

Swanscombe Health Centre

Inspection report

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Date of inspection visit: 22,23 and 28 February 2022
Date of publication: 20/04/2022

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?	Good	
Are services responsive to people's needs?	Requires Improvement	
Are services well-led?	Requires Improvement	

Overall summary

We carried out an announced comprehensive inspection at Swanscombe Health Centre on 22 and 23 February 2022 under Section 60 of the Health and Social Care Act 2008, as part of our regulatory functions. The inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. The overall rating for the practice was **Requires Improvement**.

We undertook this inspection at the same time as CQC inspected a range of urgent and emergency care services in Kent and Medway. To understand the experience of GP providers and people who use GP services, we asked a range of questions in relation to urgent and emergency care. The responses we received have been used to inform and support system wide feedback.

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 in line with all data protection and information governance requirements.

This included:

- Conducting staff interviews using the telephone / video conferencing.
- Requesting evidence from the provider.
- A short site visit.

Our judgement of the quality of care at this service is based 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.

Our findings:

This practice is rated as Requires Improvement overall.

The key questions at this inspection are rated as:

Are services safe? – Requires Improvement

Are services effective? – Requires Improvement

Are services caring? - Good

Are services responsive? – Requires Improvement

Are services well-led? – Requires Improvement

Overall summary

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

- All staff had not received safeguarding training to appropriate levels for their role.
- The practice's computer system did not alert staff of all family and other household members of children that were on the risk register.
- Staff vaccination was not always maintained in line with current Public Health England guidance.
- Improvements to fire safety as well as infection prevention and control were required.
- Risks to patients, staff and visitors were not always assessed, monitored or managed effectively.
- The arrangements for managing medicines did not always keep patients safe.
- Significant events were not always reported in a timely manner and learning from them was not always shared with relevant staff.
- Systems for managing safety alerts were not always effective.

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

- Patients' needs were not always assessed, and care as well as treatment were not always delivered in line with current legislation, standards and evidence-based guidance.
- Patients with long-term conditions were not always receiving relevant reviews that included all elements necessary in line with current best practice guidance and not all patient reviews that we looked at were followed up where necessary in a timely manner.
- The practice did not have an effective programme of quality improvement activity that routinely reviewed the effectiveness and appropriateness of the care provided.
- Performance relating to child immunisations and cervical screening required improvement.
- All staff were not up to date with essential training.
- Staff were not always consistent and proactive in helping patients to live healthier lives.

We rated the practice as **Good** for providing caring services because:

- Staff treated patients with kindness, respect and compassion.
- Staff helped patients to be involved in decisions about care and treatment.
- The practice respected patients' privacy and dignity.

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

- The practice organised and delivered services but these did not always meet patients' needs.
- Not all facilities and premises were appropriate for services being delivered and complaint with The Equality Act 2010.
- Learning from complaints was not shared with relevant staff.

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

- There was compassionate leadership at all levels. However, leaders were not aware of all required improvements to quality, safety and performance.
- Improvements were required to the processes and systems that supported good governance and management.
- The provider's registration with the Care Quality Commission required updating.
- The practice's processes for managing risks, issues and performance were not always effective.
- Processes to manage current and future performance were not sufficiently effective. Improvements to care and treatment were required for some types of patient reviews as well as subsequent follow-up activities.

Overall summary

- Clinical audit activity did not demonstrate quality improvement.

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

- Ensure all premises and equipment used by the service provider is fit for use.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out their duties.

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

- Consider displaying notices advising patients that chaperones are available if required at all branch surgeries.
- Consider recording that date that unwanted or unused controlled drugs are returned to the dispensary at Bean Village branch surgery.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Please refer to the detailed report and the evidence tables for further information.

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) Lead Inspector. The team included a GP Specialist Advisor, a CQC Pharmacy Inspector and a three other CQC Inspectors.

Background to Swanscombe Health Centre

The registered provider is Swanscombe Health Centre.

Swanscombe Health Centre is located at Southfleet Road, Swanscombe, Kent, DA10 0BF. The practice is situated within the NHS Kent and Medway Clinical Commissioning Group (CCG) and has a general medical services contract with NHS England for delivering primary care services to the local community.

As part of our inspection we visited the following sites where the provider delivers regulated activities:

- Swanscombe Health Centre, Southfleet Road, Swanscombe, Kent, DA10 0BF.
- Bean Village branch surgery, High Street, Bean, Kent, DA2 8BS.
- Greenhithe branch surgery, 32 London Road, Greenhithe, Kent, DA9 9EJ.
- Lamorna branch surgery, Thomas Drive, Gravesend, Kent, DA12 5PY.
- Elmdene branch surgery, 273 London Road, Greenhithe, Kent, DA9 9DB.
- Bennett Way branch surgery, Bennett Way, Darenth, Dartford, Kent, DA2 7JT.

