Iwade Health Centre

Quality Report

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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.

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Overall summary

Letter from the Chief Inspector of General Practice

Letter from the Chief Inspector of General Practice

We carried out an announced responsive comprehensive inspection at Iwade Health Centre on 6 June 2017. The overall rating for the practice was inadequate. The full comprehensive report on the 6 June 2017 inspection can be found by selecting the 'all reports' link for Iwade Health Centre on our website at www.cqc.org.uk.

During the announced responsive comprehensive inspection on 6 June 2017 we identified risk of harm to patients due to insufficient staffing numbers, a lack of effective governance processes and systems to identify, assess and monitor risk. This was a breach of legal requirements and the practice was rated inadequate

Summary of findings

overall. The practice was rated inadequate for providing safe, effective and well-led services, requires improvement for providing responsive services and good for providing caring services.

As a result of the inspection on 6 June 2017 the Care Quality Commission imposed urgent conditions on the registration of the service provider under Section 31 of the Health and Social Care Act 2008, in respect of all regulated activities for which they are registered. This urgent action was taken as we believe that a patient will or may be exposed to the risk of harm if we did not do so. The conditions were imposed on 14 June 2017 and included:

Condition 1: The registered person must not register any new patients at Iwade Health Centre without the written permission of the Care Quality Commission unless those patients are residents of the care and nursing homes attached to Iwade Health Centre or are newly born babies, newly fostered or adopted children of patients already registered at Iwade Health Centre.

Condition 2: The registered person must clear the existing backlogs of repeat prescription requests, medication reviews and Docman correspondence by 27 June 2017.

Condition 3: The registered person must implement a sustainable system to ensure future repeat prescription requests, medication reviews and Docman correspondence are reviewed and actioned without delay, to ensure patients are protected from risk of harm, at Iwade Health Centre.

Condition 4: The registered provider must undertake an urgent review of patient demand to determine the correct level of service provision and resource. This includes all appointment types requested by patients and the reasons for attendance. The review must also include a comprehensive outline of the required levels and numbers of the resource deployed to meet patient needs at all times. The initial review must be undertaken in conjunction with Swale Clinical Commissioning Group, documented and presented in a formal report to CQC by 24 July 2017.

Condition 5: The registered provider must ensure adequate capability, resource and capacity of all staffing groups in order to deliver a safe service. This includes providing adequate clinical staffing and appointments at Iwade Health Centre at all times to protect the health and welfare of patients.

Condition 6: Effective and sustainable clinical governance systems and processes to ensure that all patients are able to access timely, appropriate and safe care must be implemented by 24 July 2017 at Iwade Health Centre. The systems and processes implemented must protect patient safety and enable compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This inspection was an announced focused inspection undertaken on 1 August 2017 to confirm that the practice had carried out their plans to meet the legal requirements in relation to the breaches in regulations identified, which resulted in urgent conditions being imposed to the providers' registration, following our previous inspection on 6 June 2017. This report covers our findings in relation to the imposed conditions of registration and will not result in reviewing the overall rating or the ratings of any individual key question or population group.

Our key findings at this inspection, 1 August 2017, were as follows:

We found that none of the urgent conditions imposed on 14 June 2017 had been met.

- We found that condition one of the urgent conditions imposed on your registration had not been met. The registered manager carried out a search of patients registered at the practice since 14 June 2017 and provided documentation which showed that the practice had registered 42 new patients who did not meet the exception criteria.
- We found condition two of the urgent conditions imposed on your registration had not been met. Although there were no urgent repeat prescriptions awaiting action and the backlog of Docman correspondence seen did not pre-date 27 June 2017, medication reviews had not been conducted.
- We found condition three of the urgent conditions imposed had not been met. We saw that there were 36 blood results in a Docman shared inbox from 28 July

2017 to 01 August 2017 which had not been clinically reviewed and had not had any action taken. We reviewed a random sample of two blood results and found patients care had been placed at risk.

