

# The OM Medical Centre

## Inspection report

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Sheerness  
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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

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Requires improvement 

# Overall summary

We carried out an announced comprehensive inspection at The Om Medical Centre on 9 January 2019 as part of our inspection programme.

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.

**We have rated this practice as good overall and in four of the key questions with the exception of well-led, where they require improvement. They have been rated as good for all population groups.**

We rated the practice **good** for providing safe, effective, caring and responsive care because:

- The practice provided care in a way that kept patients safe and protected them from avoidable harm.
- Patients received effective care and treatment that met their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.
- The practice clinical team promoted the delivery of high-quality, person-centred care.

We rated the practice **requires improvement** for well-led because:

- While the practice had a clear vision to provide sustainable good quality care, there was not a clear system to ensure that there were sufficient staff with appropriate skills employed at the practice.
- The overall governance arrangements were not consistently effective.
- The practice did not have clear and effective processes for managing risks.

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.

(Please see the specific details on action required at the end of this report).

**Details of our findings and the evidence supporting our ratings are set out in the evidence tables.**

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

## Population group ratings

<b>Older people</b>	<b>Good</b>	
<b>People with long-term conditions</b>	<b>Good</b>	
<b>Families, children and young people</b>	<b>Good</b>	
<b>Working age people (including those recently retired and students)</b>	<b>Good</b>	
<b>People whose circumstances may make them vulnerable</b>	<b>Good</b>	
<b>People experiencing poor mental health (including people with dementia)</b>	<b>Good</b>	

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor.

## Background to The OM Medical Centre

The Om Medical Centre is located at Sheerness in Kent. The surgery has good transport links and there is a pharmacy located in the same building. The practice has a branch surgery, Shiva Medical Centre which is approximately two miles away.

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury. These are delivered from both sites.

The Om Medical Centre is situated within the Swale Clinical Commissioning Group (CCG) and provides services to 4,600 patients under the terms of a general medical services (GMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

The provider is a partnership of two male GP's. One of the partners has not been working in a clinical capacity at the practice for over a year. The practice employed a male salaried GP one day each week, and has recruited a female locum GP. The practice nurse was in the process of working their notice period and the practice was actively recruiting a replacement nurse. They had employed a female locum nurse to cover some of the nurse led sessions. The practice had a health care assistant and several administration staff. The practice is part of a hub which is a wider network of GP practices where patients can access appointments.

Information published by Public Health England, rates the level of deprivation within the practice population group as two, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance  There was a lack of systems and processes established and operating effectively to demonstrate good governance. In particular we found: The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not operated effectively, in particular in relation to the management of fire risk, infection control risk and risks associated with emergency medicines. The provider did not have a clear system to ensure that there were sufficient staff employed at the practice or that all staff received induction. This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.