

Maidstone Road Surgery

Inspection report

262 Maidstone Road
Chatham
ME4 6JL
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Date of inspection visit: 25 February 2022
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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?		Requires Improvement	

Overall summary

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? – Requires Improvement

We carried out an announced inspection at Maidstone Road Surgery on 25 February 2022 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 full comprehensive report can be found by selecting the ‘all reports’ link for Maidstone Road Surgery on our website at www.cqc.org.uk.

We undertook this inspection at the same time as CQC inspected a range of urgent and emergency care services in Kent and Medway. To understand the experience of GP Providers and people who use GP services, we asked a range of questions in relation to urgent and emergency care. The responses we received have been used to inform and support system wide feedback.

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:

- Completing clinical searches on the practice’s patient records system and discussing findings with the provider
- Requesting evidence from the provider
- A short site visit

Our findings

We based our judgement of the quality of care at this service on a combination of:

Overall summary

- 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.

We have rated this practice as Requires Improvement overall.

We found that:

- The provider adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic. Patients could access care and treatment in a timely way.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- The practice respected patients' privacy and dignity.
- There was compassionate and inclusive leadership at all levels.
- The provider learned and made improvements when things went wrong.
- Staff had the skills, knowledge and experience to carry out their roles. However, one staff member had not received fire marshal training.
- Medicines that required refrigeration were not always monitored in line with Public Health England guidance.
- Improvements were required for the management of high-risk medicine prescribing.
- Appropriate standards of cleanliness and hygiene were met.
- Systems for managing safety alerts were not always effective.
- Patients' needs were not always assessed, and care as well as treatment was not always delivered in line with current legislation, standards and evidence-based guidance.
- The provider's processes for managing risks, issues and performance were not always effective.
- There was limited monitoring of the outcomes of care and treatment.

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

- 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 to implement and monitor the outcome of plans to improve performance relating to child immunisations.

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 Care Quality Commission (CQC) lead inspector, a second CQC inspector and a GP specialist advisor.

Background to Maidstone Road Surgery

Maidstone Road Surgery is located at 262 Maidstone Road, Chatham, Kent, ME4 6JL.

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

The practice is situated within the NHS Kent and Medway Clinical Commissioning Group (CCG) and delivers General Medical Services (GMS) to a patient population of about 3,300.

The practice is part of a wider network of GP practices: Medway South Primary Care Network (PCN).

Information published by Public Health England shows that deprivation score within the practice population group is five (out of ten). The lower the score, 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 84.1% white, 10.1% Asian, 2% Black, 2.9% Mixed and 0.8% Other.

The number of patients under the age of 18, aged 18 to 64 and over the age of 65 closely mirrors the local and national averages.

The practice consists of three GPs (one male and two female), two practice nurses (both female) and one practice manager. The practice is supported by a team of reception and administration staff. The practice also employs locum GPs via an agency when required.

Extended access is provided locally by the PCN, where late evening and weekend appointments are available. Out of hours services are provided by Medway on Call Care (MedOCC). MedOCC deals with urgent care problems when GP surgeries are closed.

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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>Systems or processes were not established or where established were not operated effectively to ensure compliance with this part of the above Regulations.</p> <p>Systems or processes did not enable the registered person to:</p> <p>assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activities (including the quality of the experience of service users in receiving those services). In particular:</p> <ul style="list-style-type: none">• clinical audits were limited.• the review of patients with some long-term conditions (chronic obstructive pulmonary disease, asthma, diabetes, atrial fibrillation, and hypertension) did not always include all elements necessary in line with best practice guidance. <p>Systems or processes did not 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 which arise from the carrying on of the regulated activities. In particular:</p> <ul style="list-style-type: none">• the provider was unable to demonstrate they had fully taken into consideration and mitigated risks from not having an in-depth fire risk assessment.• one staff member did not receive fire marshal training.• there was ineffective management in relation to medicine safety alerts, medicines that required refrigeration and the prescribing of some high-risk medicines.

This section is primarily information for the provider

Requirement notices

This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.