# Brompton Medical Centre

## Inspection report

28A Garden Street
Gillingham
Kent
ME7 5AS
Tel: 01634 845898
www.brompton-gillingham-medicalcentre.co.uk

Date of inspection visit: 30 April 2019
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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? | **Good** |
| Are services effective? | **Requires improvement** |
| Are services caring? | **Good** |
| Are services responsive? | **Good** |
| Are services well-led? | **Requires improvement** |

# Overall summary

**This practice is rated as Requires Improvement overall.**

The key questions at this inspection are rated as:

Are services safe? – Good

Are services effective? – Requires Improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires Improvement

We carried out an announced comprehensive inspection at Brompton Medical Centre on 30 April 2019 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.

At this inspection we found:

- There was an effective system for reporting and recording significant events.
- The practice's systems, processes and practices helped to keep people safe.
- Risks to patients, staff and visitors were assessed, monitored and managed in an effective manner.
- Staff had the information they needed to deliver safe care and treatment to patients.
- The arrangements for managing medicines in the practice helped keep patients safe. Where prescribing performance for some antibiotics, some analgesics and some hypnotics were higher than local and national averages, the practice was taking action and had made improvements.
- The practice learned and made improvements when things went wrong.
- Patients' needs were assessed, but care and treatment were not always delivered in line with legislation, standards and evidence-based guidance supported by clear pathways and tools.
- Performance for diabetes and hypertension related indicators for 2017 / 2018 was below local and national averages. The practice had taken action and unverified data showed that improvements to performance in both these indicators had taken place.
- Published results showed the childhood immunisation uptake rates for the vaccines given were lower than the target percentage of 95% or above in three out of the four indicators.
- Staff had the skills, knowledge and experience to carry out their roles.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.
- Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was higher than local and national averages.
- There were clear responsibilities, roles and systems of accountability to support good governance and management locally and at provider management team level.
- Some processes to manage current and future performance were not yet sufficiently effective.
- There were little or no clinical improvements as a result of clinical audit activity.
- The practice had a vision to deliver high quality care and promote good outcomes for patients.
- The practice was proactive at involving patients, the public, staff and external partners to support high-quality sustainable services.

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

- Ensure the care and treatment of patients is appropriate, meets their needs and reflects their preferences.
- 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:

- Revise computerised records so that staff are alerted to family and other household members of child patients that are on the risk register.
- Continue with plans to provide clinical staff with relevant vaccinations in a timely manner.
- Continue to implement and monitor activities to sustain improvements to prescribing performance where these were higher than local and national averages.

# Overall summary

- Continue to implement and monitor activities to sustain improvement to performance for diabetes and hypertension indicators that were below local and national averages.
- Continue to identify patients who are also carers to help ensure they are offered appropriate support.

**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.**

## Population group ratings

| | |
|---|---|
| **Older people** | Good |
| **People with long-term conditions** | Good |
| **Families, children and young people** | Requires improvement |
| **Working age people (including those recently retired and students)** | Requires improvement |
| **People whose circumstances may make them vulnerable** | Good |
| **People experiencing poor mental health (including people with dementia)** | Good |

## Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector**.** The team included a GP Specialist Adviser and a Practice Manager Specialist Adviser.

## Background to Brompton Medical Centre

- The registered provider is Sydenham House Medical Group which is a primary care at scale organisation that delivers general practice services at six registered locations in England.
- Brompton Medical Centre is located at 28A Garden Street, Gillingham, Kent, ME7 5AS. The practice has a general medical services contract with NHS England for delivering primary care services to the local community. The practice website is www.brompton-gillingham-medicalcentre.co.uk
- As part of our inspection we visited Brompton Medical Centre, 28A Garden Street, Gillingham, Kent, ME7 5AS only, where the provider delivers registered activities.
- Brompton Medical Centre has a registered patient population of approximately 2,400 patients. The practice is located in an area with a higher than average deprivation score.
- 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 practice nurse (female), one healthcare assistant (female) as well as reception and administration staff. The practice also employs locum GPs directly when required. Practice staff are also supported by the Sydenham House Medical Group management team.
- Brompton Medical 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; treatment of disease, disorder or injury; surgical procedures.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

| Regulated activity | Regulation |
|---|---|
| Diagnostic and screening procedures<br>Family planning services<br>Maternity and midwifery services<br>Surgical procedures<br>Treatment of disease, disorder or injury | Regulation 9 HSCA (RA) Regulations 2014 Person-centred care<br><br>**Care and treatment of service users was not always appropriate and did not always meet their needs. In particular:**<br><br>• Two patients, who presented with symptoms that indicated they should be referred to other providers under the two week wait system, were not referred correctly.<br><br>**This was in breach of Regulation 9(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.** |

| Regulated activity | Regulation |
|---|---|
| Diagnostic and screening procedures<br>Family planning services<br>Maternity and midwifery services<br>Surgical procedures<br>Treatment of disease, disorder or injury | Regulation 17 HSCA (RA) Regulations 2014 Good governance<br><br>**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;**<br><br>**Assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. In particular:**<br><br>• NHS England published results showed the uptake rates for the vaccines given were lower than the target percentage of 90% or above in three out of four indicators.<br>• The practice's uptake for breast and bowel cancer screening was lower than local and national averages.<br>• The number of new cancer cases treated which resulted from a two week wait referral was significantly lower than local and national averages. |

This section is primarily information for the provider

# Requirement notices

- There were little or no clinical improvements as a result of clinical audit activity.

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