

# Rochester Road Surgery

## Quality Report

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Gravesend  
Kent  
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Tel : 01474 560346

Date of inspection visit: 28 September 2017

Website: [www.rochesterroadandbeaumontdrivesurgery.co.uk](http://www.rochesterroadandbeaumontdrivesurgery.co.uk) Date of publication: 24/11/2017

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 well-led?

Good 

# Summary of findings

## Contents

### Summary of this inspection

Overall summary	2
The five questions we ask and what we found	3

### Detailed findings from this inspection

Our inspection team	4
Background to Rochester Road Surgery	4
Why we carried out this inspection	4
How we carried out this inspection	4
Detailed findings	6

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Rochester Road Surgery on 11 July 2017. The overall rating for the practice was requires improvement. The full comprehensive report on the July 2017 inspection can be found by selecting the 'all reports' link for Rochester Road Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection on 28 September 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 11 July 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good.

Our key findings were as follows:

- An infection control audit had been conducted to identify risks where action was required. There was an enhanced cleaning schedule for the equipment and treatment room used for minor surgery procedures.

- Emergency medicines were accessible and there was a system to check they were in date. Emergency equipment was checked monthly.
- Blank prescription forms and pads were securely stored with a system to monitor their use.
- The practice had established a system to identify, manage and mitigate infection prevention and control risks.
- Documents seen demonstrated that learning from clinical audits and significant events was shared at the practice.
- There were systems to help ensure the safety of services. For example, the recording of fire evacuation rehearsal procedures and the checking of emergency equipment.
- The practice provided the personnel file information for one GP after the comprehensive inspection on 11 July 2017, to demonstrate that they had assured themselves that the clinician was safe to practice.
- The practice had identified an increased number of patients as carers. There were 34 patients on the carers register, 1% of the patient list.

**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?

At our previous inspection on 11 July 2017 we rated the practice as requires improvement for providing safe services. We found:

- An annual infection control audit had not been conducted to identify and mitigate risks. There was no enhanced cleaning schedule for the minor surgery room and equipment.
- Emergency medicines did not reflect best practice.
- Blank prescription forms and pads were securely stored but the serial numbers were not recorded and there were no systems to monitor their use.

These arrangements had significantly improved when we undertook a follow up inspection on 28 September 2017 and the practice is now rated as good for providing safe services.

Good



### Are services well-led?

At our previous inspection on 11 July 2017 we rated the practice as requires improvement for providing safe services. We found:

- The practice did not have established systems to identify, manage and mitigate infection prevention and control risks.
- There was an absence of documentation to evidence how learning from clinical audits and significant events was shared and improved practice.
- There was an absence of systems to ensure the safety of services, such as the recording of evacuation rehearsal procedures and the checking of emergency equipment.
- The practice did not have a personnel file for the male GP and were unable to demonstrate they had assured themselves that the clinician was safe to practice.

These arrangements had significantly improved when we undertook a follow up inspection on 28 September 2017 and the practice is now rated as good for providing well-led services.

Good



# Rochester Road Surgery

## Detailed findings

### Our inspection team

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

Our inspection team was led by a CQC Lead Inspector.

## Background to Rochester Road Surgery

Rochester Road Surgery has approximately 3446 patients and is located in Gravesend, Kent. The practice has a branch surgery, Beaumont Drive Surgery. The branch surgery is located 2.5 miles away and a ten minute drive from the other surgery. There is unrestricted on street parking at both surgeries and local transport. The branch surgery was not visited during our inspection on 11 July 2017.

The practice is owned and managed by the lead GP (female). The clinical team consists of the female GP who works full time and a male GP providing consultations and minor surgery on Tuesday afternoon/evenings and Wednesday mornings. The practice nurse works 16 hours a week flexibly. They are supported by a multilingual administrative team overseen by the practice manager.

The surgeries provide care to a deprived, culturally diverse and multi lingual community. It is densely populated with patients from Indian Punjab and eastern Europe. The majority of their patients are aged from 0-65 years.

Rochester Road Surgery is open between 10.30am and 1pm Monday, Tuesday, Thursday and Friday. On Wednesday the surgery opens at 9am and closes at

12noon. The surgery opens late on a Thursday 4.10pm to 7pm. In addition to pre-bookable appointments may be booked up to a month in advance, urgent appointments were also available for patients that needed them.

Patients could also attend the practice branch surgery at Beaumont Drive. Beaumont Drive opens from 8.10am to 10.10am Monday, Tuesday, Thursday and Friday and 4.10pm to 7pm on Monday, Tuesday and Friday. On Wednesday afternoons when they are closed patients may attend The Forge Surgery. However, they told us patients rarely use the services of The Forge Surgery.

