

# The Medical Centre

## Inspection report

4a  
Waltham Road  
Gillingham  
ME8 6XQ  
Tel: 01634231074  
Website: None

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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.

# Overall summary

We carried out an announced comprehensive inspection at The Medical Centre on 21 May 2019 and found breaches against Regulation 12 (Safe care and treatment), Regulation 17 (Good governance) and Regulation 18 (Staffing), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The overall rating for the practice was requires improvement. The full comprehensive report on the May 2019 inspection can be found by selecting the 'all reports' link for The Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

Following our inspection in May 2019, the practice wrote to us with an action plan, outlining how they would make the necessary improvements to comply with the regulations. A comprehensive follow-up inspection scheduled for July 2020 was postponed due to COVID-19. However, following an internal quality assurance review, it was decided that assurance and evidence be sought from the provider remotely, on the action taken to address the requirement notices issued after the May 2019 inspection.

We reviewed the assurance and evidence submitted to us by the provider and we determined that the breaches of regulations identified in our previous inspection in May 2019 had not been adequately addressed. We carried out this inspection of The Medical Centre, on 20 August 2020, at short notice to the provider, to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches of regulations. This report only covers findings in relation to those requirements. The practice was not rated as a consequence of this inspection.

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.

At this inspection we found, the practice had made some improvements including:

- Patient group directions to ensure the safe administration of medicines to patients were complete and up to date.
- The bag used by staff during home visits was checked to ensure contents were fit for use.
- Furniture in the practice which was not suitable for use had been removed.

- Posters featuring hand hygiene processes were now displayed at all clinical wash-hand basins.
- Re-usable cloth hand towels had been replaced with disposable paper towels stored in wall mounted dispensers.
- Security arrangements had been reviewed to prevent patients and visitors being able to access areas of the practice designated for staff only.
- Improved systems for the routine management of fire safety and legionella monitoring had been implemented.
- The practice now used an agency for the supply of locum staff. The agency provided assurances that appropriate recruitment checks had been undertaken.
- The practice was able to demonstrate duty of candour in relation to some significant events.
- Governance documents we reviewed were complete and had been updated.
- Staff had received an annual review, although appraisal processes required further development.
- Staff had received induction, fire safety and fire warden training.
- The practice had installed a hearing loop since our last inspection.

We found the provider had not made sufficient improvement in providing safe services, in particular:

- Processes to prevent, detect and control the spread of infection within the practice were not operating as intended. The practice had failed to take action to address some areas of identified non-compliance.
- The lead for infection prevention and control had not received training at an appropriate level.
- Disposable privacy curtains had been removed from use during the COVID-19 pandemic and there were no privacy curtains available to patients in consulting rooms within the practice.

We found the provider had not made sufficient improvement in providing well-led services, in particular:

- The practice did not have clear and effective processes to assess, monitor and manage risks.
- The practice did not keep certain medicines required for dealing with medical emergencies. Rationale within the practice's risk assessment for omitting those emergency medicines did not effectively mitigate risks to patients.

# Overall summary

- The practice had failed to maintain an inventory of emergency equipment held within the practice and to carry out regular checks of that equipment.
- Risks associated with the control of substances hazardous to health (COSHH), were not effectively managed within the practice.
- There had not been sufficient improvement in some areas since our last inspection to address concerns.

We took enforcement action and issued warning notices against the provider in relation to Regulation 12 (1) Safe care and treatment and Regulation 17 (1) Good governance.

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

The areas where the provider should make improvements are:

- Review and improve appraisal processes to promote completeness of records and monitoring of objectives.
- Review the chaperone policy and patient access to a chaperone upon request.

- Review the Disclosure and Barring Service (DBS) policy with regard to non-clinical staff.

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

We are mindful of the impact of COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

**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. The team included a second CQC inspector.

## Background to The Medical Centre

The Medical Centre is located at 4a Waltham Road, Gillingham, Kent, ME8 6XQ. The registered provider is Dr Yvette Maria Rean.

The Medical Centre provides general medical services to the local community and has a registered patient population of approximately 1,600 patients. The practice is located in an area with a higher than average deprivation score.

The practice staff consists of one GP (female), one practice manager, one practice nurse (male), as well as reception and administration staff. The practice uses the services of locum GPs from an agency, for annual leave and sickness cover only.

As part of our inspection we visited The Medical Centre, 4a Waltham Road, Gillingham, Kent, ME8 6XQ only, where the provider delivers registered activities. The Medical Centre is registered with the Care Quality Commission to deliver the following regulated activities: diagnostic and screening procedures; family planning; maternity and midwifery services; treatment of disease, disorder or injury.

Opening hours are 8.30am to 1pm and 2.30pm to 6pm Monday to Friday. There are arrangements with other providers to deliver services to patients outside of the practice's working hours.

The practice does not have a website.

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 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. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>The provider was unable to demonstrate effective systems or processes to assess the risk of, and prevent, detect and control the spread of, infections, including those that are health care associated. In particular:</b></p> <ul style="list-style-type: none"><li>Processes to prevent, detect and control the spread of infection were not operating as intended. The provider had failed to take action to address some areas of identified non-compliance.</li><li>The lead staff member for infection prevention and control had not received training at an appropriate level.</li><li>Disposable privacy curtains had been removed from use during the COVID-19 pandemic and there were no privacy curtains available to patients in consulting rooms within the practice.</li></ul> <p><b>This was in breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b></p> <p><b>Warning Notice issued.</b></p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>The registered person had systems or processes that were operating ineffectively in that, they failed to 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. In particular:</b></p>

This section is primarily information for the provider

## Enforcement actions

- The provider failed to keep all the required emergency medicines to treat patients who may require emergency care.
- The rationale documented to support the omission of some emergency medicines did not effectively mitigate the risks to patients who may require emergency care within the practice.
- The provider had failed to maintain an inventory of emergency equipment held within the practice and to carry out regular checks of that equipment.
- Risks associated with the control of substances hazardous to health (COSHH), were not effectively managed.

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

**Warning Notice issued.**