

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	Requires improvement	
Are services safe?	Requires improvement	
Are services effective?	Requires improvement	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
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 at Dr Hendrik Johan Beerstecher on 8 March 2016. The overall rating for the practice was inadequate and the practice was placed in special measures for a period of six months. The full comprehensive report on the March 2016 inspection can be found by selecting the 'all reports' link for Dr Hendrik Johan Beerstecher on our website at www.cqc.org.uk.

This inspection was undertaken following the period of special measures and was an announced comprehensive inspection on 11 April 2017. Overall the practice is now rated as requires improvement.

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

- There was an effective system for reporting, recording, investigating and learning from significant events.
- Improvements to risk management had been made. However, some risks to patients, staff and visitors were not adequately assessed and well managed.

- There had been improvements in arrangements to deal with emergencies and major incidents. However, some emergency equipment was not available in the practice.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Data from the Quality and Outcomes Framework (QOF) demonstrated a positive change in patient outcomes. However, further improvements were still required to benefit patients.
- The practice followed up patients recently discharged from hospital and had worked with other health care professionals when necessary to understand and meet the range and complexity of patients' needs.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.

Summary of findings

- Patients we spoke with said they found it easy to book appointments with a named GP and there was continuity of care, with urgent appointments available the same day.
- Improvements to governance arrangements at the practice had taken place. However, further improvements to risk assessment and management were found to be required.
-  There was a clear leadership structure and staff felt supported by management. The practice gathered feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvements are;

- Ensure the health and safety law poster is displayed on the premises in line with the Health and Safety at Work etc. Act 1974.
- Revise risk management and ensure that all risks to patients, staff and visitors, including fire safety risks and risks associated with the control of substances hazardous to health, are assessed and well managed.
-  Revise systems to ensure the practice is able to respond to a medical emergency in line with national guidance.

The areas where the provider should make improvements are;

-  Keep records of domestic cleaning carried out as well as any cleaning audits conducted at the practice.
-  Consider physically checking emergency equipment and emergency medicines at least on a weekly basis in line with Resuscitation Council (UK) guidance.
- Continue to replace out of date emergency medicine as soon as replacement stocks become available and consider replacing the medical oxygen cylinders with ones that carry expiry dates.
-  Add emergency contact numbers for staff to the business continuation contingency plan.
-  Continue to improve patient outcomes, in particular for those patients with mental health problems.
- Formalise and maintain records of all staff appraisals.
-  Improve coding activity to help ensure all childhood immunisation activities are captured in practice activity data.
-  Continue to identify patients who are also carers to help ensure they are offered appropriate support.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by the service.

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 requires improvement for providing safe services.

- There was an effective system for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to help prevent the same thing happening again.
- There were systems, processes and practices to help keep patients safe and safeguarded from abuse.
- Improvements to risk management had been made. However, some risks to patients, staff and visitors were not adequately assessed and well managed.
- There had been improvements in arrangements to deal with emergencies and major incidents. However, some emergency equipment was not available in the practice.

Requires improvement



Are services effective?

The practice is rated as requires improvement for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) demonstrated a positive change in patient outcomes. However, further improvements were still required to benefit patients.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- 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.
- Staff worked with other health care professionals as necessary to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Requires improvement



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for most aspects of care.
- Survey information we reviewed showed patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice maintained good local knowledge and awareness of the needs of its local patient population and used this understanding to meet their needs.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Home visits were available for patients who were not able to visit the practice.
- All the patient feedback we received indicated they found it easy to book appointments with a named GP and there was continuity of care, with urgent appointments available the same day.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

The practice is rated as good for being well-led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.
- Improvements to governance arrangements at the practice had taken place. However, further improvements to risk assessment and management were found to be required.
- There was a clear leadership structure and staff felt supported by management.
- The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- The provider was aware of and complied with the requirements of the duty of candour. The GP encouraged a culture of openness and honesty.

Good



Summary of findings

- The practice had systems for notifiable safety incidents and ensured this information was shared with staff to help ensure appropriate action was taken.
- The practice valued feedback from patients, the public and staff.
- There was a focus on continuous learning and improvement at all levels.

