

# Dr WA Cotter + Dr JCJM Bohmer -Laubis

## Inspection report

174 Bellegrave Road  
Welling  
Kent  
DA16 3RE  
Tel: 020 8856 1770  
www.bellegrovesurgery.co.uk






Date of inspection visit: 22 February 2019  
Date of publication: 06/06/2019

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?	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 Bellegrave Surgery 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.

**The overall rating for this practice was requires improvement due to concerns in providing safe and well-led services. However, the population groups were rated as good because patients were able to access timely and effective care and treatment.**

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

- The practice did not have clear systems and processes to keep patients safe.
- The practice was unable to show that staff had the skills, knowledge and experience to carry out their roles.
- Staff recruitment records were incomplete.
- The practice did not have appropriate systems in place for the management of one particular high risk medicine.

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

- The overall governance arrangements were ineffective.
- The practice did not always have clear and effective processes for managing risks.

We rated the practice as **good** for providing effective, caring and responsive services because:

- 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 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:

- Ensure that care and treatment is provided in a safe way.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

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

- The practice should ensure that fire drills are carried out in order to adhere to all fire regulations.
- The practice should ensure that an effective system of tracking and monitoring safety alerts is implemented.
- The practice should improve the identification of carers to enable this group of patients to access the care and support they need.
- The practice should establish a schedule of formal staff meetings.

Where a service is rated as inadequate for one of the five key questions or one of the six population groups, it will be re-inspected no longer than six months after the report is published. If, after re-inspection, the service has failed to make sufficient improvement, and is still rated as inadequate for any key question or population group or overall, we will place the service into special measures. Being placed into special measures represents a decision by CQC that a service has to improve within six months to avoid CQC taking steps to cancel the provider's registration.

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

Dr Rosie Benneyworth BS BM BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

## Population group ratings

<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> 

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor and a practice nurse specialist advisor.

## Background to Dr WA Cotter + Dr JCJM Bohmer -Laubis

Dr WA Cotter + DR JCJM Bohmer-Laubis' practice, also known as Bellegrave Surgery, is located in Welling in the London Borough of Bexley. The surgery has good transport links and there is a pharmacy located nearby.

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

Bellegrave Surgery is situated within the NHS Bexley Clinical Commissioning Group (CCG) and provides services to 11,982 patients under the terms of a personal medical services (PMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

The practice has two GP partners (one male and one female), one salaried GP, two regular sessional GPs, one nurse practitioner, five practice nurses, one nursing associate trainee, one HCA, a practice manager, an assistant practice manager and an extensive administrative team. The practice is registered as a GP training practice and provides training opportunities for doctors seeking to become fully qualified GPs (registrars).

The practice is open from 7.00am until 6.00pm Monday to Friday. There is a worker's clinic which runs from 4.00pm until 7.00pm on Thursdays. These appointments are booked with the nurse practitioner and are for full-time workers only. An open surgery operates from 7.30am until 10.30am Monday to Friday. The practice is also open from 8.45am until 10.45am on Saturdays. Emergencies are covered by the NHS 111 service.

As part of a national initiative, local GP Practices are working together to offer patients better access to GP appointments. Weekday evening and weekend surgeries are now available for patients at two new GP hubs in the local area. These appointments are for routine general practice issues and not for emergency care. The appointments are hosted at Queen Mary's Hospital and Erith Hospital.

The practice scored eight on the deprivation measurement scale. The deprivation scale goes from one to 10, with one being the most deprived. People living in more deprived areas tend to have greater need for health services.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for service users</p> <p><b>How the regulation was not being met</b></p> <p>The provider had failed to ensure that care and treatment was provided in a safe way for service users; in particular:</p> <ul style="list-style-type: none"><li>• The provider failed to complete pre-employment checks and had failed to assess or mitigate the risks of employing staff before these checks had been completed.</li><li>• The provider had failed to ensure that the necessary monitoring information was available before issuing prescriptions of one particular high risk medicine.</li></ul> <p>Not all of the people providing care and treatment had the qualifications, competence, skills and experience to do so safely. In particular:</p> <ul style="list-style-type: none"><li>• The provider failed to ensure that staff had completed mandatory training, including formal chaperone training</li></ul>
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>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p><b>How the regulation was not being met</b></p>

This section is primarily information for the provider

## Requirement notices

There were no systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:

- The provider did not have a process in place to ensure that all staff received mandatory training and that an overall record was kept of this training.
- The provider did not have a process in place to monitor that all staff had the appropriate recruitment documents in place.
- The provider did not have an appropriate system in place for the management of one particular high risk medicine.