the time of our inspection there was one GP registrar in training at the practice. There is also a nursing team which comprises a female nurse practitioner, three female practice nurses and a female healthcare assistant completing the clinical team. The practice has a full time practice manager, 11 reception staff, five administrative staff and two secretaries. The practice provides 38 GP and advanced nurse practitioner sessions per week.

Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with the national guidance, most GP appointments were telephone consultations. If the GP needs to see a patient face-to-face then the patient is offered a choice of either the main GP location or the branch surgery.

This section is primarily information for the provider

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 Maternity and midwifery services Treatment of disease, disorder or injury Surgical procedures	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <ul style="list-style-type: none">• The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users. In particular: there were weaknesses in monitoring to assess if patients had had an up to date medication reviews before being prescribed repeat medications.• The provider failed to act on EMIS alerts. <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>