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 requires improvement for the care of older people. The provider is rated as requires improvement for providing safe and effective services and good for providing caring, responsive and well-led services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older people in its patient population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital to help ensure that their care plans were updated to reflect any additional needs.
- Patients over the age of 75 years had a designated GP to oversee their care and treatment requirements.
- Practice staff visited patients who lived in local residential homes when required as well as annually to review their needs and provide annual influenza immunisations.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. The provider is rated as requires improvement for providing safe and effective services and good for providing caring, responsive and well-led services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was comparable to the local clinical commissioning group (CCG) average and national average. For example, 68% of the practice's patients with diabetes, on the register, whose last IFCC-HbA1c was 64mmol/mol or less in the preceding 12 months compared with the local CCG average of 74% and national average of 78%.

Requires improvement



Summary of findings

Seventy five percent of the practice's patients with diabetes, on the register, had a last measured total cholesterol of 5mmol/l or less compared with the local CCG average of 79% and national average of 80%.

- The practice followed up on patient with long-term conditions discharged from hospital to help ensure that their care plans were updated to reflect any additional needs.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care when required.

Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The provider is rated as requires improvement for providing safe and effective services and good for providing caring, responsive and well-led services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, children and young people who had a high number of accident and emergency attendances.
- Childhood immunisation rates for the vaccines given were comparable to the national averages.
- All the patient feedback we received indicated that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice's uptake for the cervical screening programme was 81%, which was comparable to the local CCG and national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The provider is rated as requires improvement for providing safe and effective services and good for providing caring, responsive and well-led services. The resulting overall rating applies to everyone using the practice, including this patient population group.

Requires improvement



Summary of findings

- The needs of these populations had been identified and the practice had adjusted the services it offered to help ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering some online services, as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider is rated as requires improvement for providing safe and effective services and good for providing caring, responsive and well-led services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- The practice held a register of patients with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- Although patients with learning disabilities were not routinely offered longer appointments by the practice, staff confirmed that the clinicians always gave enough time to these patients, overrunning appointment times whenever necessary.
- The practice worked with other health care professionals when required in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice supported patients who were also carers. Staff told us they did not maintain a register of patients who were also carers as there were no medical reasons for doing so. However, the practice had a system that formally identified patients who were also carers and written information was available to direct carers to the various avenues of support available to them. Patients we spoke with during the inspection confirmed the practice recognised them as a carer and offered them appropriate support.

Requires improvement



Summary of findings

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The provider is rated as requires improvement for providing safe and effective services and good for providing caring, responsive and well-led services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- 86% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable with the local clinical commissioning group (CCG) average of 83% and national average of 84%.
- Performance for mental health related indicators was lower than the local CCG average and national average. For example, 63% of the practice's patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their records in the preceding 12 months compared with the local CCG average of 93% and national average of 89%. Fifty percent 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 94% and national average of 89%. These results were unchanged when compared to those published at the time of our last inspection. However, we saw records that demonstrated 86% of the practice's patients with a mental health condition had a comprehensive care plan documented in their records at the time of our inspection on 11 April 2017.
- The practice worked with multi-disciplinary teams when required in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had information available for patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results published in July 2016 showed the practice was performing above local clinical commissioning group (CCG) averages. Two hundred and twenty nine survey forms were distributed and 101 were returned. This represented 5% of the practice's patient list.

- 86% of respondents described the overall experience of their GP practice as fairly good or very good which was better than the local CCG average of 82% and national average of 85%.
- 98% of respondents described their experience of making an appointment was good which was significantly better than the local CCG average of 64% and national average of 73%.
- 86% of respondents said they would definitely or probably recommend the GP practice to someone who has just moved to the local area which was better than the local CCG average of 74% and the national average of 80%.

We received 50 patient comment cards, all of which were positive about the service patients experienced at Dr Hendrik Johan Beerstecher. Four comment cards contained both positive and negative comments. However, there was no common theme to the negative

comments. Patients indicated that they felt the practice offered a friendly service and staff were helpful and caring. They said their dignity was maintained, they were treated with respect and the practice was always clean and tidy. They also said they were always able to book an appointment that suited their needs.

We received one staff comment card which was positive about the services provided by the practice and about working at the practice.

We spoke with one patient during the inspection. The patient said they were satisfied with the care they received and thought staff were approachable, committed and caring. They also stated they were always able to book an appointment that suited their needs.

We received positive comments about the service provided by Dr Hendrik Johan Beerstecher from several patients who shared feedback with the Care Quality Commission via our [share your experience process on our website](#). We also noted that all patient reviews of Dr Hendrik Johan Beerstecher left on the NHS Choices website were positive about the care and treatment the practice provided.

