

Len Valley Practice

Inspection report

Groom Way
Lenham
Maidstone
ME17 2QF
Tel: 01622852900

Date of inspection visit: 18 October 2022
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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?

Good 

Are services effective?

Requires Improvement 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Overall summary

We carried out an announced inspection at Len Valley Practice on 18 October 2022. Overall, the practice is rated as Good.

Safe – Good

Effective – Requires Improvement

Responsive - Good

Well-led - Good

Why we carried out this inspection

This was an announced comprehensive inspection to provide the practice with an up to date rating. At our previous inspection on 12 December 2016, the practice was rated Good overall.

The full reports for previous inspections can be found by selecting the 'all reports' link for Len Valley Practice on our website at www.cqc.org.uk

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.

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 Good overall

We rated the practice **Requires Improvement** for providing effective services.

We found that:

Overall summary

- Our clinical record searches found improvement was required in relation to the safe management and monitoring of long-term conditions and high-risk medicines.

We rated the practice **Good** for providing safe, responsive and well-led services.

We found that:

- The practice provided care in a way that kept patients safe and protected them from avoidable harm.
- 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. Patients could access care and treatment in a timely way.
- The way the practice was led and managed promoted the delivery of person-centre care.

We found one breach of regulations. The provider **must**:

- Ensure care and treatment is provided in a safe way to patients.

The provider **should**:

- Continue with their action plan to ensure that all historical safety alerts were being routinely reviewed.
- Ensure that newly implemented procedures for DBS checks, staff training in infection prevention and control, patient group directives, high-risk medicine and long-term condition management are embedded.
- Continue to improve levels of patient satisfaction and cervical screening rates.

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

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

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 Len Valley Practice

Len Valley Practice is located at Groom Way, Lenham, Maidstone, Kent, ME17 2QF. Services are also provided from a branch practice at Harrietsham Surgery, The Glebe Medical Centre, Church Road, Harrietsham, Maidstone, Kent, ME17 1AP. We only visited Len Valley Practice as part of this inspection.

The provider is registered with CQC to deliver the Regulated Activities; Diagnostic and screening procedures, Family planning, Maternity and midwifery services, Treatment of disease, disorder or injury and Surgical procedures.

The practice is situated within the Kent and Medway Integrated Care Board (ICB) and delivers General Medical Services (GMS) to a patient population of about 10,171. This is part of a contract held with NHS England.

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

Information published by UK Health Security Agency shows that deprivation within the practice population group is in the seventh lowest decile (seven 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 97.3% White, 0.7% Black, 1% Asian and 1% Mixed.

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

The practice is led by five partner GPs (male). The practice has a team of two salaried GPs (male and female), two GP registrars (male and female), a specialist nurse (female), three healthcare assistants (female), a clinical pharmacist (female), an advanced physiotherapy practitioner (female) and a physiotherapist (male) and two paramedic practitioners. The GPs are supported at the practice by a practice manager, business manager, five dispensary staff and a team of reception/administration staff.

The provider was in the process of updating their CQC registration, to ensure it was correct. An application to register a GP partner as the CQC Registered Manager had been submitted.

Len Valley Practice is open between 8.30am and 6.30pm Monday to Friday. Dispensary services are open 8.30am to 12.30pm and 2pm to 6pm Monday to Friday.

Harrietsham Surgery is open between 8.30am and 1pm and 3.30pm to 6pm Monday to Friday. However, this practice is currently being utilised for administrative duties only at the present time.

The practice offers a range of appointment types including book on the day, telephone consultations, video consultations and advance appointments.

Extended access is provided locally by The Ridge PCN, where late evening and weekend appointments are available. Out of hours services are arranged by NHS111 and provided by Integrated Care 24 (IC24).

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 Family planning services Surgical procedures Treatment of disease, disorder or injury Maternity and midwifery services	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider had failed to provide care and treatment in a safe way for service users. In particular:</p> <ul style="list-style-type: none">• Three patients prescribed ACEI/ARB had not been appropriately monitored within the required timescale or reviewed before being prescribed these medicines. There was no evidence in the patients' records to show that the prescriber had sufficiently checked that the patient had responded to being recalled for monitoring. In some cases, only one recall prompt had been sent in the previous 18 months. One patient had attended for blood test monitoring but had not had the recommended kidney function blood test taken as part of these tests.• Potential missed diagnosis of Diabetes. We found that five patients had not been added to the practices' diabetic register.• Patients with hypothyroidism had not had thyroid function test monitoring for 18 months. Five patients had been flagged on the system as requiring an up to date, routine thyroid function blood test. These patients had received a medication review but had not been informed that required blood tests to ensure their prescribed medicine was the correct dosage.• One patient with diabetic retinopathy had received a review following their most recent high HbA1c blood test result. However, there was no recording of why the patient was not prescribed medication based on their blood test result. We saw that they had been advised on diet and lifestyle changes only. <p>This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>