

# Jubilee Medical Group

## Inspection report

Kent House Surgery, 36 Station Road  
Longfield  
DA3 7QD  
Tel: 01474702127  
[www.longfield-newwashgreen-surgeries.co.uk](http://www.longfield-newwashgreen-surgeries.co.uk)

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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?		Requires Improvement	
Are services effective?		Requires Improvement	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

# Overall summary

We carried out an announced inspection at Jubilee Medical Group between 21 February and 25 February 2022. Overall, the practice is rated as requires improvement.

The key questions are rated as:

Safe - Requires improvement

Effective - Requires improvement

Caring - Good

Responsive - Good

Well-led - Good

At our previous inspection on 14 December 2016, the practice was rated Good overall and for all key questions.

The full reports for previous inspections can be found by selecting the 'all reports' link for Jubilee Medical Group on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Why we carried out this inspection

We carried out an announced comprehensive inspection between 21 February and 2 March 2022 as part of our provider monitoring programme.

We undertook this inspection at the same time as CQC inspected a range of urgent and emergency care services in Kent and Medway. To understand the experience of GP Providers and people who use GP services, we asked a range of questions in relation to urgent and emergency care. The responses we received have been used to inform and support system wide feedback.

## 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 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 to both main and branch surgery

# Overall summary

## 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

We found that:

- Patients received effective care and treatment that met their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The way the practice was led and managed promoted the delivery of high-quality, person-centre care.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic.
- There was insufficient monitoring of a small number of patients who were prescribed medicines.
- There was a lack of monitoring of staff immunisations and risk assessments had not been undertaken to mitigate risks associated with a lack of immunisation.
- The recording of the investigation and action taken as well as the wider learning for significant events, complaints and safety alerts needed to be improved.
- Although the provider did have a system in place to record and act on safety alerts, we identified one alert which had been issued in the past that had not been acted on.
- We found gaps in processes relating to the monitoring of vaccine fridge temperatures to ensure those medicines remained safe to use .
- Staff recruitment files did not contain all of the required information.
- Medicine reviews and non-urgent referrals were not always completed in the required time frames.
- There was a lack of formalised staff clinical supervision.
- Staff training was not up to date, including safeguarding, basic life support, infection prevention and control, and sepsis.
- We saw evidence that clinicians took part in multi-disciplinary team meetings to discuss patient care.
- The practice was innovative in the use of social media platforms to provide information to patients about various health initiatives. They also held a monthly clinic at the local village hall to help people with the NHS App.

We found breaches of regulations. The provider **must**:

- Ensure care and treatment is provided in a safe way to patients
- 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 and ensure specified information is available regarding each person employed

The provider **should**:

- Review and continue to monitor cervical screening to meet the Public Health England screening rate target.
- Continue to plan and carry out staff appraisals.

**Details of our findings and the evidence supporting our ratings are set out in the evidence tables.**

# Overall summary

**Dr Rosie Benneyworth** BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

Our inspection team was led by a CQC lead inspector, with support from a second inspector. We 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 Jubilee Medical Group

Jubilee Medical Group is located in Longfield and is situated within the Kent and Medway Clinical Commissioning Group:

Kent House Surgery,

36 Station Road, Longfield, Kent, DA3 7QD

The practice has a branch surgery at:

New Ash Green Surgery,

Meadow Lane, New Ash Green, Kent, DA3 8RH

Both sites were visited during our inspection.

The provider is registered with CQC to deliver the Regulated Activities;

- Diagnostic and screening procedures,
- Maternity and midwifery services
- Treatment of disease, disorder or injury
- Surgical procedures
- Family Planning

These are delivered from both sites.

The practice offers services from both a main practice and a branch surgery. Patients can access services at either surgery.

Information published by Public Health England shows that deprivation within the practice population group is rate nine 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 2.4% Asian, 96% White, 0.4% Black, 1% Mixed, and 0.2% Other.

There is a team of five GPs partners and four salaried GPs (male and female) who provide cover at both practices. The practice has a team of three nurses who provide nurse led clinics at both the main and the branch locations. The practice also employs a paramedic practitioner. The GPs are supported at the practice by a team of reception/ administration staff. The practice manager and assistant practice manager are based at the main location to provide managerial oversight.

Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with the national guidance, most GP appointments were telephone consultations. If the GP needs to see a patient face-to-face then the patient is offered a choice of either the main GP location or the branch surgery.

## 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
Family planning services Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p><b>How the regulation was not being met:</b></p> <p>The provider had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular:</p> <ul style="list-style-type: none"><li>• Staff recruitment files did not contain the required information.</li></ul> <p>This was in breach of Regulation 19 (1)(3) 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 Treatment of disease, disorder or injury Surgical procedures	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>Care and treatment must be provided in a safe way for service users</b></p> <p><b>How the regulation was not being met:</b></p> <p>The practice had failed to ensure care and treatment was provided in a safe way for service users. In particular:</p> <ul style="list-style-type: none"><li>• The practice had failed to ensure staff had received the recommended immunisations for their job role. There were no risk assessments undertaken for those not immunised in order to protect the staff member, patients or other staff members.</li><li>• Vaccine fridge temperatures were not being monitored daily.</li><li>• There was insufficient recording of the investigation and action of significant events.</li><li>• Shared learning to the wider team was not evident for safety alerts, complaints or significant events.</li></ul>

This section is primarily information for the provider

## Requirement notices

- Medicine reviews and non-urgent referrals were not always completed in the required time frames.
- There was insufficient monitoring of a small number of patients who were prescribed medicines.

This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Regulated activity

Diagnostic and screening procedures

Family planning services

Surgical procedures

Treatment of disease, disorder or injury

Maternity and midwifery services

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

#### **How the regulation was not being met:**

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:

- There was a lack of formalised staff clinical supervision.
- Not all staff had completed their mandatory training in the required time frame.

This was in breach of Regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.