Dr Hendrik Johan Beerstecher

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice manager specialist adviser, and a CQC Inspection Manager.

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 staff 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 is not a teaching or a training practice (teaching practices take medical students and training practices have GP trainees and F2 doctors).

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 6pm 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 6pm.

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 8 March 2016. The overall rating for the practice was inadequate, Requirement Notices were issued and the practice was placed in special measures. The full comprehensive report on the March 2016 inspection can be found by selecting the 'all reports' link for Dr Hendrik Johan Beerstecher on our website at www.cqc.org.uk.

Dr Hendrik Johan Beerstecher is currently subject to undertakings from the General Medical Council (GMC) and has an appointed clinical supervisor. Further information in relation to the specific requirements can be found on the GMC website www.gmc-uk.org.

Detailed findings

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

Why we carried out this inspection

We undertook an announced comprehensive inspection of Dr Hendrik Johan Beerstecher on 8 March 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate for providing safe and well led services and was placed into special measures for a period of six months.

We undertook an announced comprehensive follow up inspection on 11 April 2017 to check that action had been taken to comply with legal requirements. This inspection was carried out following the period of special measures to ensure improvements had been made and to assess whether the practice could come out of special measures. The full comprehensive report on the March 2016 inspection can be found by selecting the 'all reports' link for Dr Hendrik Johan Beerstecher on our website at www.cqc.org.uk.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations, such as the local clinical commissioning group, to share what they knew.

We carried out an announced visit on 11 April 2017. During our visit we:

- Spoke with a range of staff (one GP, one practice manager / practice nurse, and two administration / reception staff) and spoke with one patient who used the service.
- Observed how patients were being cared for in the reception area.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Visited the practice location.
- Looked at information the practice used to deliver care and treatment plans.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

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

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 8 March 2016, we rated the practice as inadequate for providing safe services.

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, investigation and patient communication was not always completed in a timely manner.
- Staff who acted as chaperones had not received a Disclosure and Barring Service (DBS) check or risk assessment to demonstrate they were safe to carry out this role. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice was unable to demonstrate they were following national guidance on infection prevention and control.
- The arrangements for managing medicines in the practice did not always keep patients safe (including obtaining, prescribing, recording, handling, storing and security). For example, the practice nurse was administering medicines, such as vaccines, without Patient Group Directions.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.
- The practice was unable to respond to a medical emergency in line with national guidelines as the defibrillator pads were out of date.
- The practice was unable to demonstrate they had a business continuity plan for major incidents.

The practice demonstrated they had addressed issues when we undertook a follow up inspection on 11 April 2017. However, we found evidence of other breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The practice is now rated as requires improvement for providing safe services.

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available. The incident recording form supported the recording of

notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology in a timely manner and were told about any actions to improve processes to help prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. We saw evidence that investigations were being carried out in a timely manner, lessons were shared and action was taken to improve safety in the practice. For example, a patient's care and treatment was reviewed to establish if any other action on the part of the practice could have prevented the need for the patient to be admitted to hospital when they had not received an appointment following two routine referrals made by the practice.

Overview of safety systems and processes

There were systems, processes and practices to help keep patients safe and safeguarded from abuse.

- There were arrangements to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies and other guidance documents were accessible to all staff. The policies and other documents clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Practice staff attended safeguarding meetings and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding. The GP was trained to child protection or child safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check or risk assessment of using staff in this role without DBS

Are services safe?

clearance. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- 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. However, there were no records to confirm this. A spillage kit was available in the practice so that staff could respond adequately to any spillage of body fluids. There was a lead member of staff for infection control who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol and all clinical staff had received up to date infection prevention and control training. Infection control audits were undertaken and there was an action plan to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines in the practice helped keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). There were processes for handling repeat prescriptions. Blank prescription forms and pads were securely stored and there were systems to monitor their use. Patient group directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed five personnel files and found all appropriate recruitment checks had been undertaken at the time prior to employment. Records showed qualifications and registration with the appropriate professional body had been carried out by the practice prior to employment of staff.

Monitoring risks to patients

Risks to patients, staff and visitors were not always 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. A health and safety law poster that identified local health and safety representatives

was not displayed in the practice's premises in line with the Health and Safety at Work etc. Act 1974. However, all staff members we spoke with knew who the local health and safety representative was.

