

# Dr Hendrik Johan Beerstecher




## 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 effective?		Good	

# Key findings

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## Letter from the Chief Inspector of General Practice

Letter from the Chief Inspector of General Practice

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

This inspection was an announced focused inspection carried out on 20 March 2018 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 April 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:

- Health and safety law information was given as a leaflet to all staff.
- Risks to patients, staff and visitors, including fire safety risks and risks associated with the control of substances hazardous to health, were assessed and well managed.

- There were systems to help ensure the practice was able to respond to a medical emergency in line with national guidance, including the provision of a paediatric oxygen mask.
- There was a system and schedule for domestic cleaning at the premises.
- The practice had a system for checking and reviewing the expiry date of all medicines and equipment, including emergency medicines and replacement stock.
- There was an embedded system for staff appraisals and these were carried out annually.
- The practice's clinical performance was comparable to local and national averages for common ailments.
- Childhood immunisation figures were noted as a significant positive variation as all four areas exceeded the World Health Organisation target of 95%.
- The practice knew their patients and supported those with caring responsibilities, to access services. Patients were signposted to direct access support organisations and offered information about services available to them.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The six population groups and what we found

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

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

# Dr Hendrik Johan Beerstecher

## Detailed findings

### Our inspection team

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

The inspection team was led by a CQC Lead Inspector.

## Background to Dr Hendrik Johan Beerstecher

Dr Hendrik Johan Beerstecher is situated in Sittingbourne, Kent and has a registered patient population of approximately 1,900. In the population distribution of the practice area there are more people between the ages of 5 and 9 years as well as between the ages of 30 and 34 years and 70 and 74 years than the national average. There are fewer people between the ages of 15 and 24 years as well as between the ages of 35 and 39 years and over the age of 85 years than the national average. The practice is located in an area with a higher than average deprivation score.

The practice is based in a semi-detached house in a residential area. The staff team consists of one GP (male), one practice manager who is also the practice nurse (female), a directly employed locum practice nurse (female) as well as administration, reception and cleaning staff. There is a reception and waiting area on the ground floor. Patient areas are accessible to patients with mobility issues, as well as parents with children and babies.

The practice has a general medical services contract with NHS England for delivering primary care services to the local community.

Services are provided from 111 Canterbury Road, Sittingbourne, Kent, ME10 4JA only.

Dr Hendrik Johan Beerstecher is open Monday, Tuesday, Wednesday and Friday 9am to 1pm and 2pm to 6.30pm as well as Thursday 9am to 1pm. The practice provides telephone access to a GP Monday, Tuesday, Wednesday and Friday between 8am and 9am as well as between 1pm and 2pm, and Thursday between 8am and 9am as well as between 1pm and 6.30pm.

Primary medical services are available to patients via an appointments system. There are a range of clinics for all age groups as well as the availability of specialist nursing treatment and support. There are arrangements with other providers (Medway Doctors On Call Care) to deliver services to patients outside of the practice's working hours.

We carried out an announced comprehensive inspection at Dr Hendrik Johan Beerstecher on 11 April 2017. The overall rating for the practice was requires improvement. Requirement Notices were issued, however the practice had shown improvement on a previous comprehensive inspection carried out on 8 March 2016, and the practice was taken out of special measures. The full comprehensive report on the April 2017 inspection can be found by selecting the 'all reports' link for Dr Hendrik Johan Beerstecher on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

During this inspection we visited Dr Hendrik Johan Beerstecher, 111 Canterbury Road, Sittingbourne, Kent, ME10 4JA only.

# Detailed findings

## Why we carried out this inspection

We undertook a comprehensive inspection of Dr Hendrik Johan Beerstecher on 11 April 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 April 2017 can be found by selecting the 'all reports' link for Dr Hendrik Johan Beerstecher on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up focused inspection of Dr Hendrik Johan Beerstecher on 20 March 2018. 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.

# Are services safe?

## Our findings

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

- The health and safety law poster was not displayed on the premises.
- Risks to patients, staff and visitors, including fire safety risks and risks associated with the control of substances hazardous to health, were not assessed and well managed.
- Improvement was required regarding systems to ensure the practice was able to respond to a medical emergency in line with national guidance.

