

# Iwade Health Centre

## Inspection report

1 Monins Road  
Iwade  
Sittingbourne  
ME9 8TY  
Tel: 01795413100

Date of inspection visit: 9 October 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

Inspected but not rated



Are services safe?

Inspected but not rated



Are services well-led?

Inspected but not rated



# Overall summary

We carried out an announced focussed inspection (at short notice to the provider) at Iwade Health Centre on 9 October 2020. The practice was not rated as a consequence of this inspection.

Following the inspection in July 2020 of another location where services were also delivered by the provider DMC Healthcare Limited, we found breaches of regulation and the risk of patient harm. As a result, we took urgent enforcement action and removed that location from the provider's registration with CQC. This prevented them from continuing to deliver regulated activities at that location. As the provider DMC Healthcare Limited is also delivering regulated activities at Iwade Health Centre, we carried out this inspection to assure ourselves that the breaches of regulation and risk of patient harm found during the inspection of the other location in July 2020 were not being repeated at this location.

Our judgement of the quality of care at this service is based 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. The on-site inspection activity took place on 9 October 2020 followed by inspection activities carried out remotely thereafter.

At this inspection we found:

- The practice's systems, practices and processes did not always keep people safe.
- Risks to patients, staff and visitors were not always assessed, monitored or managed in an effective manner.
- Staff did not always have the information they needed to deliver safe care and treatment.
- The arrangements for medicines management did not always help to keep patients safe.
- The practice learned and made improvements when things went wrong.
- Local clinical leadership (including on-site clinical supervision) was unclear and the Registered Manager was not visible in the practice.
- Governance arrangements were not always effective.
- The practice involved the public, staff and external partners to help sustain high-quality sustainable care. However, engagement was limited due to the current pandemic.
- Systems and processes for learning and continuous improvement were not always effective.

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.

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

- Continue with plans for relevant staff to attend chaperone training, fire safety training as well as infection prevention and control training.

We are mindful of the impact of COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

**Dr Rosie Benneyworth** BM BS BMedSci MRCGP

# Overall summary

Chief Inspector of Primary Medical Services and Integrated Care

**Please refer to the detailed report and the evidence tables for further information.**

## Population group ratings

Older people	Not inspected	
People with long-term conditions	Not inspected	
Families, children and young people	Not inspected	
Working age people (including those recently retired and students)	Not inspected	
People whose circumstances may make them vulnerable	Not inspected	
People experiencing poor mental health (including people with dementia)	Not inspected	

## Our inspection team

Our inspection team was led by a CQC Inspector and included a second CQC Inspector and a GP Specialist Advisor.

## Background to Iwade Health Centre

- The registered provider is DMC Healthcare Limited which is a primary care at scale organisation that delivers general practice services at three registered locations in England.
- There are arrangements with other providers (MedOCC) to deliver services to patients outside of the practice's working hours.
- The practice staff consists of one salaried GP (male), one practice manager, one assistant practice manager, two advanced nurse practitioners (both female), one nurse prescriber (female), one community psychiatric nurse (male), one independent prescribing pharmacist (female), one junior pharmacist (female), one acute care practitioner (paramedic) (female), one healthcare assistant (female), two practice administrators and four receptionists. The practice also employs locum GPs via an agency. Practice staff are also supported by the DMC Healthcare Limited management staff.
- Iwade Health Centre is registered with the Care Quality Commission to deliver the following regulated activities: diagnostic and screening procedures; family planning; maternity and midwifery services; surgical procedures; treatment of disease, disorder or injury.
- Iwade Health Centre is located at 1 Monins Road, Iwade, Sittingbourne, Kent, ME9 8TY. The practice has an alternative provider medical services contract with NHS England for delivering primary care services to the local community. Primary medical services are available to registered patients via an appointments system. The practice website is [www.iwadehealthcentre.nhs.uk](http://www.iwadehealthcentre.nhs.uk).
- As part of our inspection we visited Iwade Health Centre, 1 Monins Road, Iwade, Sittingbourne, Kent, ME9 8TY only, where the provider delivers registered activities. Iwade Health Centre has a registered patient population of approximately 5,700 patients.

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 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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>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:</b></p> <ul style="list-style-type: none"><li>• The provider was unable to demonstrate they had an effective system for the routine management of legionella in the practice.</li></ul> <p><b>The service provider was not ensuring the proper and safe management of medicines. In particular:</b></p> <ul style="list-style-type: none"><li>• Medicines that required refrigeration were not always appropriately stored and monitored in line with Public Health England Guidance.</li></ul> <p><b>This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b></p>

## 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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>Systems or processes were not established and operated effectively to ensure compliance with the requirements in this Part. Such systems or processes did not enable the registered person to;</b></p> <p><b>Assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. In particular:</b></p> <ul style="list-style-type: none"><li>• Action taken to address issues identified by the fire drill carried out on 19 November 2019 was not effective.</li><li>• The provider was unable to demonstrate they always complied with the duty of candour when managing significant events at the practice.</li></ul> <p><b>Assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity. In particular:</b></p> <ul style="list-style-type: none"><li>• The provider was unable to demonstrate they had adequately taken into consideration and addressed risks associated with: all staff not being up to date with essential training; not always carrying out recruitment checks in accordance with regulations; not maintaining all relevant staff vaccination in line with current Public Health Guidance; the lack of a local clinical lead salaried GP (including the lack of on-site clinical supervision at the practice and the lack of visibility of the Registered Manager in the practice); staff not always following GOLD guidance when carrying out reviews of patients with Chronic Obstructive Pulmonary Disease (COPD); management of medicines that required refrigeration.</li><li>• The provider was also unable to demonstrate they had effective systems for the routine management of legionella.</li></ul>

## Enforcement actions

Maintain securely such other records as are necessary to be kept in relation to – (ii) the management of the regulated activity. In particular:

- Records of action taken to address issues identified by the fire risk assessment were incomplete.
- Fire alarm test records did not carry details of the practice.
- Records of action taken to address issues identified by the infection prevention and control audit were incomplete.
- Records of the monitoring of water from hot and cold outlets did not carry details of the practice.
- Records of the flushing of little used water outlets did not carry details of the practice.

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 service provider had failed to deploy sufficient numbers of suitably qualified, competent, skilled and experienced persons in order to meet the requirements of this Part. In particular:**

- There was no local clinical lead employed and working at the practice.

**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;**

- Not all staff were up to date with basic life support training.
- Not all staff had received a regular appraisal.

This was in breach of Regulation 18(1) and (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.