- We found condition four of the urgent conditions imposed on your registration had not been met. The registered manager confirmed that the required review of patient demand to determine the correct level of service provision and resource and the resulting report had not been produced.
- We found condition five of the urgent conditions imposed on your registration had not been met. The urgent review of patient demand to determine the correct level of resource and capacity of staffing to deliver a safe service had not been carried out. The expected GP (to cover the lead locum on annual leave) did not attend the surgery on 31 July 2017. Patient appointments were cancelled and rescheduled for the following day. A patient told us that her child's appointment to see the GP was re-scheduled which resulted in her taking her child to the walk-in service. There were no permanent clinical staff at the practice except the healthcare assistant and the long term locum advanced nurse practitioner left the practice on 31 July 2017.
- We found condition six of the urgent conditions imposed on your registration had not been met. The provider was unable to demonstrate any systems had been employed to address and mitigate the risks to patients and had failed to share the urgent conditions imposed on the providers' registration with Malling Health (UK) Limited staff and ensure they were adhered to.

As a result of this we sent a Letter of Intention to take urgent action under Section 31 of the Health and Social Care Act 2008 ('the Act'), which included the power to impose, vary or remove conditions on the providers' (Malling Health (UK) Ltd) registration. The provider negotiated a termination of contract with Swale clinical commissioning group for 31 August 2017. As a result we removed conditions two to six of those imposed on 14 June 2017 and imposed five further conditions on the registration of the service provider. There are therefore six urgent conditions imposed on the provider's registration.

Condition 1 of those initially imposed being:

The registered person must not register any new patients at Iwade Health Centre without the written permission of the Care Quality Commission unless those patients are residents of the care and nursing homes attached to Iwade Health Centre or are newly born babies, newly fostered or adopted children of patients already registered at Iwade Health Centre,

and five newly imposed conditions taking account of the current situation at the practice.

Condition 1: The registered provider must work with the appointed incoming provider from the time the notice is served, for the duration of the contract with NHS Swale CCG until it terminates, to ensure patient care is maintained during the period of transition.

Condition 2: The registered provider must clear the backlog of medicine reviews and work with the appointed incoming provider to introduce a sustainable process to ensure this does not reoccur by 25 August 2017.

Condition 3: The registered provider must clear the backlog of prescriptions and work with the appointed incoming provider to introduce a sustainable process to ensure this does not reoccur by 25 August 2017.

Condition 4: The registered provider must clear the backlog of Docman correspondence and work with the appointed incoming provider to introduce a sustainable process to ensure this does not reoccur by 25 August 2017.

Condition 5: The registered person must provide the Care Quality Commission with a schedule of GP and clinical cover delivered by Malling Health (UK) Limited at Iwade Health Centre until the end of your contract with NHS Swale Clinical Commissioning Group by 2pm on 11 August 2017.

We have taken this urgent action as we believe a patient will or may be exposed to the risk of harm if we do not do so.

These conditions are imposed at the following location:

Iwade Health Centre, 1 Monins Road, Iwade, Sittingbourne, Kent ME9 8TY.

The provider Malling Health (UK) Ltd made an application to the Care Quality Commission to vary their conditions of registration by removing the location Iwade Health

Summary of findings

Centre from all the regulated activities they are registered to provide. The notice of decision to vary the conditions of registration to remove the location Iwade Health Centre was served on the provider on 1 September 2017. Malling Health (UK) Ltd is no longer the provider of regulated activates at Iwade Health Centre.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

.At our previous responsive comprehensive inspection on 6 June 2017, we rated the practice as inadequate for providing safe services:

- The approach to investigating and reviewing significant events was insufficient. There was no evidence of learning from events or action taken to improve safety.
- Patients were at risk of harm because systems and processes were not implemented in a way to keep them safe.
- There were insufficient processes to ensure the proper and safe management of medicines.
- Appropriate recruitment checks had not been undertaken prior to staff being employed.
- There were not enough staff to keep patients safe. The clinical team at the practice had resigned and the practice was reliant on locum GPs and nurses. Substantial and frequent staff shortages and poor management of agency or locum staff increased the risk of harm to people who used the service.

At the inspection on 1 August 2017, we found the provider had not made significant improvements to be compliant with the legal requirements of the imposed conditions of registration and that the previously identified risks had not been mitigated.

