

Princes Park Medical Centre

Inspection report

Dove Close
Walderslade
Chatham
Kent
ME5 7TD
Tel: 01634201272
No website.

Date of inspection visit: 10 January 2020
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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?	Good	
Are services caring?	Good	
Are services responsive?	Requires improvement	
Are services well-led?	Requires improvement	

Overall summary

We carried out an announced comprehensive inspection at Princes Park Medical Centre on 10 January 2020 as part of our inspection programme. This was the practice's first rated inspection since the provider registered with CQC in February 2019.

This inspection looked at the following key questions:

- Safe
- Effective
- Caring
- Responsive
- Well-led

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 and requires improvement for safe, responsive and well-led and for all the population groups. We have rated them as good for effective and caring.

We found that:

- The systems and processes to keep patients safe required improvement. For example, the practice did not have an effective system for monitoring patients on high risk medicines and there were gaps in recruitment checks for some staff.
- The provider of this service had been in operation since February 2019, a few weeks prior to the end of the published QOF year. There was an action plan to address areas of poor performance that had been implemented since November 2019.
- The uptake for cervical screening and childhood immunisations for one year olds were below average.

- Staff dealt with patients with kindness and respect. However, patient satisfaction was below average, and the practice did not have a clear plan of action on how to improve this.
- The process for dealing with complaints did not include clear records of investigation, learning and improvement.
- The governance systems for the safe and effective management of services required improvement.

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

- Ensure that care and treatment is provided in a safe way.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

The provider **should**:

- Review and improve the uptake of cervical screening and the childhood immunisation programme.
- Continue to take action to improve cancer care reviews.
- Review and continue to monitor the effectiveness of quality improvement activities, with a view to improving processes.
- Update the whistleblowing policy in line with NHS guidance and identify a Freedom to Speak Up Guardian.
- Continue to work towards establishing an effective patient participation group.

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

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 CQC inspection. A GP specialist adviser was also present for the inspection.

Background to Princes Park Medical Centre

Princess Park Medical Centre is situated in Walderslade, Chatham, Kent within a purpose built medical centre.

Princes Park Medical Centre is located at:

Dove Close,

Walderslade,

Chatham,

Kent,

ME5 7TD.

The local clinical commissioning group (CCG) is the NHS Medway CCG. Princes Park Medical Centre is registered with the Care Quality Commission to provide the following regulated activities:

- treatment of disease, disorder or injury
- diagnostic and screening procedures
- maternity and midwifery services
- surgical procedures
- family planning

The practice has approximately 3,277 registered patients.

Princes Park Medical Centre consists of a GP provider who provides two clinical sessions a month and a salaried GP

who provides eight clinical sessions a week. There is a full time advanced nurse practitioner and a part time practice nurse. There is a team of managers including a practice manager and assistant manager. The head of Princes Park Medical Centre is a manager from Medway Community Healthcare, who provides managerial support to the practice management team. There is a team of administrative and reception staff.

There are higher than average number of patients under the age of 18 when compared with national and local averages. There is a lower proportion of patients over the age of 65, when compared with the national average. Information published by Public Health England (PHE) rates the level of deprivation within the practice population group as 6, on a scale of one to ten. Level 10 represents the lowest levels of deprivation and level one the highest. A higher proportion of patients are unemployed compared to the national average and there is a higher proportion of patients living with a long term condition. Life expectancy is similar to the national average for both men and women.

The practice is open Monday-Friday 8.30am-6.00pm. Outside of these hours support is available through the out of hours NHS 111 service.

The practice does not have a website.

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 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
Diagnostic and screening procedures Family planning services 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>How the regulation was not being met...</p> <p>The provider had not ensured that care and treatment was provided in a safe way.</p> <ul style="list-style-type: none">• Patients on high risk medicines were not always consistently monitored.• The provider did not ensure uncollected prescriptions were appropriately monitored in line with practice policy.• Reception staff had not received training in sepsis and recognising deteriorating patients.• There was an unclear system for repeating searches relating to safety alerts. <p>This was in breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met...</p> <p>The provider had not ensured that effective systems and processes are in place to ensure good governance in accordance with the fundamental standards of care.</p> <ul style="list-style-type: none">• Actions to improve patient outcomes in relation to long term conditions and mental health were not timely.• The provider did not ensure significant events and complaints were consistently discussed, learning identified and appropriately shared to ensure improvements.• There was limited evidence of improvements made in response to patient feedback.

This section is primarily information for the provider

Requirement notices

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

Regulation

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

How the regulation was not being met...

The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular:

- The provider did not have a clear system in place where evidence of satisfactory conduct in a previous role was sought prior to staff commencing in post.
- Disclosure and Barring service checks were not evident for one member of the clinical team.

The registered person employed persons who must be registered with a professional body, where such registration is required by, or under, any enactment in relation to the work that the person is to perform. The registered person had failed to ensure such persons were registered. In particular:

- There was no process in place to ensure the ongoing registration of clinical staff once they were in post.

This was in breach of regulation 19 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Regulation