**These arrangements had significantly improved when we undertook a follow up inspection on 20 March 2018. The practice is now rated as good for providing safe services.**

### Safety systems and processes

We observed the premises to be clean and all areas accessible to patients were tidy. There were written cleaning schedules that indicated the frequency and method of domestic cleaning (including cloth curtains) to be carried out in the practice. Staff told us they carried out daily visual checks of the cleanliness of the practice environment. No minor surgery was carried out at the practice. There was a long term cleaner employed and the practice staff were also involved in cleaning the practice on a daily basis and as and when required.

### Risks to patients

Risks to patients, staff and visitors were assessed and well managed.

- There were procedures for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The health and safety

information contained within the law poster was given to all individual staff as a leaflet. This identified the local health and safety representatives in line with the Health and Safety at Work etc. Act 1974.

- Kent Fire and Rescue Service visited the practice on 2 May 2017 and confirmed the practices fire safety arrangements were appropriate and that they continued to review and update the fire risk assessment regularly, and as circumstances changed. The practice manager also attended a business engagement meeting with the local fire safety team on 6 June 2017 to gain greater insight into fire equipment and for regulatory updates.
- The practice had carried out a control of substances hazardous to health risk assessment and all products purchased had a safety data sheet. Cleaning products were stored securely and were not accessible to patients.

### Information to deliver safe care and treatment

The practice had a business continuation contingency plan and a disaster recovery document for major incidents such as power failure or building damage. The practice had access to the emergency contact numbers for staff to use as required in case of an emergency.

### Safe and appropriate use of medicines

The practice had adequate arrangements to respond to emergencies.

- Emergency equipment and emergency medicines were available in the practice. This included adult and paediatric oxygen masks.
- There was a system that monitored the expiry dates and usage of medicines including emergency equipment and emergency medicines. Staff told us that all out of date medicines were removed and safely disposed of as the new ones were brought into the practice.

# Are services effective?

(for example, treatment is effective)

## Our findings

**At our previous inspection on 11 April 2017, we rated the practice as requires improvement for providing effective services. This was in relation to a number of recommendations that we made, but not breaches in regulation. We found that:**

- Data from the Quality and Outcomes Framework (QOF) demonstrated a positive change in patient outcomes. However, further improvements were required to benefit patients.
- There was evidence of appraisals and personal development plans for most staff. However, one member of staff had received an informal appraisal of which there were no records.
- Childhood immunisation rates for the vaccines given were comparable to the national averages. However there was one area where the target was not achieved which related to children aged two years receiving a pneumococcal conjugate booster.

**These arrangements had improved when we undertook a follow up inspection on 20 March 2018. The practice is now rated as good for providing effective services.**

### **Management, monitoring and improving outcomes for people**

- At the previous comprehensive inspection on 11 April 2017 we found that the performance for mental health related indicators was mixed. According to current CQC verified data the practice was comparable to the CCG and the national average for these performance indicators except in one area where there was a negative variation.
- The QOF data showed that 100% of patients newly diagnosed with depression had a review within 10-56 days of their diagnosis compared to 65% at CCG and national average. It also showed that the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months (01/04/2016 to 31/03/2017) was 86% which was the same as the CCG average and comparable to the national average of 90%. The practice had a 0% exception reporting rate compared to a 9% rate at CCG level and 13% at national average.

- The negative variation was regarding patients with schizophrenia, bipolar affective disorder and other psychoses who had their alcohol consumption recorded, in the preceding 12 months. At the previous inspection this was 50% compared to the local CCG average of 94% and national average of 89%. Recent CQC data shows that 43% of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded in the preceding 12 months compared to the local CCG average of 89% and the national average of 91%. However, the practice had a 0% exception reporting rate compared to 6% as a CCG average and 10% as a national average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

### **Effective staffing**

- There was a clear appraisal system which included staff members being given a date for the meeting in advance and questions to consider to prepare for the meeting. Records of the appraisal were kept on the staff file and more recently as an electronic document on the practice IT system. These were signed as agreed with the staff member and both the practice and the member of staff retained a copy.

### **Helping patients to live healthier lives**

- Childhood immunisation rates for the vaccines given were comparable to the national averages. There are four areas where childhood immunisations are measured; each has a World Health Organisation (WHO) target of 95%. The practice exceeded the target and this was reflected as a significant positive variation in CQC verified data, with the practice scoring above the WHO target of 95% in all areas. For example, the percentage of children aged 1 with completed primary course of 5:1 vaccine was 96%; the percentage children aged 2 who had received their booster immunisation for Pneumococcal infection was 96%; the percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b and Meningitis C was 96%, and the percentage of children aged 2 who had received immunisation for measles, mumps and rubella (first dose of MMR) was 100%.