

The London Road Medical Centre

Inspection report

32 London Road
Sittingbourne
ME10 1ND
Tel: 01795472109

Date of inspection visit: 10 December 2021
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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

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?

Requires Improvement



Overall summary

We carried out an announced inspection The London Road Medical Centre on 10 December 2021. Overall, the practice is rated as Requires Improvement.

Safe - Requires Improvement

Effective - Requires Improvement

Caring - Good

Responsive - Good

Well-led - Requires Improvement

Following our previous inspection on 23 April 2019, the practice was rated Requires Improvement overall, all key questions were rated Requires Improvement except for the provision of effective, caring and responsive services, which were rated Good.

The full reports for previous inspections can be found by selecting the 'all reports' link for The London Road Medical Centre on our website at www.cqc.org.uk

Why we carried out this inspection

This was a comprehensive follow up inspection which included a review breaches of regulation found at the previous inspection and areas of service that we advised should be improved.

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.
- 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 to the practice.

Our findings

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected

Overall summary

- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

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

- Systems to assess, monitor and manage risks to patient safety were not always effective. For example, infection prevention and control and legionella risks.
- Staff did not always have the information they needed to deliver safe care and treatment.
- There were gaps in systems to ensure prescribed medicines were in line with current best practice guidance.
- There was insufficient clinical staff to meet the care and treatment needs of registered patients. This remained an ongoing issue for the practice.
- The system used to make improvements when things went wrong was not consistently applied.

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

- Records showed that reviews of patients with long-term conditions were not always completed in line with current best practice guidance.
- Although the pandemic had had a detrimental effect on the practice's ability to deliver some care as well as treatment, performance relating to child immunisations and cervical screening still required improvement.
- Not all staff had access to regular appraisals.

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

- Leaders could not always demonstrate that they had the capacity and skills to deliver high quality sustainable care.
- The practice did not always have a clear vision or credible strategy to provide high quality sustainable care.
- The overall governance arrangements were not effective.
- The practice did not always have clear and effective processes for managing risks, issues and performance.
- There was little evidence of systems and processes for learning, continuous improvement and innovation.

We rated the practice as **Good** for providing caring and responsive services because:

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic.

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

- 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.
- Ensure that sufficient numbers of suitably qualified, competent, skilled and experienced staff to meet the needs of the people using the service at all times.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out their duties.

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

- Continue with and complete their action plan to ensure all health and safety risks are addressed appropriately.
- Continue with their plan to reduce the number of antibiotics prescribed.
- Continue to improve immunisation and screening uptake, specifically childhood immunisations and cervical cancer screening.

Overall summary

- Improve patients satisfaction in areas identified in the National GP patient Survey.
- Improve the management of complaints and to include verbal complaints made within this process/system.

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

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector, who was supported by a GP specialist advisor.

Background to The London Road Medical Centre

The London Road Medical Centre is located at 32 London Road, Sittingbourne, Kent, ME10 1ND.

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures and treatment of disease.

The practice is situated within the Kent and Medway Clinical Commissioning Group (CCG) and delivers General Medical Services (GMS) to a patient population of about 7,260.

The practice is part of a wider network of GP practices, the Sittingbourne Primary Care Network (PCN).

Information published by Public Health England shows that deprivation within the practice population group is in the sixth lowest decile (one 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 96% White, 1% Asian, 1% Black and 2% Mixed.

The practice staff consists of one single handed principal GP (female), one practice manager, one practice nurse (female) and a health care professional (female). The practice also employs locum GPs. The GP is supported at the practice by a team of reception/administration staff.

Extended access is provided locally by the PCN, where late evening and weekend appointments are available. Out of hours services are provided by MEDDOC.

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 Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider was not ensuring that care and treatment was provided in a safe way to patients. In particular:</p> <ul style="list-style-type: none">• The provider had not always ensured medicines prescribed were used appropriately and reviewed in line with current best practice guidance. For example, high-risk medicine and those prescribed inhalers.• There was no established plan to address the backlog of documents for filing, nor blood test results. <p>The provider was not assessing the risks to the health and safety of service users of receiving the care or treatment. In particular:</p> <ul style="list-style-type: none">• The legionella risk assessment and action plan were not completed.• Infection prevent and control audits and identified issues were not appropriately managed. <p>This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider was not always assessing, monitoring and improving the quality and safety of the services provided in the carrying on of the regulated activity. In particular:</p> <ul style="list-style-type: none">• Having systems and processes established that were consistently applied and effective. In relation to infection prevention and control, managing and mitigating risks, safe and appropriate use of medicines; staff appraisals; overarching policies and procedures being up to date and accessible to staff; and learning and making improvements when things went wrong.

This section is primarily information for the provider

Requirement notices

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

Regulated activity

Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The registered person did not always ensure that staff recruitment checks were undertaken in accordance with this regulation. In particular:

- Terms and conditions of contract, references, proof of identity, proof of vaccination status for Hepatitis B and proof of registration with other regulatory bodies. For example, Nursing and Midwifery Council or General Medical Council

This was in breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.