

Willesborough Health Centre

Inspection report

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Willesborough
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December 2021
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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

We carried out an announced inspection at Willesborough Health Centre on 30 November 2021 and 1 December 2021. Overall, the practice is rated as requires improvement.

The practice achieved the following ratings;

Safe - requires improvement

Effective – requires improvement

Caring - good

Responsive – good

Well-led – requires improvement

Why we carried out this inspection

We conducted a comprehensive inspection of this service. It was their first rated inspection operating as a provider at scale.

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 and in person.
- 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 to each of the locations.
- Speaking with the patient participation group representative.

Our findings

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 requires improvement overall and for all population groups.

Overall summary

We found that:

- Staff were committed, conscientious and caring.
- Patients received 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 adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic.
- The practice constantly reviewed the accessibility of the service for their patients in partnership with their patient participation group. They monitored clinical capacity and adjusted provision to respond to demand.
- Staff reported feeling valued by their peers and provided opportunities for personal and professional development relevant to their roles.
- The pandemic had had a detrimental effect on the practice's ability to deliver some care as well as treatment. Improvements were required to ensure the safe prescribing and monitoring of patients with long term conditions.
- Improvements were required to engage with staff, listening, considering and valuing their experiences and views.
- Improvements were required to ensure good governance arrangements (non clinical) operated across all three locations where services were being provided.
- Improvements were required in the documenting of meetings to demonstrate challenge, scrutiny, actions and learning.

We found one breach of the regulations. The provider **must**:

- Ensure systems and processes are established and operating effectively to ensure care and treatment is provided in a safe way to patients.

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

- Revise the security of staff only areas of Willesborough Health Centre to restrict access by unauthorised persons.
- Continue with plans to repair the automatic door at the entrance to Willesborough Health Centre.
- Strengthen the role of the Dementia Champion to improve patient outcomes.
- Improve analysis of patient survey data to improve patient outcomes.

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

Dr Rosie Benneyworth BM BS BMedSci MRCP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector and supported by two additional inspectors. They used video conferencing facilities and undertook a site visits to each of the three locations. The team included a GP specialist adviser who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location. A further GP specialist advisor supported the lead inspector during an onsite inspection of one of the branch surgeries.

Background to Willesborough Health Centre

Willesborough Health Centre is the main site for Ashford Medical Partnership.

The practice has two branch surgeries located at:

St Stephens Health Centre, St Stephen's Walk, Ashford, Kent TN23 5AQ

Singleton Health Centre, 10 Singleton Hill, Ashford, Kent TN23 5GR

The practice does not provide out of hours services to its patients and there are arrangements with another provider (the 111 service/Integrated Care 24 Ltd) to deliver services to patients when the practice is closed.

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services and treatment of disease, disorder or injury and surgical procedures. These are delivered across all three of their sites, Willesborough Health Centre, St Stephens Health Centre and Singleton Health Centre.

The practice is situated within the Kent and Medway Clinical Commissioning Group (CCG) and delivers General Medical Services (GMS) to a patient population of about 33,278. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices as part of Ashford Medical Partnership Primary Care Network.

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

The practice has a high prevalence of patients experiencing depression than the local and national averages.

There is a team of eight GP partners, five salaried GPs and a locum GP who provide cover at the three locations. The practice clinical team also includes three advanced clinical practitioners, three trainee advanced clinical practitioners (including a paramedic), one community nurse practitioner and a clinical pharmacist, nine practice nurses, one associate practitioner and eight healthcare assistants.

The clinical team are supported by a team of care navigators and reception/administration staff. Each site has a site manager and these are overseen by a general manager based at Willesborough Health Centre.

Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with the national guidance, most GP appointments were telephone consultations. If the GP needs to see a patient face-to-face then the patient is offered a choice of either the main GP location or the branch surgery.

Extended access is provided locally via the 111 service, where late evening and weekend appointments are available.

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 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>We found the provider did not have established and effective systems and processes in place. For example; we found;</p> <ul style="list-style-type: none">• Inconsistent coding of patient clinical data.• Ineffective systems established to ensure safe prescribing and monitoring of patients with long term conditions.• Incomplete records of staff vaccinations and risks to staff not identified, assessed and mitigated.• Unresolved fire and health and safety risks at branch surgeries (including management of clinical waste).• Staff had failed to complete inductions prior to independent working.• Some staff lacked training and autonomy to perform their roles effectively.• Incomplete infection control processes and no annual infection prevention control statement.• Staff had been appointed to role without demonstrating they had the skills, knowledge or experience to perform their duties.• No documented analysis or identified learning from clinical audits or patient surveys.• Lack of staff involvement in developing the practice strategy.• Staff reported not being consulted on changes to their role and how this may impact on the delivery of services.• Management meeting minutes lacked narrative to demonstrate probity, challenge, actions and outcomes. <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>