Swanscombe Health Centre operates a dispensary at the Bean Village branch surgery.

Swanscombe Health Centre has a registered patient population of approximately 30,602 patients. The practice is located in an area with an average deprivation score.

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

The practice staff consists of seven GP partners (four male and three female), eight salaried GPs (two male and six female), one lead nurse (female), four practice nurses (all female), two diabetic nurse specialists (both female), five healthcare assistants (one male and four female), one paramedic practitioner (female), two clinical pharmacists (both male), one partnership practice manager, one practice manager, two deputy practice managers, two reception managers, one administration manager, one reception and administration manager, one dispenser, two finance assistants, two medical secretaries, one prescription clerk, two GP assistants, one wellbeing advisor, as well as reception, administration and cleaning staff. The practice also employs locum staff (including regular locum GPs) directly.

Swanscombe Health Centre is also a teaching practice and is involved in the training of medical students, junior doctors, GP registrars and nursing students.

The provider Swanscombe Health Centre was registered with CQC as a partnership of three GPs. However, one of the three GP partners registered with CQC had retired and the partnership now comprised seven GPs. At the time of our inspection Swanscombe Health Centre had not updated their registration with CQC.

Swanscombe Health Centre is registered with the Care Quality Commission (CQC) to deliver the following regulated activities: diagnostic and screening procedures; family planning; maternity and midwifery services; surgical procedures; and treatment of disease, disorder or injury.

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 18 HSCA (RA) Regulations 2014 Staffing</p> <p>Persons employed by the service provider in the provision of the regulated activity were not receiving such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they were employed to perform. In particular:</p> <ul style="list-style-type: none">• Records did not indicate the level of adult safeguarding training attended by one member of clinical staff.• One member of non-clinical staff had only completed level one adult safeguarding training (when level two was required).• We were not provided with records to demonstrate that another member of non-clinical staff had received any adult safeguarding training.• One member of non-clinical staff had last completed fire safety training in October 2020 and was therefore not up to date.• One member of clinical staff was up to date with adult basic life support only.• Another member of clinical staff had only completed basic life support training online and was not up to date with practical element of this training.• One member of non-clinical staff had last received basic life support training in October 2018 and was therefore not up to date with this training.• We were not provided with the basic life support training records of three other non-clinical members of staff so we could not be sure they were up to date with this training. <p>This was in breach of Regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
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This section is primarily information for the provider

Requirement notices

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

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

The premises used by the service provider were not suitable for the purpose for which they were being used and were not properly maintained. In particular:

- **Greenhithe branch surgery:**
- The building was not accessible to patients with mobility issues and a patient toilet that was suitable for use by people with mobility issues was not available. This was not in line with The Equality Act 2010.
- The building was not in a good state of repair and required redecoration and modernisation.
- There were no privacy curtains in either of the clinical rooms for use when intimate patient examinations were carried out.
- There were no purpose-built baby change facilities at Bennett Way branch surgery, Elmdene branch surgery or Greenhithe branch surgery.

This was in breach of Regulation 15(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
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

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;

Assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. In particular:

- Some processes to manage current and future performance were not sufficiently effective.
- Improvements to care and treatment were required for some types of patient reviews as well as subsequent follow-up activities.
- Improvements were also required to performance related to child immunisations and cervical screening.

Requirement notices

- Learning from complaints was not shared with relevant members of staff.
- Clinical audit activity did not always demonstrate quality improvement.

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:

- The provider was unable to demonstrate their processes and systems were effective in the management of risks from: the practice's computer system not alerting staff of all family and other household members of children that were on the risk register; not maintaining staff vaccination in line with current Public Health England Guidance; all identifiable fire safety risks; all identifiable infection prevention and control risks; the lack of availability of all emergency equipment and emergency medicines that were required to be kept; the management of all identifiable health and safety risks (including substances hazardous to health); the management of all identifiable risks from legionella; the management of blank prescription forms; the management of appropriate authorisations to allow staff to administer medicines; management of the prescribing of some high-risk medicines; the management of medicines that required refrigeration; the management of significant events; the management of safety alerts; all risks associated with staff not being up to date with essential training; and not complying with NHS England standard operating procedures that required the practice receptions to be open to patients.

Maintain securely an accurate, complete and contemporaneous record in respect of each services user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided. In particular:

- The records of one patient indicated they had unexplained bruising and that the GP would discuss the situation with the local safeguarding authority. However, there was no evidence to demonstrate that this had taken place.

Requirement notices

Maintain securely such other records as are necessary to be kept in relation to the management of the regulated activity. In particular:

- The provider was registered with CQC as a partnership of three GPs. However, one of these had retired some time ago and the partnership now comprised seven GPs. The provider had not taken action to update their registration with CQC in a timely manner.
- We looked at 17 governance documents and found that the infection prevention and control policy was not dated so we could not be sure this document was up to date.

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