Are services effective?

At our previous responsive comprehensive inspection on 6 June 2017, we rated the practice as inadequate for providing effective services:

- Clinical documents and requests for medication were not reviewed and actioned appropriately.

At the inspection on 1 August 2017, we found the provider had not made significant improvements to be compliant with the legal requirements of the imposed conditions of registration and that the previously identified risks had not been mitigated.

Are services well-led?

At our previous responsive comprehensive inspection on 6 June 2017, we rated the practice as inadequate for providing well-led services:

- There was no clear division between the local and the corporate leadership structure. Staff told us they were unsure where responsibility for governance lay.

Summary of findings

- The practice did not have a clear vision and strategy and staff were not clear about their responsibilities in relation to this.
- There was no effective system for identifying, capturing and managing issues and risks.

At the inspection on 1 August 2017, we found the provider had not made significant improvements to be compliant with the legal requirements of the imposed conditions of registration and that the previously identified risks had not been mitigated.

Iwade Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP Specialist Adviser, a Practice Manager Specialist Adviser and a second CQC Inspector.

Background to Iwade Health Centre

Iwade Health Centre is located in a semi-rural residential location in the village of Iwade in Kent and provides primary medical services to approximately 6,000 patients. Iwade Health Centre holds an Alternative Provider Medical Services (APMS) contract. The practice is housed in a purpose built building, with consulting and treatment rooms based on the ground floor and administration and meeting/training rooms on the first floor. There are parking facilities and the building is accessible for patients with mobility issues and those with babies/young children.

The practice patient population includes more younger patients from 0-14 years than the England average age distribution, less 14 to 29 year old patients, more 30 to 49 year old patients and significantly less older people. It is situated in an area where the population is considered to be less deprived.

The provider for the practice is Malling Health Ltd which is an organisation with multiple locations, and the service is provided by a number of locum GP's. On the day of the inspection a lead locum GP had been employed by the practice for a three or four month period to work four days each week, there was a salaried GP one day each week from a separate Malling Health (UK) Ltd practice and other locum GPs were employed to cover Friday. The practice employs a number of locum practice nurses as well as a permanent health care assistant. There is a practice management team and reception/administration staff.

The practice is open from Monday to Friday between 8.00am and 6.30pm. In addition to appointments that can be booked up to four weeks in advance, urgent on the day appointments are available for people that need them. Appointments can be booked over the telephone or in person at the practice. There are arrangements with other out of hour's providers to deliver services to patients outside of the practice's working hours.

Services are provided from:

1 Monins Road, Iwade, Sittingbourne, Kent , ME9 8TY

The practice had been inspected previously in February 2015 and was found to be complaint with the Health and Social Care Act 2008, being rated good overall and in all domains. A responsive comprehensive inspection was conducted at the practice on 6 June 2017 in response to complaints and concerns raised with the Care Quality Commission. The practice was rated as inadequate overall and in the safe, effective and well-led domains. It was rated as requires improvement for the responsive domain and good for caring.

Why we carried out this inspection

We undertook a responsive comprehensive inspection of Iwade Health Centre on 6 June 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate. The full comprehensive report following the inspection on June 2017 can be found by selecting the 'all reports' link for Iwade Health Centre on our website at www.cqc.org.uk.

Detailed findings

The inspection on 1 August 2017 was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm whether the practice had adhered to the urgent conditions imposed on their registration and was now meeting legal requirements.

How we carried out this inspection

During our visit we:

- Spoke with a range of staff including GPs, the practice manager, practice nurses and reception and administration staff.
- Observed how patients were being cared for in the reception area.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Looked at information the practice used to deliver care and treatment plans.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

At our previous responsive comprehensive inspection on 6 June 2017 we rated the practice as inadequate for providing safe services. We found:

- The approach to investigating and reviewing significant events was insufficient. There was no evidence of learning from events or action taken to improve safety.
- Patients were at risk of harm because systems and processes were not implemented in a way to keep them safe.
- There were insufficient processes to ensure the proper and safe management of medicines.
- Appropriate recruitment checks had not been undertaken prior to staff being employed.
- There were not enough staff to keep patients safe.