-  The practice's fire risk assessment (dated 5 April 2006) was out of date. Staff told us that the alternative means  escape from the first floor of the practice, in the event of a fire on the main staircase, was through the window of a room at the rear of the building. We saw that this window was kept locked and did not carry signage to indicate that it was a fire escape. The window opened onto a sloping roof and there were no means of accessing the ground from the roof.
- Records showed that all staff had received fire safety training as well as read and signed the practice's fire action plan in May / June 2016. Records also showed that a fire evacuation drill was carried out on 23 May 2016.
- All electrical equipment was checked by the GP to help ensure the equipment was safe to use and clinical equipment was checked by the GP to help ensure it was working properly.
- The practice was unable to demonstrate they had carried out a control of substances hazardous to health risk assessment. We found cleaning fluids labelled corrosive and irritant stored on the floor of the staff toilet. Other cleaning products were stored under the sink in the staff kitchen area of the practice. However, all areas where we found cleaning fluids were not accessible to patients.
-  The practice had a system for the routine management of legionella (a germ found in the environment which can contaminate water systems in buildings). Records showed a legionella risk assessment had been carried out in October 2014.
- Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to  help patients safe. The practice had considered how lead roles would be covered in the event of unplanned absences of the GP or the practice manager who was also the practice nurse.

Arrangements to deal with emergencies and major incidents

Are services safe?

The practice did not have adequate arrangements to respond to emergencies.

- There was an instant messaging system on the computers in the consultation room and the treatment room which alerted staff to any emergency. Staff also had access to an alarm system that alerted the police to any emergency.
- All staff had received basic life support training.
- Emergency equipment and emergency medicines were available in the practice. However, a children's oxygen mask was not available. The practice had access to medical oxygen and an automated external defibrillator (AED) together with defibrillation pads that were within their expiry date (used to attempt to restart a person's heart in an emergency). However, none of the medical oxygen cylinders carried an expiry date.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location.

- Staff told us emergency equipment and emergency medicines were checked. Records showed that checks had been carried out twice in the last 12 months. However, we saw that there was a system that monitored the expiry dates of emergency equipment and emergency medicines. Emergency equipment and emergency medicines that we checked, with one exception, were within their expiry date. We found that one of the emergency medicines had expired in May 2016. Staff told us that they had ordered a replacement but as there was a national supply problem with this particular emergency medicine they were still awaiting delivery.
- The practice had a business continuation contingency plan and a disaster recovery document for major incidents such as power failure or building damage. However, the plan did not include emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 8 March 2016, we rated the practice as requires improvement for providing effective services.

- The practice did not always assess needs and deliver care in line with relevant and current evidence based guidance and standards.
- Knowledge of and reference to national and locality guidelines were inconsistent.
- Data showed patient outcomes were low compared to the local and national averages.
- Not all staff were up to date with mandatory training. For example, infection control training and fire safety training.
- The practice did not have a system to follow up patients recently discharged from hospital.
- Some childhood immunisation rates for vaccines given to children were lower than clinical commissioning group (CCG) averages.

These arrangements had improved when we undertook a follow up inspection on 11 April 2017. However, further improvement is still required. The provider is rated as requires improvement for providing effective services.

Effective needs assessment

Clinical staff told us they regularly discussed current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines, in order to establish its relevance for application to patient assessment and care in the practice.

- The practice had systems to help keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- Data from 2015 / 2016 showed that the practice's prescribing of antibiotic items had improved by 2% from the 2014 / 2015 data.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality

of general practice and reward good practice). The most recent published results were 83% of the total number of points available (clinical commissioning group (CCG) and national average 95%). This demonstrated a positive change when compared with the results of 75% (CCG average 94% and national average 95%) published at the time of our inspection in March 2016.

