

# Crook Log Surgery

## Quality Report

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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 safe?

Good



Are services responsive to people's needs?

Requires improvement



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 of the practice on 12 August 2015. Breaches of legal requirements were found. After the comprehensive inspection, the practice wrote to us to say what they would do to meet the legal requirements in relation to the breaches of regulation 12(2)(c) and regulation 19(1)(b) and (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We undertook this focussed inspection on 10 June 2016 to check that they had followed their plan and to confirm that they now met the legal requirements. This report covers our findings in relation to those requirements and also where additional improvements have been made following the initial inspection. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Crook Log Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Overall the practice is rated as good. Specifically, following the focussed inspection we found the practice to be good for providing safe, and well led services. The practice is rated as requires improvement for responsive.

As we found the practice to be good for providing safe, and well led services, this affected the ratings for the population groups we inspect against. Therefore, it was also good for providing services for older people; people

with long-term conditions; families, children and young people; working age people (including those recently retired and students); people whose circumstances make them vulnerable and people experiencing poor mental health (including people with dementia).

Our key findings across all the areas we inspected were as follows:

- Recruitment practices included all necessary pre-employment checks completed for all staff.
- Staff had completed basic life support training at required intervals.
- Risk assessments were carried out regarding non-clinical staff who carried out chaperoning duties while waiting for a DBS check, and training ensured they understood their role.
- There was a clear procedure for support when reception staff are subjected to verbal abuse from patients
- Children's pads were available for use with the practice defibrillator.
- Patient survey data showed the practice remained below national and local averages in a number of areas.

**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 safe?

The practice is rated as good for providing safe services as improvements had been made.

- Non-clinical staff who were asked to act as chaperones had received training, and were clear about their role. The received a Disclosure and Barring Service (DBS) check and the practice had new members off staff were risk assessed when waiting for their DBS check.
- Staff recruitment checks were in line with requirements, there was a documented induction in place for new staff and pre-employment checks were being carried out. Staff had received training in basic life support and training needs were monitored by the practice.

Good



### Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services. Some improvements had been made however there were areas the practice needed to make improvement.

- The practice was learning from complaints where similar issues raised by different patients.
- The practice had responded to low scores on the recent GP patient satisfaction survey by employing a reception supervisor and additional reception staff, however satisfaction scores remained below local and national averages in several areas.

Requires improvement



### Are services well-led?

The practice is rated as good for providing well-led services as improvements had been made.

- All staff had received inductions and had updated training to carry out their role.
- The practice had a vision and a strategy which staff were aware of. There was a documented leadership structure, staff felt supported by management and knew who to approach with issues.
- Staff reported they felt supported when dealing with patients who raised their voice or acted inappropriately at reception.

Good



# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

### Older people

The practice is rated as good for the care of older people. The practice was now found to be providing good services for safe and well-led. This affected the ratings for the population groups we inspect against.

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions. The practice was now found to be providing good services for safe and well-led. This affected the ratings for the population groups we inspect against.

Good



### Families, children and young people

The practice is rated as good for the care of families, children and young people. The practice was now found to be providing good services for safe and well-led. This affected the ratings for the population groups we inspect against.

Good



### Working age people (including those recently retired and students)

The practice is rated as good for the care of working age people (including those recently retired and students). The practice was now found to be providing good services for safe and well-led. This affected the ratings for the population groups we inspect against.

Good



### People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice was now found to be providing good services for safe and well-led. This affected the ratings for the population groups we inspect against.

Good



### People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The practice was now found to be providing good services for safe and well-led. This affected the ratings for the population groups we inspect against.

Good



# Crook Log Surgery

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

A CQC inspector.

### Why we carried out this inspection

We undertook a focussed inspection of Crook Log Surgery on 10 June 2016. This is because the service had been identified as not meeting some of the legal requirements and regulations associated with the Health and Social Care Act 2008.

The legal requirements the provider needed to meet were regulation 12(2)(c) Safe care and treatment and regulation 19(1)(b) and (2) Fit and proper persons employed, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the comprehensive inspection carried out in August 2015, we found that the practice did not ensure that all necessary pre-employment checks were being completed for all staff. We saw staff recruitment checks had not been carried out in line with requirements or the practice policy

in the five staff files we reviewed. DBS checks had not been completed for two non-clinical staff and the practice had not completed a risk assessment to show why they were not needed. The practice had developed an induction programme for new staff and a locum pack was available when required, although records of these were not kept.

We also found that non-clinical staff who were asked to act as chaperones had not received training, were not clear about their role and had not received a Disclosure and Barring Service (DBS) check and the practice had not risk assessed if this was needed.

This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 12 August 2015 had been made. We inspected the practice against three of the five questions we ask about services: is the service safe, responsive and well-led. We inspected the practice against all six of the population groups: older people; people with long-term conditions; families, children and young people; working age people (including those recently retired and students); people whose circumstances make them vulnerable and people experiencing poor mental health (including people with dementia). This was because any changes in the rating for safe would affect the rating for all the population groups we inspected against.

# Are services safe?

## Our findings

### Previous inspection

At the comprehensive inspection carried out on 12 August 2015 we found staff recruitment checks had not been carried out in line with requirements or the practice policy, DBS checks had not been completed for two non-clinical staff and the practice had not completed a risk assessment to show why they were not needed. The practice had developed an induction programme for new staff and a locum pack was available when required, although records of these were not kept.

