

# Downs Way Medical Practice

## Quality Report

Istead Rise Surgery  
Worcester Close  
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Gravesham  
Kent  
DA13 9LB

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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 service

Good



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Downs Way Medical Practice on 18 February 2016. Breaches of the legal requirements were found. Following the comprehensive inspection, the practice wrote to us to tell us what they would do to meet the legal requirements in relation to the breaches.

We undertook this focussed inspection on 06 September 2016, to check that the practice had followed their plan

and to confirm that they now met the legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection by selecting 'all reports' link for Downs Way Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services well-led?

At our previous comprehensive inspection on 18 February 2016 the practice had been rated as requires improvement for providing well-led services.

- Not all events that may affect the health, safety or welfare of patients were reported, reviewed and thoroughly investigated with improvements made as a result.
- Not all staff at the practice had completed appropriate mandatory and role specific training.
- Although most risks to patients who used services were assessed, the systems and processes to address risks relating to infection prevention and control were not implemented well enough to help ensure patients were kept safe.
- Not all recruitment checks for staff had been undertaken when employed by the practice.
- The practice did not operate an accessible system for identifying and receiving complaints within the practice and verbal complaints were not recorded with the response and action taken.
- The practice was not able to ensure an appropriate level of confidentiality at the reception desk.

At our focussed follow-up inspection on 6 September 2016, the practice provided records and information to demonstrate that the requirements had been met.

- Significant events that may affect the health, safety or welfare of patients were reported, reviewed and thoroughly investigated with improvements made as a result which were shared among the staff team for learning purposes.
- All of the staff at the practice had completed appropriate core and role specific training except new members of staff who were working through training and induction.
- Risks to patients who used services were assessed and systems and processes to address risks relating to infection prevention and control were implemented in a comprehensive manner to help ensure patients were kept safe.
- Recruitment checks for staff had been undertaken when employed by the practice.
- The practice had updated their complaints process and operated an accessible system for identifying and receiving complaints within the practice; verbal complaints were recorded with the response and action taken.
- The practice was in the process of putting a system in place to help to ensure an appropriate level of confidentiality at the reception desk.

Good



# Downs Way Medical Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our focused inspection was led by a CQC Lead Inspector.

## Background to Downs Way Medical Practice

Downs Way Medical Practice is a GP practice based in Istead Rise, Kent. It is part of the NHS Dartford, Gravesham and Swanley Clinical Commissioning Group (CCG). A CCG is an NHS body of GP's and other clinicians/health care professionals who are responsible for the planning and commissioning of healthcare services in their local area.

The practice is structured over three sites, the main site of Downs Way Medical Practice is Istead Rise Surgery and there are two branch sites, Shorne Village Surgery and Summerhouse Surgery. The administration for the practice is centralised at Istead Rise, however there are independent reception teams at each site.

There are eight partners at Downs Way Medical Practice which include six GP's (four male and two female), the practice manager and an advanced nurse practitioner. The practice manager works across all three sites, as does the advanced nurse practitioner, however the six GP's all work across two sites and cover a third as required. Each site has a specified clinical lead GP.

The partners are supported at by a deputy practice manager, a finance manager and two business admin assistants, two practice nurses, two health care assistants, a phlebotomist, four dispensing staff and an administrative team.

Two of the branch surgeries at Downs Way Medical Practice dispense medicines, Istead Rise Surgery and Shorne Village Surgery. There is a dispensing lead GP.

The practice is a training practice and there are three GP trainers who oversee two GP trainees each.

The practice has a general medical services contract via NHS England for delivering primary care services to local communities. It has a registered patient population of approximately 12,500 and is in an area of low deprivation.

Istead Rise Surgery is open from Monday to Friday between the hours of 8.30am and 6.30pm; however, the phones are operated from 8am. Extended hours are offered on Wednesday and Thursday from 6.30pm to 8.30pm. Primary medical services are available to patients via an appointments system which includes emergency book on the day appointments. As the main practice, telephones at Istead Rise Surgery are operated between 8.00am and 6.30pm.

