

Stonecross and West Drive Surgery

Inspection report

25 Street End Road
Chatham
Kent
ME5 0AA

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www.stonecrossandwestdrivesurgery.nhs.net

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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 caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



Overall summary

This practice is rated as Requires Improvement overall.

The key questions at this inspection are rated as:

Are services safe? – Requires Improvement

Are services effective? – Requires Improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires Improvement

We carried out an announced comprehensive inspection at Stonecross and West Drive Surgery on 13 and 14 August 2019 under Section 60 of the Health and Social Care Act 2008, as part of our regulatory functions.

We decided to undertake an inspection of this service following our annual review of the information available to us. The inspection looked at the following key questions:

- Are services safe?
- Are services effective?
- Are services caring?
- Are services responsive?
- Are services well-led?

At this inspection we found:

- The practice's systems, practices and processes did not always help to keep people safe.
- Risks to patients, staff and visitors were not always assessed, monitored and managed in an effective manner.
- Staff had the information they needed to deliver safe care and treatment to patients.
- The arrangements for managing medicines did not always keep patients safe.
- The practice learned and made improvements when things went wrong.
- Published QOF data from 2017 / 2018 showed that the practice's exception reporting for some indicators was higher than local and national averages.
- Published Public Health England results showed that the practice's performance for one out of five cancer indicators was below local and national averages.

- Staff had the skills, knowledge and experience to carry out their roles. However, not all staff were up to date with essential training.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.
- Where national GP patient survey results were below average the practice was taking action to address some of the findings and improve patient satisfaction.
- There were clear responsibilities, roles and systems of accountability to support good governance and management. However, governance arrangements were not always effective.

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.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.

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

- Continue to monitor national GP patient survey results and take action to improve patient satisfaction where results are below local and national averages.
- Continue to identify patients who are also carers to help ensure they are offered appropriate support.
- Continue with the application process to add the fourth GP partner to their registration with the Care Quality Commission.

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Chief Inspector of Primary Medical Services and Integrated Care

Please refer to the detailed report and the evidence tables for further information.

Population group ratings

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

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser and a practice manager specialist advisor.

Background to Stonecross and West Drive Surgery

- The registered provider is Stonecross and West Drive Surgery.
- Stonecross and West Drive Surgery is located at 25 Street End Road, Chatham, Kent, ME5 0AA. The practice has a general medical services contract with NHS England for delivering primary care services to the local community. The practice website address is www.stonecrossandwestdrivesurgery.nhs.net.
- As part of our inspection we visited Stonecross Surgery, 25 Street End Road, Chatham, Kent, ME5 0AA and West Drive Surgery, West Drive, Davis Estate, Chatham, Kent, ME5 9XG where the provider delivers registered activities.
- At the time of our inspection, Stonecross and West Drive Surgery's registration with the Care Quality Commission comprised of only three of the four GP partners. Staff told us they were in the process of adding the fourth GP partner to their registration with CQC.
- Stonecross and West Drive Surgery has a registered patient population of approximately 8,400 patients. The practice is located in an area with a higher than average deprivation score.
- There are arrangements with other providers (MedOCC) to deliver services to patients outside of the practice's working hours.
- The practice staff consists of four GP partners (two male and two female), three practice managers, one practice nurse (female), two healthcare assistants (both female) as well as reception and administration staff.
- Stonecross and West Drive Surgery is registered with the Care Quality Commission to deliver the following regulated activities: diagnostic and screening procedures; family planning; maternity and midwifery services; surgical procedures; treatment of disease, disorder or injury.

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 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 requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment was not always provided in a safe way for service users.</p> <p>The service provider was not:</p> <p>Ensuring that there were sufficient quantities of equipment supplied by the service provider to ensure the safety of service users and to meet their needs. In particular:</p> <ul style="list-style-type: none">• The practice did not keep all emergency medicines that were required at the branch surgery. <p>Ensuring the proper and safe management of medicines. In particular:</p> <ul style="list-style-type: none">• The process for the management of high-risk medicines with appropriate monitoring and clinical review prior to prescribing was not always effective.• Medicines that required refrigeration were not always stored securely or in line with Public Health Guidance.• Staff did not always have the appropriate authorisations to administer medicines. <p>This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes were not established and operated effectively to ensure compliance with the requirements in this Part. Such systems or processes did not enable the registered person to;</p>

Requirement notices

Assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. In particular:

- Exception reporting for the asthma related indicator was higher than local and national averages.
- The number of new cancer cases treated which resulted from a two week wait referral was significantly lower than local and national averages.

Assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity. In particular:

- The practice was unable to demonstrate they had taken into consideration risks from: failure to keep all required emergency medicines; patients and visitors being able to access staff only areas of the practice; damaged carpet that had been repaired with adhesive tape; prescribing lithium without having up to date blood test results recorded in the patient record; not storing medicines that required refrigeration in line with Public Health England guidance; some staff not being up to date with essential training.
- The practice did not have effective systems for the control of substances hazardous to health (COSHH) and the routine management of legionella.

Maintain securely such other records as are necessary to be kept in relation to – (ii) the management of the regulated activity. In particular;

- There were no records to demonstrate that fire drills were conducted at the branch surgery.
- Staff told us that cleaning audits had been conducted but there were no records to confirm this for the branch surgery.
- Infection prevention and control audits contained conflicting information and were incomplete.
- There were no inventories of the emergency medicines held at the branch surgery and checking records were unclear.
- There was no inventory or checking records for the GP home visit bag held at the branch surgery.

This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Requirement notices

Regulated activity

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

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The service provider had failed to ensure that persons employed in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. In particular;

- Not all staff were up to date with fire safety training or recognition and management of patients with severe infections such as sepsis training.

This was in breach of Regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.