Data from 2015/2016 showed the practice had made improvements and was now managing most patients with long-term conditions well:

- Performance for diabetes related indicators was comparable to the local clinical commissioning group (CCG) average and national average. For example, 68% of the practice's patients with diabetes, on the register, whose last IFCC-HbA1c was 64mmol/mol or less in the preceding 12 months compared with the local CCG average of 74% and national average of 78%. Seventy five percent of the practice's patients with diabetes, on the register, had a last measured total cholesterol of 5mmol/l or less compared with the local CCG average of 79% and national average of 80%.
- Performance for mental health related indicators was mixed. For example, 86% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable with the local clinical commissioning group (CCG) average of 83% and national average of 84%. Sixty three percent of the practice's patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their records in the preceding 12 months compared with the local CCG average of 93% and national average of 89%. Fifty percent 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 94% and national average of 89%. These results were unchanged when compared to those published at the time of our last inspection. However, we saw records that demonstrated 86% of the practice's patients with a mental health condition had a comprehensive care plan documented in their records at the time of our inspection on 11 April 2017. We looked at a random sample of these patients' records which confirmed this.
- Other performance indicators were comparable with local CCG and national averages. For example, the percentage of patients with coronary obstructive

Are services effective?

(for example, treatment is effective)

pulmonary disease (COPD – a breathing disorder) who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 87% (CCG average 86%, national average 90%). This demonstrated an improvement over the results of 73% published at the time of our last inspection.

There was evidence of clinical audits driving quality improvement.

- Staff told us the practice had a system for completing clinical audits. For example, a record keeping audit. The practice had analysed the results and implemented an action plan to address its findings.
- Other clinical audits had been carried out. For example, a cervical cytology audit. The practice had analysed the results and implemented an action plan to address its findings. Records showed this audit had been repeated to complete the cycle of clinical audit.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This included fire safety as well as health and safety.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes. For example, by access to on line resources and attending update training.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on-going support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation. However, staff told us that one member had received an informal appraisal of which there were no records.
- Staff received training that included: safeguarding, fire safety awareness and basic life support. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigations and test results.
- The practice shared relevant information with other services in a timely way. For example, when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Staff told us that multidisciplinary team meetings took place when necessary and that care plans were routinely reviewed and updated. We saw records that confirmed this.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant support service.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the local CCG and national average of 81%. The practice also encouraged its patients to attend national screening programmes for

Are services effective?

(for example, treatment is effective)

bowel and breast cancer screening. There were systems to help ensure results were received for all samples sent for the cervical screening programme and that the practice had followed up women who were referred as a result of abnormal results.

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 target of 90%. The practice exceeded the target in three out of four areas. These measures can be aggregated and scored out of 10, with the practice scoring 7.2 (compared to the national average of 9.1). **The area where the target was**

not achieved related to children aged two years receiving a pneumococcal conjugate booster. Staff told us the practice was administering these to relevant patients but this activity did not show in the results due to an error in coding patient records.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and **NHS health checks for patients aged 40–74**. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

At our previous inspection on 8 March 2016, we rated the practice as good for providing caring services.

When we undertook a follow up inspection on 11 April 2017 we found the practice was continuing to provide caring services. The practice remains rated as good for providing caring services.

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains and screens were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations. However, there were connecting doors between some of the consulting rooms and conversations taking place in these rooms could not be overheard.
- Incoming telephone calls and private conversations between patients and staff at the reception desk could be overheard by others. However, when discussing patients' treatment staff were careful to keep confidential information private. Staff told us that a private room was available should a patient wish a more private area in which to discuss any issues.

We received 50 patient comment cards, all of which were positive about the service patients experienced at Dr Hendrik Johan Beerstecher. Four comment cards contained both positive and negative comments. Patients indicated that they felt the practice offered a friendly service and staff were helpful and caring. They said their dignity was maintained, they were treated with respect and the practice was always clean and tidy. They also said they were always able to book an appointment that suited their needs.

We received one staff comment card which was positive about the services provided by the practice and about working at the practice.

We spoke with one patient during the inspection. The patient said they were satisfied with the care they received and thought staff were approachable, committed and caring. They also stated they were always able to book an appointment that suited their needs.

We received positive comments about the service provided by Dr Hendrik Johan Beerstecher from several patients who shared feedback with the Care Quality Commission via our share your experience process on our website. We also noted that all patient reviews of Dr Hendrik Johan Beerstecher left on the NHS Choices website were positive about the care and treatment the practice provided.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was comparable for its satisfaction scores on consultations with GPs and nurses.

For example:

- 94% of respondents said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and national average of 89%.
- 94% of respondents said the GP gave them enough time (CCG average 85%, national average 87%).
- 95% of respondents said the nurse gave them enough time (CCG average 94%, national average 92%).
- 94% of respondents said they had confidence and trust in the last GP they saw (CCG average 92%, national average 92%).
- 98% of respondents said they had confidence and trust in the last nurse they saw (CCG average 97%, national average 97%).
- 94% of respondents said they found the receptionists at the practice helpful (CCG average 88%, national average 87%).

