

DMC Church View Practice

Inspection report

103-107
High Street, Rainham
Gillingham
ME8 8AA
Tel: 01634337642

Date of inspection visit: 16 November 2021
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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 to people's needs?		Good	
Are services well-led?		Inadequate	

Overall summary

We carried out an announced inspection at DMC Church View Practice. We conducted clinical searches (remote review of patient records) on 10 November 2021 and visited the practice on 16 November 2021 under Section 60 of the Health and Social Care Act 2008, as part of our regulatory functions. The inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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
- Requesting evidence from the provider
- A site visit.

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.

Our findings

This practice is rated as Requires Improvement overall.

The key questions at this inspection are rated as:

Are services safe? – Requires Improvement

Are services effective? – Requires Improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Inadequate

We rated the practice as **Requires Improvement** for providing safe services because:

- The provider did not always act on the issues identified in infection prevention and control audits.
- There was not an effective approach to managing staff absences and busy periods.

Overall summary

- Blank prescriptions were not always kept securely and not monitored in line with national guidance.
- The provider could not always demonstrate the prescribing competence of non-medical prescribers.
- Vaccines were not appropriately stored.

We rated the practice as **Requires Improvement** for providing effective services because:

- Some quality improvement activity did not contain relevant information for the practice or a date of when completed.
- Not all staff had protected time for learning and development.
- The provider was unable to provide evidence that new staff had received appropriate induction for their role.
- The provider could not always demonstrate how they assured the competence of staff.

We rated the practice as **Good** for providing caring services because:

- Staff helped patients to be involved in decisions about care and treatment.
- Interpretation services were available.
- The provider respected patients' privacy and dignity.
- We saw that staff were respectful and polite when dealing with patients and maintained confidentiality.

We rated the practice as **Good** for providing responsive services because:

- The provider understood the needs of the local population and delivered services to help meet patient needs.
- The provider made reasonable adjustments when patients found it hard to access services.
- The provider offered a range of appointment types to suit different needs.
- Patient feedback collected via the GP patient survey was above the local and national averages.
- Complaints were listened to as well as responded to and used to improve the quality of care.

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

- Leaders were not visible and accessible.
- The provider's culture and strategy did not effectively support high quality sustainable care.
- The provider's processes for managing risks, issues and performance were not effective.
- There were not sufficient numbers of suitably qualified, competent, skilled and experienced persons.

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

The provider should:

- Review medical equipment and ensure spare defibrillator pads are available.
- Continue to analyse incidents and near misses and consider how processes can be improved as a result.
- Review do not attempt cardiopulmonary resuscitation (DNACPR) forms to ensure they are accessible to all.

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

Our inspection team

Our inspection team was led by a CQC lead inspector with a second and third inspector who all 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 DMC Church View Practice

DMC Church View Practice is located in Gillingham at:

Rainham Healthy Living Centre,
Yellow Suite, 103 – 107 High Street
Rainham
Gillingham
ME8 8AA

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, family planning, maternity and midwifery services and treatment of disease, disorder or injury.

The practice is situated within the Kent and Medway Clinical Commissioning Group and delivers General Medical Services (GMS) to a patient population of approximately 5,960. This is part of a contract held with the Kent and Medway Clinical Commissioning Group.

Information published by Public Health England shows that deprivation within the practice population group is in the eighth lowest decile (8 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 94.3% white, 3% Asian, 0.8% Black, 1.4% Mixed, and 0.5% Other.

The practice staff consists of one salaried GP (male), one advanced nurse practitioner (female), two practice nurses (female) and one healthcare assistant (female). The clinical team is supported by a practice manager, medical secretary as well as an administration and reception team. The practice also employs two long term locum GPs via an agency. The practice staff are also supported by the management team of a primary care at scale organisation.

Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with the national guidance, most GP appointments were telephone consultations.

Opening hours are Monday to Wednesday 8am to 7pm, Thursday 7am to 7pm and Friday 7am to 6pm. Extended access is provided locally by a GP federation and out of hours services are provided by NHS 111.

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

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 Treatment of disease, disorder or injury Maternity and midwifery services	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>There was not an adequate assessment of the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated. In particular:</p> <ul style="list-style-type: none">• Not all issues identified in infection prevention and control audits were actioned. <p>There was no proper and safe management of medicines. In particular:</p> <ul style="list-style-type: none">• Blank prescriptions were not always kept securely and not always monitored in line with national guidance.• Vaccines were not appropriately stored in line with PHE guidance.
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services 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>There were no systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none">• Reviews of patients with some long-term conditions, for example, hypothyroidism, did not always include all elements necessary in line with best practice guidance.• Clinical audits did not always identify the location of the practice, the date the audit was completed or a signature of the audit owner.• Feedback from clinical audits was not shared with staff.

This section is primarily information for the provider

Requirement notices

- The provider could not demonstrate that there were regular reviews of the prescribing practice of non-medical prescribers.
- Staff did not have protected time for learning and development.
- We did not see evidence of an induction programme for new staff.
- Wider leadership were not always visible and accessible.
- There was not a strong emphasis on the well-being of staff.

This was in breach of Regulation 17(1) 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 Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>How the regulation was not being met:</p> <p>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:</p> <ul style="list-style-type: none">• There were not sufficient numbers of suitably qualified, competent, skilled and experienced persons. <p>This was in breach of Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>