Brompton Medical Centre

Inspection report

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Gillingham
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Date of inspection visit: 29 June 2021
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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 well-led?	Requires Improvement

Overall summary

We carried out an announced comprehensive inspection at Brompton Medical Centre on 30 April 2019. The overall rating for the practice was Requires Improvement. The full comprehensive report on the April 2019 inspection can be found by selecting the 'all reports' link for Brompton Medical Centre on our website at www.cqc.org.uk.

After our inspection in April 2019 the provider wrote to us with an action plan outlining how they would make the necessary improvements to comply with the regulations.

Why we carried out this inspection:

We carried out an announced focussed inspection on 29 June 2021 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection in April 2019. 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 consent from the provider and in line with all data protection and information governance requirements.

This included:

- Conducting staff interviews using the telephone / video conferencing.
- 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:

This practice is now rated as Requires Improvement overall.

The key questions at this inspection are rated as:

Are services safe? – Requires Improvement

Are services effective? – Requires Improvement

Are services well-led? – Requires Improvement

We rated the practice as **Requires Improvement** for providing safe services because:

Overall summary

- The practice's computer system did not alert staff of all family and other household members of vulnerable children or adults.
- Appropriate standards of cleanliness and hygiene were met.
- Staff had the information they needed to deliver safe care and treatment.
- Published results showed that the practice's prescribing indicators were all now in line with local Clinical Commissioning Group (CCG) and England averages. However, on the day of our inspection we found that Patient Group Directions (PGDs) had not been completed correctly and improvements were required to the management of high-risk medicines prescribing.
- There were effective systems for recording and acting on significant events as well as managing safety alerts.

We rated the practice as **Requires Improvement** for providing effective services because:

- Patients' needs were assessed, but care and treatment were not always delivered in line with current legislation, standards and evidence-based guidance.
- The pandemic had had a detrimental effect on the practice's ability to deliver some care as well as treatment. Improvements were required for some types of patient reviews as well as subsequent follow up activities.
- Published performance results for diabetes indicators had improved and were now in line with or above local and national averages.
- Staff had the skills, knowledge and experience to carry out their roles.
- 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. However, improvements in the recording of the care and treatment of patients receiving palliative care were required.
- The practice obtained consent to care and treatment in line with legislation and guidance. However, improvements in the recording of patients' resuscitation statuses were required.

We rated the practice as **Requires Improvement** for providing well-led services because:

- There was compassionate and inclusive leadership at all levels.
- The practice had a vision to deliver high quality care and promote good outcomes for patients.
- There were processes and systems to support good governance and management.
- The practice's processes for managing risks, issues and performance were not always effective.
- Backlogs in relation to cancer screening were in the process of being addressed by the practice.
- The practice engaged with the public, staff and external partners and was in the process of reinstating a patient participation group.

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:

- Revise guidance for staff to follow during reviews of patients with chronic obstructive pulmonary disease (COPD) to help ensure the rationale for deciding if treatment changes are necessary or not is clearly documented in the patient record.

Overall summary

- Continue to implement and monitor the outcome of plans to improve performance relating to child immunisations and cancer indicators.

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	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	Good
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 Advisor.

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 five registered locations in England.

Brompton Medical Centre is located at 28A Garden Street, Gillingham, Kent, ME7 5AS. The practice is situated within the NHS Kent and Medway Clinical Commissioning Group (CCG) 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 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 2,784 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 GP Partner (male), one assistant practice manager, one practice nurse (female), one healthcare assistant (female) as well as reception and administration staff. The practice also employs locum GPs via an agency 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 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 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:** • Prescribing of some high-risk medicines was not always in line with best practice guidance. **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 Treatment of disease, disorder or injury	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 (including the quality of the experience of service users in receiving those services). In particular:** • Reviews of patients with some long-term conditions (asthma, hypertension, atrial fibrillation and patients experiencing poor mental health including dementia) did not always include all elements necessary in line with best practice guidance. • We looked but could not find evidence to show that all patient reviews that we looked at were followed up where necessary in a timely manner.

This section is primarily information for the provider

Requirement notices

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: the practice's computer system not alerting staff to all family and other household members of children that were on the risk register and adults on the vulnerable adult register; and management of the prescribing of some high-risk medicines.

Maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided. In particular:

- A clear diagnosis and a discussion / decision regarding resuscitation status was not always recorded in relevant patients' records.
- Do not attempt cardio pulmonary resuscitation (DNACPR) decisions were not always recorded in relevant patients' records using the standard recognised form.

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