Shorne Village Surgery is open from 8.30am to 12 noon and 3.30pm to 6.30pm Monday, Tuesday and Thursday and from 8.30am to 12 noon on Wednesday and Friday. There is an open surgery in the morning, whereby all patients who attend by 10.30am are seen by either a doctor or the nurse practitioner. An appointment system operates in the afternoon. The telephone is diverted to Istead Rise Surgery during lunchtime closure and on Wednesday and Friday afternoons.

Summerhouse Surgery is open from Monday to Friday between the hours of 8.30am and 6.30pm, except Thursdays when services are provided between 8.30am and 12.00 noon. Extended hours are available on alternate Tuesday evenings between 6.30pm and 8.30pm. Summer house Surgery operates an appointment system which includes book on the day, emergency and advance appointments.

# Detailed findings

Telephones at Downs Way Medical Practice are operated between 8.00am and 6.30pm. There are arrangements with other providers - Integrated Care 24 (known as IC24) – to deliver services to patients outside of the practice's working hours.

Services are delivered from:

Downs Way Medical Practice, Istead Rise Surgery, Worcester Close, Istead Rise, Gravesend, DA13 9LB

Shorne Village Surgery, Crown Lane, Shorne, Gravesend, Kent DA12 3DY

Summerhouse Surgery, Beaconsfield Road, Bexley, Kent, DA5 2AE.

The main site at Istead Rise Surgery was inspected; however the branch sites were not. Shorne Village Surgery dispensary was visited and inspected.

## Why we carried out this inspection

We undertook an announced focussed inspection of Downs Way Medical Practice on 6 September 2016. This

inspection was carried out to check that improvements had been made to meet the legal requirements planned by the practice, following our comprehensive inspection on 18 February 2016.

We inspected this practice against one of the five questions we ask about services; is the service well-led. This is because the service was not meeting some of the legal requirements in relation to this question.

## How we carried out this inspection

Before visiting, we reviewed information sent to us by the practice that told us how the breaches identified during the comprehensive inspection had been addressed. During our visit we spoke with the practice manager and reviewed information, documents and records kept at the practice.

# Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

## Our findings

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures and ensured that:

- The significant event policy at the practice had been updated to help ensure that all events were recorded prior to a partners meeting to discuss them, with actions and outcomes identified, and the significant event signed off as these were achieved. Significant events records and minutes of meetings were seen which confirmed that the process was embedded.
- There were arrangements for securing staff training and the practice was able to demonstrate that all staff had been trained appropriately; including all nursing staff and that this was an ongoing process. Records for both longstanding and newer members of staff were examined with new staff carrying out training as part of their induction process. This included basic life support, infection control, safeguarding children, safeguarding adults and information governance. We also saw that all clinical staff had completed updates to their training. For example, practice nurses had completed required training and records demonstrated that they were up to date.
- All of the GP's, partners and staff team had completed infection control training, and the completed records of three infection control audits were seen. The practice showed us that they were carrying out comprehensive infection control audits on a quarterly basis, and that where actions were identified these were addressed. The practice were able to demonstrate a clear infection prevention and control audit trail.
- The practice were able to demonstrate that recruitment checks had been undertaken for all newly employed staff prior to employment. Three recruitment files were seen and these contained an improved recruitment and induction checklist, which was systematically completed, signed and dated as each part of the process was achieved.
- The complaints procedure was readily available at the practice and displayed in the waiting area. The complaints leaflet had been updated and was current. Verbal complaints were recorded, with the action taken and outcome. These were included in the overall complaints file. Information and learning was shared with the staff team via meetings, minutes or email. The practice had also updated their friends and family test slips to include the voluntary addition of comments, a name and contact details in order to gain a greater depth of information from patients.
- At the comprehensive inspection, the practice had been in the process of running a trial at the Summerhouse Surgery branch, to see if the installation of a TV set in the waiting area improved the level of confidentiality at the reception desk. The outcome was found to be positive and as a result the practice were in the process of installing the same system at Istead Rise Surgery, to help improve confidentiality at the front desk.