The practice has a comprehensive website, detailing staff and services. It can be translated into a number of languages and includes health information and signposting to specialist health provision.

Services are delivered from;

Rochester Road Surgery, 115 Rochester Road, Gravesend, Kent DA12 2HU

Beaumont Drive Surgery, 177 Beaumont Drive, Northfleet, Kent DA11 9NY

## Why we carried out this inspection

We undertook a comprehensive inspection of Rochester Road Surgery on 11 July 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. The full comprehensive report following the inspection in July 2017 can be found by selecting the 'all reports' link for Rochester Road Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

# Detailed findings

We undertook a follow up focused inspection of Rochester Road Surgery on 28 September 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

## How we carried out this inspection

We carried out a focused inspection of Rochester Road Surgery on 28 September 2017. This involved reviewing evidence that:

During our visit we:

- Spoke with the practice manager.
- Reviewed documents and records.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

At our previous inspection on 11 July 2017, we rated the practice as requires improvement for providing safe services as the arrangements in respect of learning from significant events, the systems regarding cleanliness and infection control and medicines management were not adequate.

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 28 September 2017. The practice is now rated as good for providing safe services.

### Safe track record and learning

- At our previous inspection on 11 July 2017 the practice recording process did not sufficiently evidence analysis and learning from incidents.
- At this focused inspection on 28 September 2017, a sample of documents demonstrated that significant events and incidents were discussed at whole practice meetings and that learning from the events was shared.

### Overview of safety systems and process

- At our previous inspection on 11 July 2017 we found no annual infection control audit had been conducted to identify risks and mitigate them. There was no enhanced cleaning schedule in place for the minor surgery treatment room and equipment. We checked the last two dates when surgery was conducted within the treatment room against the cleaning schedule we found their records did not evidence cleaning conducted.

- Blank prescription forms and pads were securely stored but the serial numbers were not recorded and there were no systems to monitor their use. Following the inspection the practice revised the guidance on the prescription security and introduced a logging system to track the movement of prescriptions.
- At our focused inspection on 28 September 2017 we found that an infection control audit had been conducted and that this was being implemented on a six monthly basis. The audit identified risks and actions taken to mitigate these. A sample of documents seen demonstrated a system for enhanced cleaning between minor surgery procedures. The cleaning log tallied with the date of minor surgery recorded in the log book.
- Documents examined demonstrated that the system introduced after our comprehensive inspection, to log and track the movement of prescriptions within the practice, was embedded.

### Arrangements to deal with emergencies and major incidents

- At the previous inspection on 11 July 2017 the practice nurse conducted regular checks of emergency equipment, however, there were no records kept to evidence this.
- At the focused inspection on 28 September 2017 the practice had introduced a checklist system whereby the practice nurse checked the emergency equipment on a two weekly basis and kept records to demonstrate this. The defibrillator, oxygen, emergency medicines and first aid kit were part of these checks. The emergency medicines checklist also contained the expiry date of the medicine for the purpose of re-ordering before it went out of date.

# Are services well-led?

Good 

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

## Our findings

At our previous inspection on 11 July 2017, we rated the practice as requires improvement for providing well-led services as the arrangements in respect of systems to manage and mitigate infection control risks, learning from clinical audits and significant events, recording fire evacuation procedures and checking emergency equipment were not adequate.

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 28 September 2017. The practice is now rated as good for being well-led.

### Governance arrangements

- At the previous comprehensive inspection on 11 July 2017 the practice were not able to show how they shared learning from clinical audits and significant events to monitor and improve the quality of the service.
- There were some arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions. However, these were not established

for example, the practice had not conducted an infection prevention control audit and used this to inform their cleaning schedules to evidence safe care and treatment.

- The practice fire policy stated fire drills were conducted six monthly and a record kept in their maintenance log. Staff told us they had held an evacuation of the premises on 5 June 2017 but this was not recorded.
- At our focused inspection on 28 September 2017 the practice provided documentation to show that significant events and clinical audits were discussed at whole practice meetings, which were attended by all staff.
- There were arrangements in place for identifying, recording and managing risks. For example, a system for conducting infection control audits was established, with risks identified and action taken as required. Cleaning schedules had been implemented and these were recorded as carried out. Personnel information regarding a GP who provided consultation on a part-time basis was provided to the Care Quality Commission after the comprehensive inspection. A hard copy file was available at our focused inspection.
- Fire documentation was examined and evacuation drills were highlighted and dated. A drill was carried out on 5 June 2017. Fire alarm checks were carried out monthly and recorded.