

# Marlowe Park Medical Centre

## Inspection report

Wells Road  
Rochester  
ME2 2PW  
Tel: 01634719692  
www.marloweparkmedicalcentre.nhs.uk

Date of inspection visit: 2 November 2021  
Date of publication: 17/12/2021

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

Good 

Are services safe?

Good 

Are services effective?

Requires Improvement 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Overall summary

We carried out an announced comprehensive inspection at Marlowe Park Medical Centre on 2 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. The overall rating for the practice was Good.

## 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 in line with all data protection and information governance requirements.

This included:

- Conducting staff interviews using the telephone / video conferencing.
- Requesting evidence from the provider.
- A short site visit.

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.

## Our findings:

### This practice is rated as Good overall.

The key questions at this inspection are rated as:

Are services safe? – Good

Are services effective? – Requires Improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

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

- The practice's systems, practices and processes helped to keep people safe and safeguarded from abuse.
- There were systems and processes to help maintain appropriate standards of cleanliness and hygiene.
- Risks to patients, staff and visitors were assessed, monitored and managed.

# Overall summary

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

- Patients' needs were assessed, but care and treatment were not always delivered in line with current legislation, standards and evidence-based guidance.
- The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. The pandemic had had a detrimental effect on the practice's ability to deliver some care as well as treatment. However, improvements were required for some types of patient reviews as well as some subsequent follow up activities.

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

- Staff treated patients with kindness, respect and compassion.
- Staff helped patients to be involved in decisions about care and treatment.
- The practice respected patients' privacy and dignity.

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

- The practice organised and delivered services to help meet patients' needs.
- People were able to access care and treatment in a timely way.
- Complaints were listened to and used to improve the quality of care.

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

- There was compassionate and inclusive leadership at all levels.
- There were processes and systems to support good governance and management.
- The provider had systems to continue to deliver services, respond to risk and meet patients' needs during the pandemic.
- The practice involved the public, staff and external partners to help ensure they delivered high-quality and sustainable care.
- There were systems and processes for learning, continuous improvement and innovation.

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

- Ensure care and treatment is provided in a safe way to patients.

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

- Continue with plans for staff to attend the practical elements of basic life support training when they become available.
- Continue with plans to replace patient group directions (PGDs) that are out of date with updated versions once they become available from Public Health Screening.
- Revise management of safety alerts to ensure that all historic alerts are included.
- Revise documentation of complaints management to ensure that acknowledgement of complaints and outcome replies to complainants are recorded.

**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.**

## Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) Lead Inspector. The team included a GP Specialist Advisor.

## Background to Marlowe Park Medical Centre

The registered provider is Aspire Medical Health which is part of a primary care at scale organisation that delivers general practice services at three registered locations in England.

Marlowe Park Medical Centre is located at Wells Road, Rochester, Kent, ME2 2PW. The practice is situated within the NHS Kent and Medway Clinical Commissioning Group (CCG) and has a general medical services contract with NHS England for delivering primary care services to the local community.

As part of our inspection we visited Marlowe Park Medical Centre, Wells Road, Rochester, Kent, ME2 2PW only, where the provider delivers registered activities.

Marlowe Park Medical Centre has a registered patient population of approximately 3,963 patients. The practice is located in an area with a higher than average deprivation score.

There are arrangements with other providers to deliver services to patients outside of the practice's working hours.

The practice staff consists of three GP partners (two male and one female), one practice nurse (female), one physician associate (female), one clinical pharmacist (female), one healthcare assistant (male), one phlebotomist, one team leader, one reception supervisor, two primary care navigators and five primary care co-ordinators. The practice also employs locum staff (including regular locum GPs) directly and practice staff are supported by the primary care at scale organisation Aspire Medical Health management staff.

Marlowe Park Medical Centre is registered with the Care Quality Commission (CQC) to deliver the following regulated activities: diagnostic and screening procedures; maternity and midwifery services; and treatment of disease, disorder or injury. The provider is in the process of adding the regulated activity of family planning to their registration.

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 Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The service provider was not providing care and treatment in a safe way for service users. In particular:</p> <p>The service provider was not ensuring the proper and safe management of medicines. In particular:</p> <ul style="list-style-type: none"><li>• The provider was unable to demonstrate that staff took appropriate action when records showed that the temperature of designated medicines refrigerators were recorded as being outside of acceptable limits.</li><li>• Records showed that improvements were required to some types of patient reviews and / or some subsequent follow up activities to help ensure that appropriate medicines were being prescribed. In particular: one patient diagnosed with diabetes; two patients diagnosed with atrial fibrillation; ten patients with a potential missed diagnosis of diabetes; and 21 patients diagnosed with hypothyroidism.</li></ul> <p>This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>