

# Bexley Medical Group

## Inspection report

171 King Harolds Way  
Bexleyheath  
Kent  
DA7 5RF

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<http://www.bexleymedicalgroup.co.uk/>

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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

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Good



# Overall summary

Bexley Medical Group is a provider registered with CQC.

We carried out an inspection of the provider on 24 April 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 good overall and good for all population groups.**

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

- The practice had systems in place for the safe management of patient's medicines. However prescription stationary usage was not being tracked and IT systems were not being updated with patients' review dates.
- Risk management systems for premises were lacking. For example at one branch site the premises were managed by a third party and the practice had limited oversight or awareness of risk management activities at this site. Action had not been taken to mitigate risks associated with legionella. Infection control risks had not been assessed within the last 12 months and not all staff had completed fire safety training.
- Comprehensive recruitment checks were in place for staff including locum staff. However not all staff whose files we reviewed had records of immunisations against common communicable diseases.
- Safeguarding systems and processes were clear and effective.
- Staff were not all aware of the systems and process for reporting significant events although we saw good examples of action and learning stemming from events that had been reported.

We rated the practice as **good** for providing effective services because:

- There was evidence of quality improvement activity.
- Staff were receiving regular appraisals.
- Effective joint working was in place. The practice held monthly multidisciplinary meetings and detailed records of discussions and action points were retained.

- Patients were receiving regular reviews and the treatment provided was in line with current guidelines this was reflected in high levels of achievement against local and national targets. Although there were instances of above average exception reporting; the sample of records we reviewed showed that the exception reporting was appropriate.

We rated the practice as **good** for providing caring services because:

- Staff dealt with patients with kindness and respect and involved them in decisions about their care. Some patient feedback was below local and national averages. Staff attributed this to problems with the practice's IT system.
- The practice had a carers register and staff were actively trying to increase the identification of patients with caring responsibilities and improve the support offered to these patients.

We rated the practice as **good** for responsive services because:

- The practice had worked to accommodate an influx of patients from a nearby surgery which had recently closed. Care had been taken to optimise the care and treatment of these patients.
- Complaints were managed in a timely fashion and detailed responses were provided.
- Feedback from both the patient survey and comment cards received by CQC indicated that it was easy to access care and treatment at the practice. The practice was continually reviewing and adjusting the appointment system to cater to the needs of patients.

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

- There were effective governance arrangements in most areas.
- The provider had adequate systems in place to assess, monitor and address most risks.
- The provider had an active patient participation group and there were structured feedback and engagement mechanisms for patients.
- There was evidence of continuous improvement or innovation.
- Staff provided positive feedback about working at the service which indicated a good working culture.

# Overall summary

- The practice had taken action to ensure the sustainability of the service and responded well to challenges associated with the dispersal of the patient list from a nearby service which closed and problems associated with migration to a new IT system.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
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(Please see the specific details on action required at the end of this report).

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

- Review areas of high QOF exception reporting to ensure that exception reporting is appropriate.
- Update the practice's locum pack.
- Review areas of the national patient survey which are below local and national averages and act to improve patient satisfaction in these areas.
- Continue with planned work to improve the service offered to patients with learning disabilities.
- Continue to review the system for coding patient who act as carers.
- Review physical access arrangements at the King Harold's Way location.

**Dr Rosie Benneyworth** BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

**Please refer to the detailed report and the evidence tables for further information.**

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

## Our inspection team

Our inspection team was led by a CQC lead inspector and supported by a GP specialist advisor and a practice manager specialist advisor.

## Background to Bexley Medical Group

Bexley Medical Group is located at 171 King Harolds Way, Bexleyheath, DA7 5RF. The practice also operates from two branch surgeries located at:

Hurst Place Surgery, 294A Hurst Road, Bexley, Kent, DA5 3LH

And

Erith Health Centre, 50 Pier Road, Erith, Kent, DA8 1RQ

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

Bexley Medical Group is situated within Bexley Clinical Commissioning Group (CCG) and provides services to approximately 17,500 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 had recently taken on 500 patients from a nearby practice which closed down. The practice told us that this had presented a challenge to ensure that their care and treatment was optimised. We were told that this challenge had been compounded by the practice migrating to a new patient record IT system. Problems

with the new system had impacted on the ability of staff to access incoming patient correspondence between June 2018 and April 2019. The practice told us that they had developed processes to work around these problems but this had created an additional burden for all staff which effected morale. They also believed that this had adversely impacted on patient satisfaction. The practice said that problems with the IT system had now been addressed.

The practice is a partnership consisting of two GP partners; one male and one female. The practice also employs 10 GPs of mixed genders. The practice provides a total of 58 GP sessions, a full time and part time clinical pharmacist, four part time nurses and a part time healthcare assistant.

The age demographics were broadly comparable to those of other practices within the CCG and nationally although this practice has a slightly lower proportion of children. The percentage of patients not in employment is just above half the national average and the practice has a slightly higher proportion of patients with long standing health conditions. The National General Practice Profile states that 17% of the practice population is from a black ethnic background. 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. The practice has comparable levels of deprivation affecting children and approximately half the level of deprivation affecting older people compared to the national average.

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 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <ul style="list-style-type: none"><li>• The practice did not ensure that all staff at risk of exposure to common communicable diseases had been vaccinated.</li><li>• Not all staff were aware of the practice's significant event processes.</li><li>• The practice did not have oversight of risk management activities undertaken at all of their sites.</li><li>• Risks associated with legionella were not adequately assessed or addressed.</li><li>• Prescription stationary was not tracked and patients on repeated medicines did not all have the correct review date recorded in their notes.</li></ul> <p><b>This was in breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b></p>