Care planning and involvement in decisions about care and treatment

Patient feedback from the comment cards we received indicated they felt involved in decision making about the care and treatment they received. They also felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. We also saw that care plans were personalised.

Are services caring?

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were comparable to or higher than local and national averages. For example:

-  % of respondents said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
-  % of respondents said the last nurse they saw or spoke with was good at explaining tests and treatment (CCG average 91%, national average 90%).
-  % of respondents said the last GP they saw was good at involving them in decisions about their care (CCG average 87%, national average 85%).

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

Timely support and information was provided to patients and their carers to help them cope emotionally with their care, treatment or condition. Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice supported patients who were also carers. Staff told us they did not maintain a register of patients who were also carers as there were no medical reasons for doing so. However, the practice had a system that formally identified patients who were also carers and written information was available to direct carers to the various avenues of support available to them. Patients we spoke with during the inspection confirmed the practice recognised them as a carer and offered them appropriate support.

The comment cards we received were positive about the emotional support provided by the practice. For example, these highlighted that staff responded compassionately when patients needed help and provided support when required.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 8 March 2016, we rated the practice as requires improvement for providing responsive services.

- Practice staff had good local knowledge and awareness of its local patient population but did not actively engage with the NHS England Area Team and the local clinical commissioning group (CCG) in order to secure improvements to services.
- Not all information for patients about the services were accurate.
- Information was available to help patients understand the complaints system. However, this did not give details about who to contact in the practice in order to raise a complaint.
- The practice was unable to demonstrate that all complaints, including verbal complaints, were investigated and replied to in a timely manner.

These arrangements had improved when we undertook a follow up inspection on 11 April 2017. The practice is now rated as good for providing responsive services.

Responding to and meeting people's needs

The practice continued to maintain good local knowledge and awareness of the needs of its local patient population. Staff told us they were engaging with NHS England and their local clinical commissioning group (CCG). They said the GP met with the NHS England Responsible Officer to

- discuss his personal development plan as well as attending CCG meetings in order to keep up to date. We saw records that confirmed this. Staff said they entered into email correspondence with the CCG and were in receipt of medicines updates from them.

Services were planned and delivered to take into account the needs of different patient population groups and to help provide flexibility, choice and continuity of care. For example;

- Appointments were available outside of school hours and outside of normal working hours.
- Although patients with learning disabilities were not routinely offered longer appointments by the practice, staff told us that they always gave enough time to these patients, overrunning appointment times whenever necessary.

- Home visits were available for patients from all population groups who were not able to visit the practice.
- Urgent access appointments were available for children and those with serious medical conditions.
- The practice had a website and patients were able to book appointments or order repeat prescriptions online.
- The premises and services had been adapted to meet the needs of patients with disabilities and those with babies and or small children.
- A hearing loop was available.
- Staff told us that the practice had been decorated in such a way as to help patients who were visually impaired navigate their way around the building. For example, walls were painted beige and consultation room / treatment doors were painted green.
- Staff told us that when patients registered with the practice they were advised that the practice currently only employed a male GP. Staff also told us that should patients wish to see a female GP they would be referred to another service where a female doctor would be available.
- The practice maintained registers of patients with learning disabilities, dementia and those with mental health conditions. The registers assisted staff to identify these patients in order to help ensure they had access to relevant services.
- There was a system for flagging vulnerability in individual patient records.
- Records showed the practice had systems that identified patients at high risk of admission to hospital and implemented care plans to reduce the risk and where possible avoid unplanned admissions to hospital.
- There was a range of clinics for all age groups as well as the availability of specialist nursing treatment and support.

Access to the service

Dr Hendrik Johan Beerstecher was open Monday, Tuesday, Wednesday and Friday 9am to 1pm and 2pm to 6pm as well as Thursday 9am to 1pm. The practice provided 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 6pm.

Are services responsive to people's needs?

(for example, to feedback?)

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

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was significantly better than local clinical commissioning group (CCG) averages and national averages.

-  % of respondents were satisfied with the practice's opening hours compared to the local CCG average of 72% and national average of 76%.
-  % of respondents said they could get through easily to the practice by telephone compared to the local CCG average of 64% and national average of 73%.
-  % of respondents said they were able to see or speak with someone the last time they tried compared to the local CCG average of 66% and national average of 76%.

