

Elmdene Surgery

Inspection report

273 London Road
Greenhithe
DA9 9DB
Tel: 01322382010
www.elmdenesurgery.nhs.uk

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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?

Inadequate



Are services caring?

Requires improvement



Are services responsive?

Inadequate



Are services well-led?

Inadequate



Overall summary

We carried out an unannounced comprehensive inspection at Elmdene Surgery and the branches at Bennett Way Surgery and Bean Surgery on 19 and 20 November 2019 due to concerns raised by patients and other stakeholders. This was the provider's first inspection since registering with CQC as an individual in July 2019.

Previously the provider was in a registered partnership at Elmdene Surgery. The surgery was inspected was inspected in July 2018 and found to be inadequate overall and inadequate in safe, effective and well-led domains and all the population groups. It was rated requires improvement in the caring and responsive domains. The practice was placed in to special measures and issued with warning notices. In November 2018 CQC re-inspected Elmdene Surgery to ascertain if the requirements of the warning notice had been met, which they had. Following the inspection in November 2018 the partnership dissolved and the provider registered with CQC as a registered individual.

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 **Inadequate overall**.

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

- The practice did not always have clear systems, practices and processes to keep people safe and safeguarded from abuse.
- Risks to patients were not appropriately assessed and any actions required to address or minimise risk, had not been completed.
- Staff did not always have the information they needed to deliver safe care and treatment.
- The practice did not have appropriate systems for the safe management of medicines including at the dispensaries.
- The practice did not have an effective system to learn and make improvements when things went wrong.

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

- Care and treatment were not always delivered in line with current legislation, standards and evidence-based guidance.
- There was limited monitoring of the outcomes of care and treatment.
- The practice was unable to demonstrate that staff had the skills, knowledge and experience to carry out their roles.
- Staff did not always work together and with other organisations to deliver effective care and treatment.

We rated the practice as **Requires Improvement** for providing caring services because:

- The practice was unable to demonstrate how they made use of feedback from patients.
- National GP patient survey results were generally below Clinical Commissioning Group (CCG) and national averages.
- The practice did not always respect patients' privacy and dignity.

We rated the practice as **Inadequate** for providing responsive services because:

- The practice did not always organise and deliver services to meet patients' needs.
- People were not always able to access care and treatment in a timely way.
- National GP survey results with respect to telephone access, making an appointment and the type of appointments available were below Clinical Commissioning Group (CCG) and national averages.
- Complaints were not always used to improve the quality of care.

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

- Leaders could not demonstrate that they had the capacity and skills to deliver high quality sustainable care.
- The practice had a vision, but it was not supported by a credible strategy, to provide high quality sustainable care.
- The practice culture did not always support sustainable care.
- The overall governance arrangements were ineffective.
- The practice did not have clear and effective processes for managing risks and identified issues.

Overall summary

- The practice did not always act on appropriate and accurate information.
- The practice did not always involve the public, staff and external partners to sustain high quality and sustainable care.
- There was little evidence of systems and processes for learning, continuous improvement and innovation.

We took urgent enforcement action and served an Urgent Suspension Notice on the service provider's registration in respect of the regulated activities carried out at all registered locations Elmdene Surgery (including branch surgeries at Bean Surgery and Bennett Way Surgery) and

Joydens Wood Medical Centre. The urgent suspension for all registered locations took effect on 26 November 2019. We took this action as we believe that a person will or may be exposed to the risk of harm if we did not do so.

As there are exceptional circumstances in this instance, CQC have considered that placing the practice into special measures would not be appropriate at this time.

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

Population group ratings

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

Our inspection team

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

Background to Elmdene Surgery

Dr Bhaskar Jyoti Bora is a registered individual who registered with CQC in July 2019 with a registered location at Elmdene Surgery (with branch practices at Bean Surgery and Bennett Way Surgery). He is also the registered provider for Joydens Wood Medical Centre. This report relates only to our findings at Elmdene Surgery and its branches.

Elmdene Surgery was inspected in July 2018 and found to be inadequate overall and inadequate in safe, effective and well-led domains and all the population groups. It was rated requires improvement in the caring and responsive domains. The practice was placed in to special measures and issued with warning notices. In November 2018 CQC re-inspected Elmdene Surgery to ascertain if the requirements of the warning notice had been met and they had. Following the inspection of November 2018, the partnership dissolved, and Dr Bhaskar Jyoti Bora registered with CQC as a registered individual.

We carried out an unannounced comprehensive inspection at Elmdene Surgery and the branches at Bennett Way Surgery and Bean Surgery on 19 November 2019 due to concerns raised by patients and other stakeholders. This was the providers first inspection since registering with CQC in July 2019.

The practice provides primary medical services to 8990 patients from the following three surgeries;

Elmdene Surgery is located at 273 London Road, Greenhithe, Kent, DA9 9DB

Bennett Way Surgery is located at Bennett Way, Dartford, Kent. DA2 7JT

Bean Surgery is located at Beacon Drive, Bean, Greenhithe, Kent, DA2 8BG

Further information about the practice can be found on their website. The practice web site address is www.elmdenesurgery.nhs.uk

The provider is registered to provide the following regulated activities:

Treatment of disease, disorder and injury, maternity and midwifery services and diagnostic and screening procedures.

The practice's clinical team is led by the provider who is the lead GP (male) and currently working two sessions per week as well as carrying out some administrative duties offsite. He is supported by a salaried GP, three long term locum GPs (two male and one female), and

short-term locum GPs as necessary. There is also two long-term locum advanced nurse practitioners (female), three nurses (female) and a health care assistant (female). There is also an interim practice manager, administration and reception staff.

The practice is in an area rated seven on the deprivation scale (with one being the most deprived and 10 the least deprived).

The National General Practice Profile shows the practice ethnicity to be 87.6% white British, 2.4% mixed race, 5.1% Asian, 4.1% black, and 0.8% other races. The practice age profile shows that a slightly higher than average percentage of the practice population is under the age of 18 and a slightly lower than average percentage of the practice population is 65 years and over. Average life expectancy is 77 years for men and 81 years for women compared to the national average of 79 and 83 years respectively.

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

Diagnostic and screening procedures
Maternity and midwifery services
Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Urgent Suspension

Regulated activity

Diagnostic and screening procedures
Maternity and midwifery services
Treatment of disease, disorder or injury

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment
Urgent Suspension

Regulated activity

Diagnostic and screening procedures
Maternity and midwifery services
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance
Urgent Suspension

Regulated activity

Diagnostic and screening procedures
Maternity and midwifery services
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing
Urgent Suspension

Regulated activity

Diagnostic and screening procedures
Maternity and midwifery services
Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed
Urgent Suspension