

# The Medical Centre

## Inspection report

4a  
Waltham Road  
Gillingham  
ME8 6XQ  
Tel: 01634231074

Date of inspection visit: 29 July 2022  
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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?

Good



Are services well-led?

Requires Improvement



# Overall summary

We carried out an announced comprehensive inspection at The Medical Centre on 29 July. Overall, the practice is rated as Requires Improvement.

Safe - Requires Improvement

Effective - Good

Caring – not inspected, rating of Good carried forward from previous inspection

Responsive – not inspected, rating of Good carried forward from previous inspection

Well-led – Requires Improvement

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.

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. We carried out a focused inspection of The Medical Centre, on 20 August 2020, to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches of regulations. We found that the provider had not made sufficient improvement in providing safe and well led services. Warning notices were issued against Regulation 12(1) Safe care and treatment, Regulation 17(1) Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection on 20 August 2020, the provider submitted assurance information and evidence to us electronically to demonstrate improvements they had made to comply with the regulations. We carried out a remote review on 8 December 2020 of this information to confirm whether the practice had taken sufficient action to comply with the regulations. The report produced only covered our findings in relation to our review of that information. The practice was not rated as a result of the review.

We found that the provider had made improvements and was compliant with the warning notices issued. The full reports for previous inspections 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)

## Why we carried out this inspection

We carried out this inspection in line with our inspection priorities.

Outline focus of inspection:

- The safe, effective and well-led key questions
- Areas followed up including any breaches of regulations or 'shoulds' identified in the previous inspection of 20 August 2020

## How we carried out the inspection

# Overall summary

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included:

- Conducting staff interviews using video conferencing facilities.
- Completing clinical searches on the practice's patient records system (this was with consent from the provider and in line with all data protection and information governance requirements).
- 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:

- 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 found that:

- Safeguarding arrangements in the absence of the principal GP were unclear and safeguarding meetings were not sufficiently documented.
- Recruitment and DBS checks for one member of the clinical team were not completed in line with the practice's own policy.
- Not all risks were appropriately assessed, in particular relating to non-registered clinical staff working alone clinically.
- Printer prescriptions were not stored securely when in use.
- Patients on the palliative care register did not regularly receive a GP review of their palliative care needs and palliative care meetings were not held.
- There was evidence of learning and improvement from significant events and incidents.
- Safety alerts were well managed.
- Patients on high risk medicines were appropriately monitored.
- There was evidence of quality improvement initiatives within the practice.

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

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

The provider **should**:

- Improve the formal recording of meeting minutes and actions.
- Continue with plans to improve the review of patients on the palliative care register.
- Continue with plans to improve the activity of the patient participation group.

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

**Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA**

# Overall summary

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

## 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 remotely without visiting the location.

## Background to The Medical Centre

Medical Centre is located in Gillingham, Kent 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 1,475 patients. The practice is located in an area with a higher than average deprivation score.

The practice staff consists of one GP, one practice manager, one practice nurse one healthcare assistant as well as reception and administration staff. The practice uses the services of locum GPs from an agency, including regular locum sessions and cover for the principal GP's leave.

According to the latest available data, the ethnic make-up of the practice area is 94% White, 3% Asian, 1% Black and 2% Mixed.

The age distribution of the practice population shows a higher than average proportion of older patients but closely mirrors the local and national averages. There are more male patients registered at the practice compared to females.

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 am to 6.30 pm Monday to Friday.

The practice is situated within the Kent and Medway Integrated Care Board (ICB) This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices within Medway Rainham primary care network (PCN)

Extended access is provided locally, 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

## 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	<div>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</div> <ul style="list-style-type: none"><li>• Safeguarding procedures in the absence of the safeguarding lead were unclear</li><li>• There was no formal risk assessment for non-registered clinicians working alone in the practice without senior clinician support on site</li><li>• Recruitment checks had not been carried out in line with practice policy and national guidance on staff returning to the practice after working elsewhere</li><li>• Printer prescriptions were not stored securely when in use, in line with national guidance.</li></ul>
Family planning services	
Maternity and midwifery services	
Treatment of disease, disorder or injury	