These arrangements had not improved when we undertook a follow up inspection on 1 August 2017. This was to determine whether the practice was now compliant with the legal requirements of the urgent conditions that had been imposed on the registration of the provider.

Safe track record and learning

There was a system for reporting and recording significant events however this was not sufficiently embedded to keep people safe.

At our responsive comprehensive inspection on 6 June 2017, the practice was unable to demonstrate that there was a system for reporting and recording significant events; the practice were unable to provide recent minutes of meetings to show that learning from significant events was shared with staff to help mitigate the risk of incidents being repeated.

At our focused inspection on 1 August 2017 we reviewed the practice's significant incidents tracker. It showed no new incidents had been reported within the past six weeks. This was despite a complaint of alleged medical misdiagnosis, the failure of a GP to attend the surgery to hold consultations on 31 July 2017 and the advanced nurse practitioner leaving the practice on 31 July 2017. We asked the practice for copies of their significant event entries and none were provided on the day of the inspection. We requested copies of entries made were sent within 24 hours. On 2 August 2017 documentation was received regarding Iwade Health Centre which included a copy of the significant events tracker. The GP not attending the practice on 31 July 2017 had been added to this, however, the serious concern regarding alleged misdiagnosis and the advanced nurse practitioner leaving were not included.

At our responsive comprehensive inspection on 6 June 2017 the practice manager told us that medicine safety alerts had not been actioned since March 2017 as there was not a lead clinician to assign them to. We checked the patient clinical system and found safety alerts from 2015 had not been actioned. In January 2015, February 2016 and in April 2017 a medicine safety alert was sent relating to a medicine used to treat epilepsy and bi-polar disorders which carried a risk of developmental disorders on babies if taken during pregnancy. We checked the practice patient records and found six women of childbearing age were prescribed the medicine. Two of the six women had been initiated on the medicine in June 2015 and December 2016 after the safety alerts had been issued. We found no evidence within their clinical record of them having been contacted and informed of the associated risks or of contraception advice being given.

At our focused inspection on 1 August 2017 we checked the practice patient records to confirm that medicine safety alerts had been appropriately actioned. We found five women of childbearing age were prescribed the medicine. We examined the patient records on the practice clinical system and found evidence of only one of the five patients identified having been contacted and informed of the associated risks of the medicine and of contraception advice being given. The practice were unable to provide evidence of clinical meetings being held or of audits being conducted to demonstrate patients had been informed of risks and action taken to mitigate them.

Overview of safety systems and process

At our responsive comprehensive inspection on 6 June 2017 the arrangements for managing medicines, including vaccines, in the practice did not minimise risks to patient safety. There were insufficient processes for handling repeat prescriptions which included the review of high risk medicines. For example, there was no policy for the management of high risk medicines and there were no systems to ensure patients receiving high risk medicines such as disease modifying anti-rheumatic drugs (DMARDs) had appropriate medicine reviews prior to the reissuing of prescriptions and administrative staff were able to print out these prescriptions independently of the GP. We reviewed

Are services safe?

the care of patients receiving high risk anti-coagulant medicine which required weekly blood testing initially increasing to monthly intervals if the patient was stable. We saw that one patient whose last recorded monitoring of their INR was conducted in 2015 (INR is the International Normalised Ratio which measures how long it takes for blood to clot when anti-coagulant medicine is used by a patient) but had received a prescription in May 2017. A second patient had been prescribed the medicine in May 2017 but their INR had last been checked in January 2017.

At our focused inspection on 1 August 2017 we found there were insufficient processes for handling repeat prescriptions which included the review of high risk medicines. The practice told us that in response to the risk identified at the previous inspection they had written to patients prescribed disease modifying anti-rheumatic drugs (DMARDs) and anti-coagulant medicine advising them they were required to show evidence of blood monitoring results to enable safe prescribing. For example, patients were informed that they were required to show evidence of their INR level (INR is the blood test that monitors whether a patients' warfarin dose is which measures how long it takes for blood to clot when medicine such as Warfarin is used by a patient) prior to repeat prescriptions being issued. The practice told us they had introduced a protocol for the management of anti-coagulant medicine, however, neither of the GPs spoken to on the day of the inspection were aware of this. Neither of the GPs had received an induction or knew how to access policies and procedures.

