

# The Thorndike Surgery

## Inspection report

Thorndike Medical Centre  
Longley Road  
Rochester  
ME1 2TH  
Tel: 01634817217  
[www.thorndike.nhs.uk](http://www.thorndike.nhs.uk)

Date of inspection visit: 21 July 2022  
Date of publication: 22/09/2022

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?

Requires Improvement



Are services responsive to people's needs?

Requires Improvement



Are services well-led?

Requires Improvement



# Overall summary

We carried out an announced inspection at The Thorndike Surgery on 21 July 2022. Overall, the practice is rated as Requires Improvement.

The key questions at this inspection are rated as:

Safe - Requires Improvement

Effective – Requires Improvement

Caring - Requires Improvement

Responsive – Requires Improvement

Well-led – Requires Improvement

We carried out a focused inspection looking at the responsive domain only, on 1 February 2022, in response to concerns raised about access. The practice was rated as Requires Improvement for providing responsive services.

The full reports for previous inspections can be found by selecting the ‘all reports’ link for The Thorndike Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Why we carried out this inspection

This inspection was a comprehensive inspection to provide the practice with an up to date rating.

## 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.
- Reviewing patient records to identify issues and clarify actions taken by 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.
- information from the provider, patients, the public and other organisations.

## **We have rated this practice as Requires Improvement.**

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

- The practice's systems and processes did not always keep people safe and safeguarded from abuse.
- The practice's systems for the appropriate and safe use of medicines, including medicines optimisation, required improvement.
- Improvements were needed to the practice's system for recording and acting on safety alerts.

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

- Patients' needs were assessed, but care and treatment was not always delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.
- Improvements in performance related to childhood immunisations and cervical screening were required.

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

- The latest National GP Patient Survey results had deteriorated and showed that the practice was performing significantly lower than the local and national averages for indicators regarding patient experience.

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

- The latest National GP Patient Survey results had deteriorated, and showed that the practice was performing significantly lower than local and national averages for several indicators regarding access to the practice.

We have rated the practice as **Requires Improvement** for providing well-led services because:

- Processes for managing risks, issues and performance required improvement.

We found that:

- Appropriate standards of cleanliness and hygiene were met.
- Staff had the information they needed to deliver safe care and treatment.
- The practice was able to demonstrate that staff had the skills, knowledge and experience to carry out their roles.
- Staff worked together and with other organisations to deliver effective care and treatment.
- Staff helped patients to be involved in decisions about care and treatment.
- Complaints were listened to as well as responded to and used to improve the quality of care.
- There were clear responsibilities, roles and systems of accountability to support good governance and management.

We found two breaches of regulations. The provider **must**:

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

# Overall summary

- 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:

- Review practice systems so that they always alert staff to family and other household members of children on the risk register.
- Ensure that all staff take effective action to keep data secure.
- Ensure that the practice's cold chain policy is adhered to by practice staff.
- Continue to ensure that actions identified in risk assessments are completed in a timely manner.
- Ensure Patient Group Directions are completed fully.
- Ensure that serial numbers of blank prescription forms and pads are recorded.

**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 who 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 as well as a second CQC Inspector.

## Background to The Thorndike Surgery

The Thorndike Surgery is located at Longley Road, Rochester, Kent, ME1 2TH

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

The practice is situated within the NHS Kent and Medway Integrated Care Board (ICB) and delivers General Medical Services (**GMS**) to a patient population of about 12,826. This is part of a contract held with NHS England.

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

The practice is part of a wider network of GP practices, Rochester Primary Care Network (PCN).

Information published by Public Health England shows that deprivation within the practice population group is in the fifth decile (five 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 87.4% White, 6.7% Asian, 2.7% Mixed, 2.3% Black, and 0.9% Other.

The age distribution of the practice population closely mirrors the local and national averages.

The practice staff consists of two GP partners and six salaried GPs. The practice has a team of two nurses who provide nurse led clinics for long-term conditions, one assistant practitioner and one healthcare assistant. The GPs are supported at the practice by a practice manager, assistant practice manager and a team of reception and administration staff.

## 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>Systems or processes were not established and operated effectively to ensure compliance with the requirements in this Part. Such systems or processes did not enable the registered person to;</p> <p>Assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none"><li>the provider did not have effective systems in place to improve uptake of childhood immunisations and cervical screening.</li><li>Clinical audit activities were limited to one cycle only.</li></ul> <p>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 activity. In particular:</p> <ul style="list-style-type: none"><li>The provider was unable to demonstrate their processes and systems were effective in the management of risks from: the storage and management of controlled drugs; management of all identifiable risks from legionella; management of the prescribing of some high-risk medicines; management of the monitoring of some patients with long-term conditions; management of safety alerts.</li></ul> <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services. In particular:</p> <ul style="list-style-type: none"><li>Patient feedback on access and experience of using the service had deteriorated and was significantly below local and national averages.</li></ul>

## Requirement notices

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

### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Treatment of disease, disorder or injury  
Surgical procedures

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Care and treatment was not always provided in a safe way for service users to ensure compliance with this part of the above Regulations.

The service provider was not doing all that is reasonably practicable to mitigate any such risks. In particular:

- Not all patients with long term conditions had received the required monitoring for example, those with chronic kidney disease and diabetes.
- Not all patients with diabetic retinopathy had the risks associated with their medicines discussed with them.
- Some patients with a potential missed diagnosis of diabetes had not been informed of their diagnosis.
- The Automated External Defibrillator (AED) displayed a red cross, indicating 'do not use'.

The service provider was not ensuring the proper and safe management of medicines. In particular:

- The storage and management of controlled drugs was not in line with best practice guidance.
- The provider did not hold dexamethasone oral solution or soluble prednisolone, or buccal midazolam as part of their emergency medicines.
- Medicine reviews were not always carried out in line with best practice guidance.
- Some patients prescribed gabapentinoids and a potassium sparing diuretic and not received monitoring within the required timeframes.

This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.