

Sheerness Health Centre

Inspection report

250-262 High Street
Sheerness
ME12 1UP
Tel: 01795580909

Date of inspection visit: 22 August 2023
Date of publication: 21/09/2023

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 comprehensive inspection at Sheerness Health Centre (also known as Dr Patel's Surgery) on 22 August 2023. Overall, the practice is rated as Requires Improvement.

The ratings for each key question are as follows:

Safe – Requires Improvement

Effective – Requires Improvement

Caring – Good

Responsive - Good

Well-led – Requires Improvement

Why we carried out this inspection

This inspection was a comprehensive inspection to provide the practice with their first rating since they registered with CQC in July 2020.

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

How we carried out the inspection

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 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 have rated this practice as Requires Improvement overall

Overall summary

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

- The practice's systems, practices and processes kept people safe and safeguarded from abuse.
- Improvements were required to ensure an effective and standardised approach was applied to the safe care and treatment of patients prescribed medicines that required routine monitoring and those with long-term conditions.
- Recruitment checks were carried out in accordance with regulations and practice policy.
- Risks to patients, staff and visitors were being routinely assessed, monitored and managed effectively.
- Systems and processes for managing and responding to significant events were effective.
- The provider carried out quality improvement activity.
- Leaders had taken action to ensure the quality, safety and performance of the service.
- The practice had processes for managing issues, risks and performance.
- Leaders were aware of all required improvements to ensure the quality, safety and performance of the service. However, further improvements were required.
- The practice's processes for managing risks, issues and performance were effective.
- There were systems to support governance. However, these required improvement and time to be embedded in order that they operated effectively.

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

- Staff treated patients with kindness, respect and compassion.
- Staff worked together and with other organisations to deliver effective care and treatment.
- Complaints were listened to and responded to and used to improve the quality of care.
- Staff helped patients to be involved in decisions about care and treatment.

We found 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 areas where the provider **should** make improvements are:

- Continue with their plan to obtain staff immunity status.
- Completing their infection control and prevention audit, as scheduled.
- Continue to monitor cervical screening and promote uptake.
- Continue to monitor performance relating to telephone access.
- Continue with sourcing a Freedom to Speak up Champion.

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

Chief Inspector of Health 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 spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

Background to Sheerness Health Centre

Sheerness Health Centre (also known as Dr Patel's Surgery) is located at 250-262 High Street, Sheerness, Isle of Sheppey, Kent, ME12 1UP.

The provider is registered with CQC to deliver the Regulated Activities: Diagnostic and screening procedures, Family planning, Maternity and midwifery services, Treatment of disease, disorder or injury and Surgical procedures.

The practice is situated within the Kent and Medway Integrated Care Board (ICB) and delivers General Medical Services (GMS) to a patient population of about 6,880. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices, Sheppey Primary Care Network (PCN).

Information published by UK Health Security Agency shows that deprivation within the practice population group is in the first lowest decile (1 out 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 97.1% White, 0.7% Black, 1% Asian and 1.2% Mixed.

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

The practice is led by a principal GP. The GP is supported by a salaried GP, an advanced nurse practitioner, a practice nurse, a healthcare assistant/ phlebotomist, an assistant practitioner, a business manager, a practice manager and a team of reception/administration staff.

Sheerness Health Centre (Dr Patel's Surgery) is open between 8.30am to 6.30pm Monday to Friday.

The practice offers a range of appointment types including book on the day, telephone consultations, video consultations and advance appointments.

Extended access is provided locally by Sheppey PCN, where late evening and weekend appointments are available. Out of hours services are arranged by NHS111.

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 Surgical procedures Treatment of disease, disorder or injury Maternity and midwifery services	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider had failed to provide care and treatment in a safe way for service users. In particular:</p> <ul style="list-style-type: none">• Ensuring an effective and standardised approach was applied to the safe care and treatment of patients prescribed medicines which required monitoring and those with long-term conditions. In particular, but not limited to:• Azathioprine. Two patients identified that monitoring was not consistent, with both patients not having recent blood test reports on their records.• Lithium. Two patients identified that monitoring was not consistent.• Potential Missed diagnosis of Chronic Kidney Disease stage 3, 4 or 5. Five patients (out of 65) were not coded on the system correctly. <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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The provider had failed to establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. In particular:</p> <ul style="list-style-type: none">• There was no system or process for the provider to assure themselves of non-medical prescribers' competencies.

This section is primarily information for the provider

Requirement notices

- The provider did not always have oversight of newly implemented systems, processes and policies in relation to governance.
- Clinical meeting minutes did not reference any discussions held with the provider if they had not been at the meetings related to what was discussed and any actions needed.

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