

# City Way Surgery

## Inspection report

67 City Way  
Rochester  
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[www.citywaymedicalpractice.co.uk](http://www.citywaymedicalpractice.co.uk)

Date of inspection visit: 8 November 2022  
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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 effective?

Inspected but not rated



Are services caring?

Inspected but not rated



Are services responsive to people's needs?

Inspected but not rated



Are services well-led?

Inspected but not rated



# Overall summary

We carried out an announced comprehensive inspection at City Way Surgery on 1 December 2021. The overall rating for the practice was Inadequate. Warning Notices were issued for breaches of regulation found at this inspection and the practice was placed into Special Measures.

The full version of the report for the December 2021 inspection can be found by selecting the 'all reports' link for City Way Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## **Why we carried out this inspection:**

We carried out an announced focussed inspection at City Way Surgery on 8 November 2022 to confirm that the practice had taken action to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection in December 2021. The practice was not rated as a result of this inspection. This report covers findings in relation to those requirements.

## **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:

- 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:**

- Improvements had been made to the practice's systems, practices and processes to help keep people safe and safeguarded from abuse. However, some improvements were ongoing and other improvements were still required.
- Action had been taken but some improvements were ongoing to systems and processes to help maintain appropriate standards of cleanliness and hygiene.
- Some improvements had been made to the way risks to patients, staff and visitors were assessed, monitored and managed. However, further improvements were ongoing.
- Improvements had been made to the arrangements for managing medicines that helped keep patients safe.
- The provider had made improvements to the way significant events as well as safety alerts were managed and demonstrated an effective system that reported, investigated and learned from significant events.
- Improvements had been made to the way patients' needs were assessed, and the way care as well as treatment were delivered, to help ensure they were in line with current legislation, standards and evidence-based guidance. However, these were ongoing for reviews of patients with asthma and hypothyroidism.

# Overall summary

- The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. However, improvements were ongoing for some patients with long-term conditions, some patients with potential missed diagnoses and some patients prescribed certain medicines.
- Staff had the skills, knowledge and experience to carry out their roles. However, some staff were not up to date with basic life support training and some staff were overdue an appraisal.
- Staff worked together and with other organisations to deliver effective care and treatment.
- Staff were consistent and proactive in helping patients to live healthier lives.
- The practice obtained consent to care and treatment in line with legislation and guidance.
- Improvements had been made to the practice's system for coordinating care for patients who required palliative care.
- Patient feedback indicated people were not always able to access care and treatment in a timely way.
- Feedback about the practice from the national GP patient survey published in July 2022 varied from being in line with or tending towards variation negative to variation negative or significant variation negative when compared with local and England averages. Staff told us there was no formal action plan to help improve patient satisfaction scores.
- Improvements had been made to complaints management. Complaints were listened to and used to improve the quality of care.
- Action had been taken to address many of the issues relating to quality and sustainability found at our last inspection. Action was also ongoing but not all plans had been formally recorded and some did not have projected dates for completion.
- The provider had made improvements so that the practice culture supported delivery of high-quality sustainable care.
- There were processes and systems to support good governance and management. However, improvements were required to the system that helped keep governance documents up to date and practice specific.
- The provider had made improvements to processes for managing risks, issues and performance. However, some improvements were still required, and some were ongoing.
- The practice involved the public, staff and external partners to help ensure they delivered high-quality and sustainable care. However, there were no formal plans to improve patient satisfaction scores regarding services provided by City Way Surgery.
- Improvements had been made to the practice's systems and processes for learning, continuous improvement and innovation.

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.

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

- Continue with plans for relevant staff to attend basic life support training on 23 November 2022.
- Revise complaints management to help ensure complainants receive a written acknowledgement in line with the complaints policy.
- Continue to make relevant changes to their registration with the Care Quality Commission.

**Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA**

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

**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.

## Background to City Way Surgery

The registered provider is City Way Surgery.

City Way Surgery is located at 67 City Way, Rochester, Kent, ME1 2AY. The practice is situated within the NHS Kent and Medway Integrated Care Board (ICB) 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 City Way Surgery, 67 City Way, Rochester, Kent, ME1 2AY only, where the provider delivers registered activities. City Way Surgery has a registered patient population of approximately 12,457 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 three GP partners, one salaried GP, one advanced nurse practitioner, three practice nurses, one paramedic practitioner, one physician's associate, one healthcare assistant, one pharmacy technician, one phlebotomist, one practice manager, one assistant practice manager, as well as reception and administration staff. The practice also employs locum staff directly including a locum practice manager and locum GPs as well as a locum paramedic practitioner via an agency.

City Way Surgery is a training practice: they are involved in the supervision and training of GP registrars.

City Way Surgery is registered with the Care Quality Commission (CQC) to deliver the following regulated activities: diagnostic and screening procedures; family planning; surgical procedures; and treatment of disease, disorder or injury. At the time of our inspection the provider was in the process of adding the regulated activity of maternity and midwifery services to their registration with CQC.

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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider was not assessing the risks to the health and safety of service users of receiving the care and treatment and doing all that was reasonably practicable to mitigate any such risk. In particular:</p> <ul style="list-style-type: none"><li>• The action plan to address issues identified by the fire risk assessment did not contain a planned completion date for works outstanding.</li><li>• Staff had only started checking emergency lighting in November 2022 and 17 out of 37 emergency lights were not functioning correctly.</li></ul> <p>The 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:</p> <ul style="list-style-type: none"><li>• The infection prevention and control (IPC) audit was incomplete. The action plan to address issues identified by the IPC audit did not contain a planned completion date for the works outstanding.</li><li>• The action plan to address issues identified by the legionella risk assessment did not contain a planned completion date for works outstanding.</li></ul> <p>This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p>

## Requirement notices

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 yet sufficiently effective.
- Further improvements to care and treatment were still required for some types of patient reviews as well as subsequent follow-up activities.

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: all identifiable fire safety risks; all identifiable infection prevention and control risks; risks from staff being overdue an appraisal; all governance documents not being up to date and practice specific.

Seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purpose of continually evaluating and improving such services. In particular:

- There was no formal action plan to help improve patient satisfaction scores from the national GP patient survey published in July 2022.

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