

# Stonecross and West Drive Surgery

## Inspection report

25 Street End Road  
Chatham  
ME5 0AA  
Tel: 01634842334

Date of inspection visit: 11 August 2021  
Date of publication: 20/10/2021

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

Inadequate



Are services safe?

Inadequate



Are services effective?

Requires Improvement



Are services well-led?

Inadequate



# Overall summary

We carried out an announced inspection at Stonecross and West Drive Surgery on 11 August 2021. Overall, the practice is rated as inadequate.

Safe - Inadequate

Effective – Requires Improvement

Caring – not rated at this inspection

Responsive – not rated at this inspection

Well-led - Inadequate

Following our previous inspection on 13 and 14 August 2019 the practice was rated Requires Improvement overall and for the safe, effective and well-led key questions but good for the caring and responsive key questions.

The full reports for previous inspections can be found by selecting the 'all reports' link for Stonecross and West Drive Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Why we carried out this inspection

This inspection was a focused follow-up inspection to follow up on:

- Are services safe?
- Are services effective?
- Are services well-led?
- Areas followed up included breaches of regulations and where the provider should make improvements, identified in previous inspection report.

## How we carried out the inspection

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Conducting staff interviews using video conferencing
- Completing clinical searches on the practice's patient records system and discussing findings with the provider
- Reviewing patient records to identify issues and clarify actions taken by the provider
- Requesting evidence from the provider
- A short site visit

# Overall summary

## Our findings

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 Inadequate overall and for safe and well-led . We have rated the practice as requires improvement for effective and requires improvement for the population groups; older people, people with long term conditions, working age people and people experiencing poor mental health population groups.**

We found that:

- The practice did not provide care in a way that kept patients safe and protected them from avoidable harm. Not all patients on high risk medicines were appropriately monitored and safety alerts had not always been acted on.
- Risks to patients, staff and visitors were not always assessed, monitored and managed in an effective manner.
- Patients did not receive effective care and treatment that met their needs. Uptake of cervical screening was below target and cancer care reviews were below average. Patient outcomes for those with diabetes were below average and personalised care adjustments for asthma and mental health reviews were higher than average.
- The way the practice was led and managed did not promote the delivery of high-quality, person-centre care.
- The governance systems had failed to ensure patients prescribed high risk medicines had appropriate monitoring or that all safety alerts had been acted on.
- Systems for learning and improvement when things went wrong were not consistently effective.

We found two breaches of regulations. The provider **must**:

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

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary another inspection will be conducted within a further six months, and if there is not enough improvement, we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

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

**Dr Rosie Benneyworth** BM BS BMedSci MRCGP

# Overall summary

Chief Inspector of Primary Medical Services and Integrated Care

## Population group ratings

<b>Older people</b>	<b>Requires Improvement</b> 
<b>People with long-term conditions</b>	<b>Requires Improvement</b> 
<b>Families, children and young people</b>	<b>Good</b> 
<b>Working age people (including those recently retired and students)</b>	<b>Requires Improvement</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>Requires Improvement</b> 

## Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities and undertook a site visit. The team included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

## Background to Stonecross and West Drive Surgery

Stonecross and West Drive Surgery is located in Kent at:

25 Street End Road,

Chatham,

Kent,

ME5 0AA.

The practice has a branch surgery at:

West Drive,

Davis Estate,

Chatham,

Kent,

ME5 9XG

As part of our inspection we visited both Stonecross Surgery and West Drive Surgery, where the provider delivers registered activities from.

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services and treatment of disease, disorder or injury and surgical procedures. These are delivered from both sites.

The practice offers services from both a main practice and a branch surgery. Patients can access services at either surgery.

The practice is situated within the NHS Kent and Medway Clinical Commissioning Group (CCG) and delivers General Medical Services (GMS) to a patient population of about 8,663. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices.

Information published by Public Health England shows that deprivation within the practice population group is in the second lowest decile (four of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 90% White, 4% Asian, 3% Black, 2% Mixed, and 1% Other.

The age distribution of the practice population closely mirrors the local and national averages. There are more male patients registered at the practice compared to females.

There is a team of four GP partners who provide cover at both practices. The practice has a team of two part time nurses and one healthcare assistant who provide nurse led clinic's and use both the main and the branch locations. The GPs are supported at the practice by a team of reception/administration staff. There are three practice managers based across both surgeries to provide managerial oversight.

Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with the national guidance, most GP appointments were telephone consultations. If the GP needs to see a patient face-to-face then the patient is offered a choice of either the main GP location or the branch surgery.

Extended access is provided locally by Improved Access Primary Care Hubs, where late evening and weekend appointments are available. Out of hours services are provided by Medway On Call Care (MEDOCC).

This section is primarily information for the provider

## Enforcement actions

### 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

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance  
  
A Warning Notice was issued for breaches of Regulation 17(1): Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment  
  
A Warning Notice was issued for breaches of Regulation 12(1): Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.