All the patient feedback we received indicated that they were always able to book an appointment that suited their needs.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- Information for patients was available in the practice that gave details of the practice's complaints procedure and included the names and contact details of relevant complaints bodies that patients could contact if they were unhappy with the practice's response.

The practice had received one complaint during 2016. Records demonstrated that the complaint was investigated, the complainant had received a response and the practice had reflected on their practice as a result of the complaint.

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 8 March 2016, we rated the practice as requires improvement for providing well-led services.

- There was a structure of leadership but there was a lack of clarity around responsibility and accountability between the GP and the practice manager who was also the practice nurse.
- Governance arrangements were not robust or always effectively implemented.
- The practice was unable to demonstrate they had an effective system to help ensure all governance documents were kept up to date with sufficient details for staff to follow.
- Significant issues that threatened the delivery of safe care were not identified or adequately managed.
- Risks to patients, staff and visitors were not consistently assessed and well managed.

The practice demonstrated they had addressed these issues when we undertook a follow up inspection on 11 February 2017. The practice is now rated as good for providing well-led services.

Vision and strategy

The practice had a vision to deliver high quality care and promote good outcomes for patients.

- The practice had a statement of purpose which reflected the vision and values. Most of the staff we spoke with were aware of the practice's vision or statement of purpose.

Governance arrangements

Improvements to governance arrangements at the practice had taken place.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. Staff had written job descriptions to help them understand their responsibilities and accountability in their role at the practice. There was also other written guidance to help inform staff of their governance responsibilities at the practice. For example, the complaints policy stated the practice manager was the complaints manager for the practice and the GP was the responsible partner for the practice in relation to complaints.

- The practice had arrangements for business continuity in the event of the absence of any key member of staff.
- Practice specific policies were implemented and were available to all staff. The practice had a system to help ensure all governance documents were kept up to date.
- Comprehensive understanding of the performance of the practice was maintained.
- The practice was able to demonstrate that clinical audits were driving quality improvement.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, the practice was unable to demonstrate they had an effective system for the management of fire safety and had not carried out a formal control of substances hazardous to health risk assessment. They had failed to identify risks associated with the lack of specific emergency equipment. For example, a child's oxygen mask. These issues have been reflected in the rating for providing safe services.

Leadership and culture

On the day of inspection the GP told us they prioritised high quality and compassionate care. Staff told us the GP and the practice manager were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The GP encouraged a culture of openness and honesty. The practice had systems that identified notifiable safety incidents.

The practice had systems to help ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology in a timely manner.
- The practice kept written records of correspondence.

There was a clear leadership structure and staff felt supported by management.

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.

Are services well-led?

Good 

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

-  Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice valued feedback from patients, the public and staff.

- The practice gathered feedback from patients through the patient participation group (PPG) and by carrying out analysis of the results from the GP patient survey as well as results from the  S Friends and Family Test.

- The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. All staff were involved in discussions about how to run and develop the practice, and the GP encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. For example, the practice learned from incidents, accidents and significant events as well as from complaints received.

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 were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures 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 was not always provided in a safe way for service users.</p> <p>The registered person was not: assessing all risks to the health and safety of service users receiving the care and treatment; doing all that was reasonably practical to mitigate any such risks;</p> <p>In that:</p> <ul style="list-style-type: none">• A health and safety law poster that identified local health and safety representatives was not displayed in the practice's premises in line with the Health and Safety at Work etc. Act 1974.• The fire risk assessment was out of date and a control of substances hazardous to health had not been carried out. <p>The registered person was not: ensuring there were sufficient quantities of equipment to ensure the safety of the services users and to meet their needs;</p> <p>In that:</p> <ul style="list-style-type: none">• A children's oxygen mask was not available. <p>This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Diagnostic and screening procedures 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 were not established and operated effectively to ensure compliance with the requirements in this Part. Such systems or processes did not enable</p>

Requirement notices

the registered person, in particular, to; assess, monitor and improve the safety of the services provided in the carrying on of the regulated activity; assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity;

In that:

- The practice was unable to demonstrate they had an effective system for the management of fire safety and had not carried out a formal control of substances hazardous to health risk assessment. They failed to identify risks associated with the lack of specific emergency equipment. For example, a child's oxygen mask.

This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.