We found there were no systems to ensure patients receiving high risk medicines such as anti-coagulant medicine had appropriate monitoring prior to the reissuing of prescriptions. For example we reviewed the care of five patients prescribed warfarin. We found all five patients had been sent letters explaining the changes to the prescribing at the practice. However, we found no evidence of appropriate monitoring for any of the patients within their clinical records to support the reauthorisation of the medicine. For example, the care of one patient was last reviewed in February 2014. The patient had not attended the anti-coagulation clinic for monitoring since 24 November 2016 and there was no record of any INR test on their patient record. The practice had continued to prescribe the medicine in January 2017, March 2017, May 2017 and on 12 July 2017. We spoke with a GP who told us they had no INR results for patients to review prior to prescribing the medicine.

We found there were no systems to ensure patients receiving high risk medicines such as disease modifying anti-rheumatic drugs (DMARDs) received appropriate monitoring prior to the reissuing of prescriptions. We reviewed the care of five patients prescribed DMARDs. We found a letter had been sent to them advising of the change in practice and requiring evidence of blood test results prior to repeat prescribing. However, there was no system to ensure patients were invited for appropriate medication monitoring and review. We found no evidence of medication reviews on the clinical record of four of the five patients and they had continued to be prescribed the medicine. For example: we found one patient receiving DMARDS had a liver function blood test in 2014, a medicine review was recorded as due in January 2016 but not recorded as having been carried out and a full blood count completed in January 2017. (Patients should have full blood count and renal and liver function tests repeated every one to two weeks until therapy is stabilised. Thereafter patients should be monitored every two to three months. Failure to have established systems in place to monitor patients on DMARDs places them at risk of developing side effects such as bone marrow suppression (including fatalities), liver toxicity, pulmonary toxicity and gastro-intestinal toxicity).

At our responsive comprehensive inspection on 6 June 2017 We found urgent prescription requests had not been actioned appropriately.

At our focused inspection to check compliance with the urgent conditions imposed upon the provider's registration on 14 June 2017 we found medical correspondence that had not been reviewed or had any action taken from May 2017. We found one GP had 125 documents awaiting review dated from 3 July 2017 to 24 July 2017.

At our responsive comprehensive inspection on 6 June 2017 we reviewed eight staff personnel files and found that appropriate recruitment checks had not been undertaken prior to employment.

Are services safe?

At our focused inspection on 1 August 2017 the practice did not provide any recruitment details or personnel file for a locum practice nurse and there were no personnel documents on site for the salaried GP.

Monitoring risks to patients

At our responsive comprehensive inspection on 6 June 2017 the practice did not sufficiently assess, monitor or manage risks to people who used the services. There were not sufficient arrangements for planning and monitoring the number and mix of staff needed to meet patients' needs. Substantial and frequent staff shortages and poor management of agency or locum staff increased the risk of harm to people who used the service.

At our focused inspection on 1 August 2017 we found the practice had not conducted an urgent review of patient demand to determine the correct level of service provision as required by the Care Quality Commission. Consequently the practice did not have the foundation information required to determine adequate capability, resource and capacity of staffing to deliver a safe service.

We found the practice had instability within their staffing structure. We found that there were no permanent clinical staff at the practice except the healthcare assistant. The lead locum GP who worked four days a week, Monday to Thursday started at the practice on 3 June 2017 and had a verbal agreement to remain until the end of August 2017. A GP from a separate Malling Health (UK) Limited practice (Staplehurst Health Centre) was working as a salaried GP at Iwade Health Centre one day each week on Tuesday. Other locum GPs were employed to work at the practice on Friday throughout July 2017. However, the expected salaried GP (to cover the lead locum duties) did not attend the surgery on 31 July 2017. Consequently, patient appointments had to be cancelled and rescheduled for the following day. A patient told us that her child's appointment to see the GP was re-scheduled which resulted in her taking her child to the walk-in service.

