Church View Practice

Inspection report

103-107
High Street, Rainham
Gillingham
ME8 8AA
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www.dmcchurchviewpractice.co.uk

Date of inspection visit: 6 November 2020
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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	Inspected but not rated
Are services safe?	Inspected but not rated
Are services well-led?	Inspected but not rated

Overall summary

We carried out an announced focussed inspection (at short notice to the provider) at Church View Practice on 6 November 2020. The practice was not rated as a consequence of this inspection.

Following the inspection in August 2020 of another location where services were also delivered by the provider Dulwich Medical Centre, we found breaches of regulation and the risk of patient harm. As a result, we took enforcement action and issued a Section 29 Warning Notice. As the provider Dulwich Medical Centre is also delivering regulated activities at Church View Practice, we carried out this inspection to assure ourselves that the breaches of regulation and risk of patient harm found during the inspection of the other location in August 2020 were not being repeated at this location.

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. The on-site inspection activity took place on 6 November 2020 followed by inspection activities carried out remotely thereafter.

At this inspection we found:

- The practice's systems, practices and processes did not always keep people safe.
- Risks to patients, staff and visitors were not always assessed, monitored or managed in an effective manner.
- The practice learned and made improvements when things went wrong.
- Staff had the information they needed to deliver safe care and treatment.
- The arrangements for medicines management did not always help to keep patients safe.
- Local clinical leadership (including on-site clinical supervision) was unclear.
- Governance arrangements were not always effective.
- The practice involved the public, staff and external partners to help sustain high-quality sustainable care.
- Systems and processes for learning and continuous improvement were effective.

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

- 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.
- 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:

- Continue to follow up patients who are prescribed high-risk medicines that are overdue relevant blood tests.
- Consider recording all complaints, including verbal complaints, in line with organisational policy.

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

Overall summary

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

Older people	**Not inspected**
People with long-term conditions	**Not inspected**
Families, children and young people	**Not inspected**
Working age people (including those recently retired and students)	**Not inspected**
People whose circumstances may make them vulnerable	**Not inspected**
People experiencing poor mental health (including people with dementia)	**Not inspected**

Our inspection team

Our inspection team was led by a CQC Inspector and included a second CQC Inspector and a GP Specialist Advisor.

Background to Church View Practice

- The registered provider is Dulwich Medical Centre which is a primary care at scale organisation that delivers general practice services at three registered locations in England.
- There are arrangements with other providers (MedOCC) to deliver services to patients outside of the practice's working hours.
- The practice staff consists of one salaried GP (male), one practice manager, one advanced nurse practitioner (female), two practice nurses (both female), one junior pharmacist (female), one healthcare assistant (female), one medical secretary, one practice administrator, four receptionists and two receptionist-administrators. The practice also employs locum GPs via an agency. Practice staff are also supported by the DMC Healthcare Limited management staff.
- Church View Practice is registered with the Care Quality Commission to deliver the following regulated activities: diagnostic and screening procedures; family planning; maternity and midwifery services; surgical procedures; treatment of disease, disorder or injury.
- Church View Practice is located at 103-107 High Street, Rainham, Gillingham, Kent, ME8 8AA. The practice has a general medical services contract with NHS England for delivering primary care services to the local community. Primary medical services are available to registered patients via an appointments system. The practice website is www.dmcchurchviewpractice.co.uk.
- As part of our inspection we visited Church View Practice, 103-107 High Street, Rainham, Gillingham, Kent, ME8 8AA only, where the provider delivers registered activities. Church View Practice has a registered patient population of approximately 5,830 patients.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **The service provider had failed to ensure that persons employed in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. In particular;** • Not all staff were up to date with basic life support training. **This was in breach of Regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

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. 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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **The service provider was not ensuring the proper and safe management of medicines. In particular:** • Patient Group Directions were not always completed correctly. **The service provider was not ensuring that there were sufficient quantities of medicines, supplied by the service provider, to ensure the safety of service users and to meet their needs. In particular:** • The provider did not keep the emergency medicine dexamethasone oral solution for use in an emergency and had not carried out an assessment of the risk of not keeping this medicine. **The service provider was not assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated. In particular:** • The provider's infection control risk assessment did not identify risks in any detail other than by use of general headings. • The provider had not carried out an annual infection prevention and control audit. **This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services	Regulation 17 HSCA (RA) Regulations 2014 Good governance

This section is primarily information for the provider

Enforcement actions

Surgical procedures

Treatment of disease, disorder or injury

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:

- Clinical audit had only been used to monitor quality at Church View Practice since September 2020.
- Only one of the five clinical audits had been repeated to complete the cycle of clinical audit and demonstrate improvements.
- Action plans for two of the clinical audits had either not yet been decided or not yet implemented.

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 they had fully taken into consideration and mitigated risks from: employing insufficient staff; unclear clinical leadership (including clinical supervision) arrangements; management of medicines that required refrigeration; all staff not being up to date with essential training.

Maintain securely such other records as are necessary to be kept in relation to – (i) persons employed in the carrying on of the regulated activity. In particular:

- The role of deputy lead member of staff for safeguarding processes and procedures was not contained in their written job description.

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

- The provider's safeguarding policy for adults, young persons and children did not contain details of the local clinical salaried GP or practice nurse who were the local designated lead members of staff for safeguarding processes and procedures.

This section is primarily information for the provider

Enforcement actions

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