We also found that non-clinical staff who were asked to act as chaperones had not received training, were not clear about their role and had not received a Disclosure and Barring Service (DBS) check and the practice had not risk assessed if this was needed.

### Overview of safety systems and processes

At this focussed inspection we found that notices informing patients that they could request a chaperone were displayed in the waiting area and clinical staff told us they asked patients if they wanted a chaperone if they needed

to have an examination. GPs asked nurses, health care assistants or reception staff to act as chaperones. Non-clinical staff who acted as chaperone were clear about the chaperoning procedure and they had received training for the role and a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a member of staff has a criminal record or is on a list of people barred from working where they may have contact with vulnerable children or adults).

The practice had a recruitment policy which was kept under review. We saw staff recruitment checks had been carried out in line with requirements or the practice policy in the five staff files we reviewed. There was proof of identification and evidence to show qualifications and registration with professional bodies were checked. DBS checks had been completed for all non-clinical staff and newly recruited members of staff who were awaiting their DBS check were risk assessed. Staff did not carry out chaperone duties until the DBS check was received.

The practice had developed an induction programme for new staff and a locum pack was available when required.

Children's pads were available for use with the defibrillator.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Previous inspection

At the comprehensive inspection carried out on 12 August 2015 patients said they generally experienced some difficulties getting an appointment although there was continuity of care, with urgent appointments available the same day. The practice was equipped to treat patients and meet their needs, although the reception and waiting room were open so conversations could be overheard and at times the waiting room was very full. Patients could get information about how to complain in a format they could understand. However, there was limited evidence that the practice was learning from complaints with similar issues raised by different patients.

### Access to the service

At this focussed inspection, the national GP patient survey results published in January 2016 involved 289 surveys being sent out, with 120 returned giving a 42% completion rate, this was 1% of the total number of patients. The results showed the practice was performing below local and national averages.

Results from the national GP patient survey published in January 2016 showed:

- 39% of patients said they could get through easily to the surgery by phone compared to the clinical commissioning group (CCG) average of 63% and the national average of 73%. This was an increase of 7% from the most recent results published during previous inspection.
- 42% of patients described their experience of making an appointment as good compared to the CCG average of 65% and the national average of 73%. This was an increase of 2% from the most recent results published during the previous inspection.
- 56% of patients were satisfied with the practice's opening hours compared to the CCG average of 72%

and the national average of 78%. This was a decrease of 7% from the most recent results published during the previous inspection. The opening hours at the practice had not changed during this time.

- 44% of patients would recommend the surgery to someone new to the area compared to the CCG average of 79% and the national average of 85%. This was a decrease of 21% from the most recent results published during the previous inspection.
- 56% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 69% and the national average of 76%. This was a decrease of 9% from the most recent results published during the previous inspection.
- 82% of patients said the last appointment they were allocated was convenient compared to the CCG average of 90% and the national average of 92%. This was an increase of 4% from the most recent results published during the previous inspection.
- 76% of patients said they normally have to wait too long to be seen compared to the CCG average 41%, national average of 35%. In the survey published prior to the previous inspection 20% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average 57% and the national average of 65%.

The practice had responded to low scores on the recent GP patient satisfaction survey by employing a reception supervisor and additional reception staff, however satisfaction scores remained below local and national averages in several areas.

- The practice had responded to patient complaints regarding a lack of confidentiality in the reception area by relocating the waiting area further away from the reception desk. This reduced the likelihood of confidential conversations being overheard.

# Are services well-led?

Good 

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

## Our findings

### Previous inspection

At the comprehensive inspection carried out on 12 August 2015 we found there was a documented leadership structure and most staff felt supported by management but at times they were not sure who to approach with issues or felt issues would not be addressed. Staff reported they did not feel supported when dealing with patients who raised their voice or acted inappropriately at reception. All staff had received inductions but not all staff had completed updated training to carry out their role.

### Governance arrangements

At this focussed inspection the practice had a governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There were arrangements for identifying risks and were responsive to supporting staff when they experienced abusive comments and behaviour from patients. An example was given of a recent incident where a patient became abusive in the waiting area, one of the GP partners supported the reception staff to manage the incident. Evidence was seen that this incident was discussed at a practice meeting. Staff had received customer service training to help them manage difficult or abusive patients.

### Leadership, openness and transparency

The partners in the practice had the experience to run the practice, they took the lead for different areas of the practice management, and staff were clear about who to report to. There were clinical leads for long term conditions and leaders for different areas of the practice including health and safety, infection control and safeguarding. The practice had responded to the findings of the previous CQC inspection by employing a part time practice manager to assist the management team in the practice. The practice had also recruited a new full time practice manager who was due to start on 20 June 2016.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for keeping informed about notifiable safety incidents. The practice was operating a system to notify CQC of incidents when required.

### Seeking and acting on feedback from patients, the public and staff

Staff felt they had been listened to when they raised concerns about the way they were treated. The practice had responded to low scores on the recent GP patient satisfaction survey by employing a reception supervisor and additional reception staff.

The practice had responded to patient complaints regarding a lack of confidentiality in the reception area by relocating waiting area further away from the reception desk. This reduced the likelihood of confidential conversations being overheard.