

Yalding Surgery

Inspection report

Burgess Bank
Benover Road, Yalding
Maidstone
ME18 6ES
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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?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



Overall summary

We carried out an announced comprehensive inspection at Yalding Surgery on 20 June 2019 as part of our inspection programme.

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 requires improvement overall and good for all population groups.

We have rated this practice as requires improvement overall.

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

- Staff recruitment files were not appropriately maintained in accordance with the regulations.

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

- The practice could not always demonstrate that formal governance systems were always effective.

We have rated this practice as **good** for providing effective, caring and responsive services.

We found that:

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.

The areas where the provider **must** make improvements are as follows:

- Ensure systems and processes to ensure good governance are effective in accordance with the fundamental standards of care.
- Ensure the appropriate information be maintained in relation to each person employed.

(Please see the specific details on action required at the end of this report).

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

- Continue with their plan to improve and update care plans.
- Continue to ensure that up to date medicine related protocols are available.

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

Dr Rosie Bennyworth BS BMedSci MRCGP
Chief Inspector of General Practice

Population group ratings

Older people	Good	
People with long-term conditions	Good	
Families, children and young people	Good	
Working age people (including those recently retired and students)	Good	
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 CQC lead inspector. The team included a GP specialist advisor and a practice manager specialist advisor.

Background to Yalding Surgery

Yalding Surgery Centre is located at Burgess Bank, Benover Road, Yalding, Maidstone,

Kent, ME18 6ES. The practice offered dispensing services to those patients on the practice list

who lived more than one mile (1.6km) from their nearest pharmacy. The practice has good

transport links and there is a pharmacy nearby.

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services, surgical procedures, family planning and treatment of disease, disorder or injury.

Yalding Surgery is situated in a rural area of the West Kent Clinical Commissioning Group (CCG) and provides services to 6,031 patients under the terms of a general medical services (GMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

The provider is a principal GP, who registered with the CQC in August 2018. The practice employs four salaried

GPs (two male and two female), a practice manager, two practice nurses (male and female), two health care assistants (female), an assistant practice manager (female) and three dispensers, as well as reception and administration staff. The practice is part of a wider network of GP practices, West Kent Health Limited (which is a GP federation).

The number of patients over the age of 65 was in line with the national average (practice 33%, national 31%). The National General Practice Profile states that 98% of the practice population is from a white background with a further 2% of the population originating from Black, Asian, mixed or other non-white ethnic groups. Information published by Public Health England, rates the level of deprivation within the practice population group as seven, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Male life expectancy is 81 years compared to the national average of 79 years. Female life expectancy is 87 years compared to the national average of 83 years.

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 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met:</p> <p>The registered person did not always ensure that staff recruitment files were maintained in accordance with this regulation.</p> <p>This was in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
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>How the regulation was not being met:</p> <p>Systems or processes were not established and operated effectively to ensure compliance with the requirements. Such systems or processes did not enable the registered person to;</p> <p>Assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may have been at risk which arose from the carrying on of the regulated activity. In particular: The risks associated with staff recruitment files, administration and recording of local anaesthetic, basic life support training and complaint responses; which had failed to be identified by the governance arrangements in place.</p> <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>