The long term locum advanced nurse practitioner left the practice on 31 July 2017. The advanced nurse practitioner who was also an independent prescriber worked Monday to Friday from 8.30am to 6.30pm and saw an average of 30 patients each day for 10 minute appointments.

The practice relied on locum nurses. Staff told us that they booked the practice nurse clinic and subsequently cancelled appointments if the locum nurse who attended that day was not appropriately qualified.

The non-attendance by the GP on 31 July 2017 had not been recorded as a significant incident and staff told us they did not know why the GP had failed to attend. On the day of the inspection the practice prepared a 'Contingency plan for non-attendance of GP/ANP' implemented 1 August 2017, which detailed contacting the GP/ANP, contacting the agency or other nearby Malling Health (UK) Limited practices, cancel and re-book patients and inform members of the senior management team and CCG. This was added as a significant event to the practice tracker after the inspection.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous responsive comprehensive inspection on 6 June 2017 we rated the practice as inadequate for providing effective services. We found:

- Clinical documents and requests for medication were not reviewed and actioned appropriately.

These arrangements had not improved when we undertook a follow up inspection on 1 August 2017. This was to determine whether the practice was now compliant with the legal requirements of the urgent conditions that had been imposed on the registration of the provider.

Coordinating patient care and information sharing

At our previous comprehensive inspection on 6 June 2017 the practice were not able to demonstrate that the information needed to plan and deliver care and treatment was made available to relevant staff in a timely and accessible way through their patient record and intranet system. For example, we found that 286 documents that were waiting to be actioned from the 15 May 2017. The practice manager was not aware of the number of documents outstanding and had not tasked their GPs to ensure they were read and that action was taken.

At this focused inspection to check compliance with the urgent conditions imposed on the providers registration on 14 June 2017, we found arrangements had not improved. We found 99 items of clinical correspondence that had been scanned onto the clinical system but had not been reviewed and actioned since 14 July 2017. We reviewed five of these items and found patient care had been compromised due to failure to review and action the information. For example, one patient had a letter dated 10 July 2017 which had been scanned onto the clinical system on 14 July 2017. The patient required their Furosemide medicine to be increased. We reviewed the patient record and found no evidence of this having been done. (Furosemide is a diuretic that prevents the body from absorbing to much salt. It is used to treat fluid retention in people with congestive heart failure, liver disease or a kidney disorder); a second patient had a letter scanned onto the clinical system on 14 July 2017 which detailed a required change in their prescription feed. We checked the patient record and found this had not been actioned.

We found a large pile of patient related letters that required scanning onto the practice IT system so that they could be reviewed or actioned by a clinician. A sample of eleven of these letters were reviewed and we found that patients had not received appropriate care and treatment to meet their needs. For example, we found a letter from Swale Community Mental Health Team dated 17 July 2017 which contained details of an assessment for a patient. Changes to the patient's medication were proposed and tests requested to be conducted. The clinical team were required to liaise with secondary care.

We found 36 blood results received from 28 July 2017 to 1 August 2017 which had not been clinically reviewed and had not had any action taken. We reviewed a random sample of two blood results and found patient care had been placed at risk. For example, one patient had medicine prescribed on 9 February 2017 which needed to be re-prescribed. The patients' record was checked and the medicine had not been re-prescribed; a second patient who was prescribed a medicine used in people who are prone to possibility of stroke had blood results dated 28 July 2017 which showed that they had raised APTT (activated partial thromboplastin time) and raised PT(prothrombin time),which are both time based tests to measure the speed of blood clotting and detect any abnormalities and their INR level (International Normalised Ratio which is a test to measure the time of blood clotting in patients taking anticoagulant medicine) was recorded as 1.8 (In healthy people an INR of 1.1 or below is considered normal). This blood result had not been looked at on 1 August 2017.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

At our previous responsive comprehensive inspection on 6 June 2017 we rated the practice as inadequate for providing well-led services. We found:

- There was no clear division between the local and the corporate leadership structure. Staff told us they were unsure where responsibility for governance lay.
- The practice did not have a clear vision and strategy and staff were not clear about their responsibilities in relation to this.
- There was no effective system for identifying, capturing and managing issues and risks.

