

City Way Surgery

Inspection report

67 City Way
Rochester
ME1 2AY
Tel: 01634843351
www.citywaymedicalpractice.co.uk

Date of inspection visit: 01 December 2021
Date of publication: 01/06/2022

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

Inadequate



Are services safe?

Inadequate



Are services effective?

Requires Improvement



Are services caring?

Requires Improvement



Are services responsive to people's needs?

Requires Improvement



Are services well-led?

Inadequate



Overall summary

We carried out an announced inspection at City Way Surgery on 1 December 2021. Overall, the practice is rated as inadequate.

Safe - Inadequate.

Effective – Requires improvement.

Caring – Requires improvement.

Responsive – Requires improvement.

Well-led – Inadequate.

Following our previous inspection on 23 June 2015 the practice was rated Good overall and for all key questions.

The full reports for previous inspections can be found by selecting the 'all reports' link for City Way Surgery on our website at www.cqc.org.uk

Why we carried out this inspection

This inspection was a comprehensive inspection.

The focus of the inspection included:

- Are services safe?
- Are services effective?
- Are services caring?
- Are services responsive?
- Are services well-led?

How we carried out the inspection/review

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 site visit

Overall summary

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 Inadequate overall and for safe, responsive and well-led. We have rated the practice as requires improvement for effective and caring.

We found that:

- The practice did not always provide care in a way that kept patients safe and protected them from avoidable harm.
- Not all patients on high risk medicines were appropriately monitored and safety alerts had not always been acted on.
- Risks to patients, staff and visitors were not always assessed, monitored or managed in an effective manner.
- Patients did not always receive effective care and treatment that met their needs. Follow up of vulnerable patients after discharge from hospital was inconsistent.
- Arrangements to support patients at the end of life had not always been effective.
- Uptake of cervical screening was below target and two of the childhood immunisation indicators were below the minimum target.
- The way the practice was led and managed did not promote the delivery of high-quality, person-centred care.
- The governance systems had failed to ensure patients prescribed high risk medicines had appropriate monitoring or that all safety alerts had been acted on within appropriate timescales.
- Systems for learning and improvement when things went wrong were not effective.
- Staff dealt with patients with kindness and respect but did not sufficiently address patient concerns that fell below expected standards. They did not consistently involve patients in decisions about their care.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic. However, patients expressed concerns they could not access care and treatment in a timely way and these were not sufficiently addressed by the practice to ensure improvements.

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

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The provider **should**:

- Improve the uptake of cervical screening.
- Improve the uptake of childhood immunisations.
- Work to identify patients who are also carers and promote support available to them.

Overall summary

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary another inspection will be conducted within a further six months, and if there is not enough improvement, we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

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 completed clinical searches, interviewed GPs and completed records reviews as part of the site visit.

Background to City Way Surgery

City Way Surgery is located in Rochester, Kent at:

67 City Way

Rochester

Kent

ME1 2AY

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, treatment of disease, disorder or injury, family planning services and surgical procedures. They are not registered to provide maternity and midwifery services, although are providing these.

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 12,260. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices through the Medway Practices Alliance (MPA).

Information published by Public Health England shows that deprivation within the practice population group is in the fifth lowest 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 10% Asian, 84% White, 3% Black, 2% Mixed, and 3% Other.

The age distribution of the practice population closely mirrors the local and national averages. There are more male patients registered at the practice compared to females.

There is a team of four GP partners (male and female). The partners were supported by three salaried GPs, a paramedic practitioner and a physician associate. The practice has a team of two nurses who provide nurse led clinics for long-term conditions, one healthcare assistant and a phlebotomist (all female). They also use locum GPs and a locum paramedic who is a non-medical prescriber. The GPs are supported at the practice by a team of reception/administration staff. There is a practice manager deputy and assistant practice manager to provide managerial oversight. The practice is also a training practice providing training and teaching opportunities to trainee GPs.

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. Face to face appointments are offered following a process of triage.

Extended access is provided locally by Medway Practices Alliance, where late evening and weekend appointments are available. Out of hours services are provided by NHS 111.

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 were not being met.

| Regulated activity | Regulation |
|--|--|
| Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury | <p>Regulation 12 CQC (Registration) Regulations 2009 Statement of purpose</p> <ul style="list-style-type: none">• The monitoring of patients on high risk medicines was not always in line with recommendations.• The provider was unable to evidence that patients received safe care and treatment in relation to the management of potential diabetes.• The provider was unable to evidence that patients received safe care and treatment in relation to reviews of their long-term condition.• The provider did not ensure that information relating to 'do not attempt cardiopulmonary resuscitation' was comprehensive or shared appropriately.• Safeguarding arrangements were not effective to sufficiently protect patients from potential harm <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |

| Regulated activity | Regulation |
|--|--|
| Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <ul style="list-style-type: none">• The provider did not ensure effective systems were in place 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 in relation to;• The management of infection control, including the risk of legionella.• The management of fire safety.• The management of high risk medicines and safety alerts.• The system for monitoring the registration of health and care professionals.• The system for obtaining disclosure and barring service checks. |

This section is primarily information for the provider

Enforcement actions

- The system for ensuring appropriate induction.
- The system for monitoring mandatory training compliance.
- The system for monitoring the use of equipment.
- The provider did not ensure effective systems were in place to assess, monitor and improve the quality and safety of services provided. In particular in relation to;
 - The management of significant events and complaints.
 - Sharing of learning from complaints and significant events with staff and limited staff meetings were held.
- The provider did not ensure that effective systems were in place to act on feedback from service users on the services provided.

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