

# Crook Log Surgery

## Inspection report

19 Crook Log  
Bexleyheath  
Kent  
DA6 8DZ  
Tel: 0208 304 6972  
www.crooklogsurgery.co.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

Requires improvement 

Are services safe?

Inadequate 

Are services effective?

Requires improvement 

Are services caring?

Good 

Are services responsive?

Requires improvement 

Are services well-led?

Requires improvement 

# Overall summary

We carried out an unannounced inspection, following concerns raised with CQC, at Crook Log Surgery on 27 March 2019 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate overall: inadequate for Safe and Well led, Requires improvement for Effective and Responsive, and Good for Caring.

Because of the concerns found at that inspection, we served the provider with warning notices for breaches of regulation 12 (Safe care and treatment) and regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which we asked them to have become complaint with by 30 June 2019. The practice was placed into special measures.

We carried out a focussed follow up inspection on 3 July 2019. We carried out that inspection to check whether the provider had made enough improvements to become compliant with regulations 12 and 17. The practice was not rated on that occasion. We found that the provider had implemented improvements to address breaches of regulations 12 and 17, and all but one issue was now resolved.

This inspection, undertaken on 26 November 2019, was a comprehensive special measures follow up inspection. We have rated this practice as requires improvement overall.

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 and the public.

We rated the practice as inadequate for providing safe services because:

- Medicines management arrangements did not ensure that patients prescribed high risk medicines were not at risk of unsafe care and treatment.
- The practice maintained records of staff training on topics that supported their provision of safety systems and processes. However, we found there were a few gaps in the records of safeguarding training for clinical staff.
- The practice had systems in place to check that clinical staff had the appropriate immunisations. However, we

found that the records did not demonstrate that all relevant staff had appropriate immunisations. These gaps were not well highlighted at previous CQC inspections.

We rated the practice as requires improvement for providing effective services because:

- Care and treatment was not consistently delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.
- Whilst child immunisation uptake rates had improved slightly since our last comprehensive inspection, they remained below the national target to achieve herd immunity.
- We found there was a lack of recent completed quality improvement activities on clinical activity.
- We found concerns with the management of high risk medicines that affected patients in some population groups.

We rated the practice as good for providing a caring service because:

- Data from the national GP patient survey showed patients rated the practice in line with local area and national averages for responses relating to their care and treatment experiences.
- Staff treated patients with kindness, respect and compassion.

We rated the practice as requires improvement for providing a responsive service because:

- Data from the national GP patient survey showed patients rated the practice lower than others for responses relating to timely access to the service. We saw evidence that the practice had taken action in response to these results, but there was a lack of evidence of impact of their actions.
- Extended hours appointments were available on Monday evenings.
- Complaints were managed in line with the practice's complaints policy and were used to improve the quality of care.

We rated the practice as requires improvement for providing well-led services because:

# Overall summary

- There have been recent changes in the leadership and management of the practice. The new team have implemented systemic changes and improvements in the governance of the service.
- There were clear roles and responsibilities to achieve effective management arrangements. However, some systems to support good governance were ineffective.
- There were clear and effective processes for managing risks, issues and performance. However, the practice did not have a systematic programme of clinical audit.
- The practice did not always act on appropriate and accurate information.

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.

This service was placed in special measures on 7 June 2019. Insufficient improvements have been made such that there remains a rating of inadequate for safe. This service remains in special measures and will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

**Dr Rosie Benneyworth** BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

## Population group ratings

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

## Our inspection team

Our inspection team was led by a CQC lead inspector and supported by a GP specialist advisor.

## Background to Crook Log Surgery

Crook Log Surgery is located at 19 Crook Log, Bexleyheath, Kent DA6 8DZ. The practice registered with the Care Quality Commission (CQC) in 2013 as a partnership to provide the regulated activities of: diagnostic and screening procedures, treatment of disease, disorder or injury, maternity and midwifery services, family planning and surgical procedures.

The practice list size is 7850 patients. The staff team comprises four male GP partners. In addition, there are two salaried GPs, three sessional GPs, three part-time practice nurses, a prescription team (two members), a referrals team (two members), three receptionists, seven administrators, a full time practice manager, an assistant practice manager and a target manager.

The practice is wheelchair accessible and has a lift and baby changing facilities.

The practice is open from 8am to 8pm on Monday, and from 8am to 6.30pm on Tuesday, Wednesday, Thursday

and Friday. Extended hours are provided between 6.30pm and 8pm Monday. The practice has opted out of providing out-of-hours services; these services are provided by the locally agreed out-of-hours provider for the CCG.

The practice is a member of Bexley Clinical Commissioning Group (CCG) and is one of 28-member practices. The National General Practice Profile states that of patients registered at the practice 8% are from an Asian background, 86% are white, 4% are black and a further 6.9% originate from mixed or other non-white ethnic groups. Information published by Public Health

England, rates the level of deprivation within the practice population group as nine, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

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

#### Regulation

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

The provider was not providing safe care and treatment for service users as you did not do all that was reasonably practicable to mitigate risks to health and safety of service users; in particular there was a lack of proper and safe management of medicines and gaps in infection prevention and control arrangements.

We issued a warning notice for breaches of regulation 12.

We asked the provider to become compliant with the regulation by 18 March 2020.

#### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider was not operating effective systems or processes to ensure compliance with the requirements of the regulations as you did not do all that was reasonably practicable to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users; in relation to systems and processes for the management of high risk medicines.

We issued a warning notice for breaches of regulation 17.

We asked the provider to become compliant with the regulation by 18 March 2020.