These arrangements had not improved when we undertook a follow up inspection on 1 August 2017. This was to determine whether the practice was now compliant with the legal requirements of the urgent conditions that had been imposed on the registration of the provider.

Vision and strategy

At our previous comprehensive inspection on 6 June 2017 the practice did not have a clear vision or guiding values. The core clinical team at the practice had resigned from employment and left between December 2016 and March 2017, with a nurse practitioner leaving in June 2017. One health care assistant was employed at the practice with the remainder of the team provided via locum agencies. On the day of the inspection the lead locum GP had started work at the practice for four days each week. The practice were not able to provide evidence of a forward view, clear strategy or a practice development plan.

At our focused inspection on 1 August 2017 we found that the practice still did not have a clear vision and were not able to provide evidence of a forward view. The practice had compiled an action plan in relation to enforcement action taken by the Care Quality Commission due to the risks presented to patients. However, the practice management team had not seen and did not know urgent conditions had been placed on the providers registration served on 14 June 2017 and had not been made aware of the content of the conditions.

Governance arrangements

At our previous comprehensive inspection on 6 June 2017 the practice did not have a clear governance framework to support the delivery of good quality care. Governance arrangements such as structures and procedures were out of date or not available. The practice were not able to demonstrate that there was a clear staffing structure and that staff were aware of their own roles and responsibilities. The practice was operating using a changing clinical team of locums. There was no effective system for identifying, capturing and managing issues and risks. Significant issues that threatened the delivery of safe and effective care were not always identified or adequately managed.

At our focused inspection on 1 August 2017 we found there was still no effective system for identifying, capturing and managing issues and risks and that significant issues which threatened the delivery of safe and effective care were not always identified or adequately managed. For example,

- The practice were not able to provide documents to show that lessons were learned and shared following significant events and complaints.
- Medicine safety alerts had not been actioned.
- There were insufficient processes for handling repeat prescriptions which included the review of high risk medicines.
- Appropriate recruitment checks had not been undertaken prior to staff being employed.
- There were not enough staff to keep patents safe.
- Clinical documents and requests for medication were not reviewed and actioned appropriately.
- There was no one responsible for the day to day management of the practice on a permanent basis.

Leadership and culture

At our responsive comprehensive inspection 6 June 2017 we found that management did not have the necessary experience, knowledge, capacity or capability to lead effectively. There was a lack of clarity about authority to make decisions and whether this was at corporate provider or location level. Manager level staff were not supported to provide good quality safe care. A new practice manager had been appointed in December 2016 who told us they were being supported by a practice manager from a separate Malling Health location.

At our focused inspection on 1 August 2017 we found that the management team still did not have the necessary experience, knowledge, capacity or capability to lead effectively. For example, there was no individual responsible for the day to day management of Iwade Health Centre. The practice manager from a separate

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Malling Health (UK) Limited practice, Staplehurst Health Centre, had accepted the practice manager position for Iwade Health Centre as well. (Staplehurst Health Centre is rated as requires improvement overall and in three key questions, safe, effective and well-led). The manager had agreed to be the practice manager and the registered manager for both practices and had been attending Iwade Health Centre one day each week. In the practice managers' absence over the last two weeks due to annual leave, Iwade Health Centre had operated without a practice manager in post.

A compliance manager had attended the practice one day a week. However, the compliance manager, the practice manager and assistant manager confirmed they had not been assigned specific roles and responsibilities or tasks towards achieving compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and that they had not been made aware that urgent conditions had been imposed on the registration of the provider or that this urgent action had been taken as patients will or may be exposed to the risk of harm.

This section is primarily information for the provider

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered person did not ensure there were systems to assess, monitor, manage and mitigate risks to the health and safety of patients who use services. The registered person did not do all that was reasonably practicable to mitigate risk. The registered person did not ensure that there were persons providing care or treatment to service users had the qualifications, competence, skills and experience to do so safely. The registered person did not ensure the proper and safe management of medicines. This was in breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered person was not able to ensure that systems and processes were established and operated effectively to ensure compliance with the requirements in this Part. The registered person did not do all that was practicable to 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 activities. This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.