

Albion Place Medical Practice

Inspection report

23-29 Albion Place Maidstone ME14 5DY Tel: 01622235613 www.albionplace.co.uk

Date of inspection visit: 6 October 2021 Date of publication: 27/01/2022

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?	Inadequate	
Are services caring?	Good	
Are services responsive to people's needs?	Requires Improvement	
Are services well-led?	Inadequate	

Overall summary

We carried out an announced inspection at Albion Place Medical Practice on 6 October 2021. Overall, the practice is rated as Inadequate.

Safe - Inadequate

Effective - Inadequate

Caring - Good

Responsive - Requires improvement

Well-led - Inadequate

Following our previous focused inspection carried out between 30 March and 8 April 2021, the practice was not rated. The full reports for previous inspections can be found by selecting the 'all reports' link for Albion Place Medical Practice on our website at www.cqc.org.uk

Why we carried out this inspection

This inspection was a comprehensive inspection to follow up on concerns raised regarding the service and to rate the location:

- We inspected all five key questions.
- We reviewed 'shoulds' from our previous inspection including staffing levels, systems for monitoring patients prescribed high risk medicines and how complaints were managed.

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 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
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- 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

We found that:

- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic.
- The practice had a high turnover of staff and was still carrying vacancies for clinical and non-clinical staff.
- Systems for managing risks were not operating how leaders in the service intended which meant patients did not always receive effective care and treatment that met their needs.
- There was a large backlog of incoming correspondence which the practice had not taken sufficient action to address.
- Pathology results were not always reviewed within an appropriate timescale.
- Learning from incidents and complaints were not always identified or shared to drive improvement.
- Staff told us that they dealt with patients with kindness and respect.
- Leaders and staff in the service had a strong desire to provide high quality patient care but this was not supported by a credible strategy.

We found three 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
- Ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons are deployed to meet the fundamental standards of care and treatment.

In addition, the provider **should**:

- Review and increase uptake of national programmes including childhood immunisations and cervical cancer screening.
- Continue to review and improve patient satisfaction and access to care.

On 20 October 2021, Albion Place Medical Practice was issued with an urgent notice to impose conditions upon their registration as a service provider in respect of regulated activities, under Section 31 of the Health and Social Care Act 2008. This notice of decision of urgent conditions was given because we believed that patients would or may have been exposed to the risk of harm if we did not take this action.

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.

Overall summary

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 and included a second CQC 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 Albion Place Medical Practice

Albion Place Medical Practice is located in a purpose-built building, which is shared with other health care related services at:

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The provider is registered with CQC to deliver the regulated activities; diagnostic and screening procedures, maternity and midwifery services, treatment of disease, disorder or injury and surgical procedures.

The practice is situated within the NHS Kent and Medway clinical commissioning group (CCG) and delivers General Medical Services to a patient population of approximately 11,300 patients.

The practice is part of a wider network of GP practices locally and is supported by a larger parent organisation that delivers general practice services at several locations in London and Kent. The registered manager for this service is the medical director of primary care services for the larger provider at scale organisation.

Information published by Public Health England shows that deprivation within the practice population group is in the sixth decile (six 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 92% White, 5% Asian, 1% Black, 2% Mixed, and less than 1% Other.

The age distribution of the practice population closely mirrors the local and national averages.

The practice employs three salaried GPs (male and female), one advanced nurse practitioners (ANPs), one practice nurses, one health care assistant. The practice also employs a prescribing pharmacist and a pharmacist technician. The practice routinely employs locum GPs and ANPs through an agency to fill vacant clinical sessions. Clinical staff are supported by a practice manager, assistant practice manager, administration lead and a team of reception and administration staff. The practice staff are also supported by the management team of the provider at scale organisation.

Due to the enhanced infection prevention and control measures put in place since the COVID-19 pandemic and in line with the national guidance, a high proportion of GP appointments provided by the practice are telephone consultations. Where the GP needs to see a patient face-to-face, then the patient is offered an appropriate appointment.

Patients requiring a GP outside of normal working hours are advised to contact the NHS 111 service where they will be given advice or directed to the most appropriate service for their medical need.

For further details please see the practice website www.albionplace.co.uk

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.

Regulation Regulated activity Diagnostic and screening procedures Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Family planning services The registered persons had not done all that was Maternity and midwifery services reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In Surgical procedures particular: Treatment of disease, disorder or injury Recruitment checks were not fully completed or • Staff immunisation was not maintained in line with Public Health England guidance. There was not always proper and safe management of medicines. In particular Blank prescription stationery was not kept securely. • Patients prescribed a particular novel anticoagulant had not always been monitored in line with guidance. • Patients prescribed a particular medicine used to reduce blood pressure had not always been monitored in line with guidance. There was additional evidence that safe care and treatment was not being provided. In particular: • Incidents were not always recorded. This was in breach of Regulation 12(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 17 HSCA (RA) Regulations 2014 Good governance

Requirement notices

The registered person had systems or processes in place that operating ineffectively in that they failed to 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 be at risk

- Incidents that managers in the service were aware of were not always recorded or investigated including credible threats made against staff.
- Risks placed on the risk register were not always appropriately mitigated or managed within a reasonable timescale.

The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to ensure that accurate, complete and contemporaneous records were being maintained securely in respect of each service user. In particular:

 Incoming correspondence and pathology results were not always scanned or coded onto the individual patient records within an appropriate timescale.

There was additional evidence of poor governance. In particular:

• There was a lack of clarity in communication and responsibility between the practice and the primary care at scale organisation supporting it.

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 18 HSCA (RA) Regulations 2014 Staffing

The registered person had failed to ensure that sufficient numbers of suitably qualified, competent, skilled and experienced persons were deployed in order to meet the requirements of fundamental standards in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In particular:

• There were insufficient clinical and non-clinical staff employed.

This section is primarily information for the provider

Requirement notices

The service provider had failed to ensure that persons employed in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. In particular:

- Staff had not received inductions when employed by the service or undertaking new roles.
- Staff had not routinely received appraisals or other appropriate support.

This was in breach of Regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Section 31 HSCA Urgent procedure for suspension, variation etc. On 20 October 2021, Albion Place Medical Practice was issued with an urgent notice to impose conditions upon their registration as a service provider in respect of regulated activities, under Section 31 of the Health and Social Care Act 2008. This notice of decision of urgent conditions was given because we believed that patients would or may have been exposed to the risk of harm if we did not take this action.