

Wigmore Medical Centre

Inspection report

114 Woodside Road
Wigmore
Gillingham
Kent
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www.wigmoremedicalcentre.co.uk

Date of inspection visit: 2, 3 and 8 April 2019
Date of publication: 12/06/2019

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

Inadequate



Are services safe?

Inadequate



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Requires improvement



Are services well-led?

Inadequate



Overall summary

This practice is rated as Inadequate overall.

The key questions at this inspection are rated as:

Are services safe? – Inadequate

Are services effective? – Requires Improvement

Are services caring? – Good

Are services responsive? – Requires Improvement

Are services well-led? – Inadequate

We carried out an announced comprehensive inspection at Wigmore Medical Centre on 2, 3 and 8 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:

- An effective system for reporting and recording significant events had been introduced in March 2019.
- The practice learned and made improvements when things went wrong.
- The practice's systems, processes and practices did not always help to keep people safe.
- Risks to patients, staff and visitors were not always assessed, monitored and managed in an effective manner. For example, in relation to the arrangements for managing medicines as well as infection prevention and control.
- Staff had the information they needed to deliver safe care and treatment to patients.
- Published results showed the childhood immunisation uptake rates for the vaccines given were lower than the minimum target percentage of 90% in one other of the four indicators.
- Published QOF data from 2017 / 2018 showed that the practice's exception reporting for some indicators was higher than local and national averages. However, unverified data demonstrated that the practice had taken action and exception reporting to date in the current period being measured had been greatly reduced.

- Staff had the skills, knowledge and experience to carry out their roles. However, not all staff were up to date with essential training.
- 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.
- Where national GP patient survey results were below average the practice was taking action to address some of the findings and improve patient satisfaction.
- There were clear responsibilities, roles and systems of accountability to support good governance and management. However, governance arrangements were not always effective.
- The limited access for people with mobility issues and lack of an accessible patient toilet at the branch surgery had not been effectively managed in a timely manner.

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

- Ensure care and treatment is provided in a safe way to patients.
- 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 the duties.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

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

- Continue to monitor and improve national GP patient survey patient satisfaction scores.
- Continue with plans to install a hearing loop at the branch surgery.
- Continue to identify patients who are also carers to help ensure they are offered appropriate support.

I am placing the service in special measures. Services placed in special measures will be inspected again in six

Overall summary

months. If insufficient improvements have been made such that there remains a rating of Inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where

necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service reassurance that the care they get should improve.

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	Requires improvement 
People with long-term conditions	Requires improvement 
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	Requires improvement 
People experiencing poor mental health (including people with dementia)	Requires improvement 

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 advisor.

Background to Wigmore Medical Centre

- The registered provider is Wigmore Medical Centre.
- Wigmore Medical Centre is located at 114 Woodside Road, Wigmore, Gillingham, Kent, ME8 0PW. The practice has a general medical services contract with NHS England for delivering primary care services to the local community. The practice website address is www.wigmoremedicalcentre.co.uk.
- As part of our inspection we visited Wigmore Medical Centre, 114 Woodside Road, Wigmore, Gillingham, Kent, ME8 0PW and Hempstead Medical Centre, 144 Hempstead Road, Hempstead, Gillingham, Kent, ME7 3QE, where the provider delivers registered activities.
- Wigmore Medical Centre has a registered patient population of approximately 4,500 patients. The practice is located in an area with a lower 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 three GP partners (one male and two female), one practice manager, one practice nurse (female), one mental health nurse (female), one phlebotomist as well as reception, administration and cleaning staff.
- Wigmore 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.

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 Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment were not always provided in a safe way for service users.</p> <p>The service provider was not:</p> <p>Ensuring that the equipment used by the service provider for providing care or treatment to a service user was safe for such use. In particular:</p> <ul style="list-style-type: none">• Clinical equipment in the GP home visit bag had not been checked and where necessary calibrated to help ensure it was working properly. <p>Ensuring that there were sufficient quantities of equipment supplied by the service provider to ensure the safety of service users and to meet their needs. In particular:</p> <ul style="list-style-type: none">• There were no spare defibrillation pads at the main practice or the branch surgery. <p>Ensuring the proper and safe management of medicines. In particular:</p> <ul style="list-style-type: none">• The system to monitor the serial numbers of blank prescription forms and pads did not monitor them through the practice. <p>Assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that were health care associated. In particular:</p> <ul style="list-style-type: none">• Locked clinical waste bins were not stored securely outside of the main practice or branch surgery.• Cleaning audits were not carried out at the branch surgery. <p>This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

This section is primarily information for the provider

Requirement notices

Regulated activity

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

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

Premises used by the service provider were not:

Suitable for the purpose for which they were being used. In particular:

- Access to the branch surgery for patients with mobility issued was restricted.
- There was no accessible patient toilet at the 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
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:

- NHS England published results showed the uptake rates for the vaccines given were lower than the target percentage of 90% or above on one out of four indicators.
- One clinical audit carried out in 2014 and another carried out in 2017 had not been repeated to complete the cycle of clinical audit and demonstrate improvement to the quality of patient care.

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:

- Patients and visitors were able to access areas of the practice that were designated for staff only.

This section is primarily information for the provider

Requirement notices

- The practice was unable to demonstrate they had taken into consideration risks from: unchecked clinical equipment in the GP home visit bag; lack of a spare set of defibrillation pads at the main practice or the branch surgery; security risks in some areas of the practice; risks associated with some staff not being up to date with essential training.
- The practice did not have effective systems for the routine management of legionella and the monitoring of blank prescription forms and pads through the main practice as well as the branch surgery.
- The limited access for people with mobility issues and lack of an accessible patient toilet at the branch surgery had not been effectively managed in a timely manner.

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:

- There were no records to demonstrate that two members of clinical staff's vaccinations were maintained in line with current Public Health Guidance relevant to their roles.

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

- There were no inventories or checking records of the emergency equipment or the emergency medicines held at the branch surgery.
- Staff told us that clinical audits had been conducted after 2017 but there were no records to confirm this.

This was in breach of Regulation 17(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
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The service provider had failed to ensure that persons employed in the provision of a regulated activity

This section is primarily information for the provider

Requirement notices

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 safeguarding children training, chaperone training, fire safety training, infection prevention and control training, basic life support training, as well as recognition and management of patients with severe infections such as sepsis training.
- Not all staff had received an annual appraisal.

This was in breach of Regulation 18(2) 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
Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The provider did not have established recruitment procedures that were operated effectively to ensure that persons employed met the conditions in – (a) paragraph (1). In particular:

- The practice had not carried out a Disclosure and Barring service check for one member of staff who acted as a chaperone.

This was in breach of Regulation 19(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.