

# Abbey Court Medical Centre

### **Inspection report**

3rd Floor Abbey Court
St. Johns Road
Tunbridge Wells
TN4 9TF
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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?	Good	
Are services well-led?	Requires improvement	

### Overall summary

We carried out an announced comprehensive inspection at Abbey Court Medical Centre on 21 March 2019 as part of our inspection programme.

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

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

### We have rated this practice as requires improvement overall.

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

- Patients were at risk as the proper and safe management of medicines was not being monitored appropriately.
- Records of the monitoring and review of patients prescribed high-risk medicines were not always appropriately documented.
- Infection prevention and control audits had failed to identify single use items that had passed their expiry date
- The practice could not demonstrate that all staff had the required training in basic life support.

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

- Patient outcomes could not always be identified as not all audits were used to promote quality improvement.
- Staff were not monitored sufficiently to ensure they had appropriate training to carry out their roles.

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

 The practice could not demonstrate formal governance systems were effective, as they had failed to identify issues relating to safe medicines management, reviews and monitoring of patients prescribed high-risk medicines, infection prevention and control, staff training and audit activity to improve quality outcomes for patients. The issues above affected all population groups so we rated all population groups as **requires improvement**.

We have rated this practice as **good** for providing caring and responsive services.

We found that:

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.

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

- Ensure care and treatment is provided in a safe way to patients.
- Ensure safe and proper management of medicines.
- Ensure that they assess the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated.
- Ensure systems and processes to ensure good governance are effective in accordance with the fundamental standards of care.
- Ensure staff employed by the service provider in the provision of a regulated activity receive appropriate training.

(Please see the specific details on action required at the end of this report).

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

- Continue to monitor the use of the newly established locum GP pack.
- Continue to monitor and improve the uptake rates for children aged 2 who receive immunisations.
- Improve responses to complaints made to ensure they include reference to the Parliamentary Health Service Ombudsmen.
- Continue to promote and implement an active patient participation group.

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

**Professor Steve Field** CBE FRCP FFPH FRCGP Chief Inspector of General Practice

#### Population group ratings

Older people	Requires improvement
People with long-term conditions	Requires improvement
Families, children and young people	Requires improvement
Working age people (including those recently retired and students)	Requires improvement
People whose circumstances may make them vulnerable	Requires improvement
People experiencing poor mental health (including people with dementia)	Requires improvement

#### Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

#### Background to Abbey Court Medical Centre

Abbey Court Medical Centre is located at 3rd Floor Abbey Court, St. Johns Road, Tunbridge Wells TN4 9TF. The practice has good transport links and there is a pharmacy located within the same building.

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.

Abbey Court Medical Centre is situated in an urban area of the West Kent Clinical Commissioning Group (CCG) and provides services to 3,640 patients under the terms of a general medical services (GMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

The provider is a principal GP (male) who registered with the CQC in March 2018. The practice employs two regular locum GPs (one male and one female), a practice nurse and several administration staff. The practice is part of a wider network of GP practices (a federation) West Kent Health.

The number of patients in all age groups are in line with local and national averages. The National General Practice Profile states that 93% of the practice population is from a white background with a further 7% of the population originating from black, Asian, mixed or other non-white ethnic groups. Information published by Public Health England, rates the level of deprivation within the practice population group as eight, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Male life expectancy is 81 years compared to the national average of 79 years. Female life expectancy is 85 years compared to the national average of 83 years.

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and
Maternity and midwifery services	treatment
Treatment of disease, disorder or injury	How the regulation was not being met:
	Care and treatment was not always provided in a safe way for service users.
	The service provider was not ensuring the proper and safe management of medicines. In particular: that staff had the appropriate authorisation to administer vaccines and immunisations and ensuring all patients on high-risk medicines received appropriate monitoring and review.
	The service provider was not assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated. In particular: that single use items were not being routinely checked to ensure they had not passed their expiry date.
	This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures  Maternity and midwifery services  Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance  How the regulation was not being met:
	Systems or processes were not established and operated effectively to ensure compliance with the requirements. Such systems or processes did not enable the registered person to;
	Assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may have been at risk which arose from the carrying

This section is primarily information for the provider

### Requirement notices

on of the regulated activity. In particular: The risks associated with staff not having appropriate authorisation to administer vaccines and immunisations, the lack of documenting the monitoring of patients on high-risk medicines and staff not being appropriately trained for their roles; had failed to be identified by the governance arrangements in place.

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

#### Regulated activity

Diagnostic and screening procedures

Maternity and midwifery services

Treatment of disease, disorder or injury

#### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

#### How the regulation was not being met:

Persons employed by the service provider in the provision of a regulated activity had not always received appropriate training.

The provider had failed to ensure staff were monitored sufficiently to ensure they had appropriate training and competency to carry out their roles they are employed to perform.

This was in breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity

Regulation