Bryant Street Medical Centre - Surgery C

Inspection report

Bryant Street Medical Centre
29 Bryant Street
Chatham
Kent
ME4 5QS
Tel: 01634848911
www.www.bryantstreetmedicalcentre.nhs.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	Inadequate
Are services safe?	**Inadequate**
Are services effective?	**Requires improvement**
Are services caring?	**Requires improvement**
Are services responsive?	**Good**
Are services well-led?	**Inadequate**

Overall summary

We carried out an announced comprehensive inspection at Bryant Street Medical Centre on 14 November 2019 as part of our inspection programme.

We decided to undertake an inspection of this service following our annual review of the information available to us. This inspection looked at the following key questions:

- Safe
- Effective
- Caring
- Responsive
- Well-led

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 **inadequate overall and for safe and well-led services. We rated them as requires improvement for effective and caring and good for responsive.** We rated the practice as requires improvement for long term conditions, families, children and young people, working age people and people experiencing poor mental health population groups. We rated the practice as good for older people and people whose circumstances may make them vulnerable groups.

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

- There was no system for recording and acting on safety alerts.
- The practice had not undertaken a risk assessment for emergency medicines.
- Medicines and prescription stationary were not stored securely.
- The system for learning and improving when things went wrong was not comprehensive.
- The practice could not demonstrate that recruitment checks and Disclosure and Barring Service (DBS) checks were undertaken when required.
- There was not a system in place to monitor the ongoing registration of clinical staff.
- Staff vaccinations were not monitored in line with Public Health England guidance.

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

- Leaders could not show that they had the capacity and skills to delivery high quality, sustainable care.
- The overall governance arrangements were ineffective.
- The practice did not have clear and effective processes for managing risks, issues and performance.
- The practice did not always act on appropriate and accurate information.
- We saw limited evidence of systems and processes for learning, continuous improvement and innovation.

We rated the practice as **requires improvement** for providing effective services because:

- There was limited monitoring and improvement to patient outcomes, particularly in relation to diabetes and hypertension.
- Exception reporting was high in relation to long term conditions and mental health.
- The practice could not demonstrate up to date training for all staff including locum staff.
- Childhood immunisation uptake was below target.
- Cervical screening uptake and other cancer screening was below average.

We rated the practice as **requires improvement** for providing caring services because:

- Survey results showed that patient satisfaction with how they were cared for was below average.
- The practice did not have action plans in place for how they would improve patient satisfaction.

We rated the practice as **good** for providing responsive services because:

- The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.

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

- Ensure that care and treatment is provided in a safe way.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Overall summary

- 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 that fit and proper persons are employed.

I am placing this service in special measures. Services placed in special measures will be inspected again within six 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 the reassurance that the care they get should improve.

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

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

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 CQC inspector. The team included a GP specialist advisor and a practice manager specialist advisor.

Background to Bryant Street Medical Centre - Surgery C

Bryant Street Medical Centre - Surgery C is located at 29 Bryant Street, Chatham, Kent, ME4 5QS. The practice is located in a purpose built premises in a residential area. There is a

reception and a waiting area on the ground floor. All patient areas are accessible to patients with mobility issues.

The local clinical commissioning group (CCG) is the NHS Medway CCG. Bryant Street Medical Centre is registered with the Care Quality Commission to provide the following regulated activities:

- treatment of disease, disorder or injury
- diagnostic and screening procedures
- maternity and midwifery services
- surgical procedures
- family planning

The practice has approximately 7,600 registered patients. The practice staff consists of three GP partners (male and female), one practice manager, one practice nurse (female) as well as administration and reception staff. The practice also directly employs three locum GPs (male and female).

There are higher than average number of patients under the age of 18 when compared with national and local averages. There is a lower proportion of patients over the age of 65, when compared with the national average. Information published by Public Health England, rates the level of deprivation within the practice population group as 2, on a scale of one to ten. Level 10 represents the lowest levels of deprivation and level one the highest. Life expectancy is lower than average for females (81 years compared with the national average of 84). Life expectancy for males is lower than average for males (77 years compared with the national average of 79 years).

General medical services are provided Monday to Friday between the hours of 8.30am to 6.30pm. Extended hours surgeries are offered Monday 6.30pm to 8pm and on a Tuesday morning from 7.30am. Out of hours services can be accessed via the NHS 111 service.

More information in relation to the practice can be found on their website:

www.www.bryantstreetmedicalcentre.nhs.uk

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 Surgical procedures	Regulation 18 HSCA (RA) Regulations 2014 Staffing How the regulation was not being met… The provider did not always ensure that persons employed by the service in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as necessary to enable them to carry out the duties they are employed to perform. In particular, there were gaps in mandatory training records for some staff, including GPs and locum staff. This was in breach of regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Enforcement actions

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. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular: There was an ineffective system for the management of safety alerts and the provider was unable to demonstrate that action had been taken in response to safety alerts received. There was evidence that a safety alert relating to a medicine with a risk of congenital abnormalities in pregnancy had not been acted on in line with the alert. There was no risk assessment in place to identify the type of emergency medicines that should be kept within the practice. In addition, we found that there was no medicine available for the treatment of heart failure or for the treatment of seizures. There was insufficient proper and safe management of medicines. In particular: Vaccines were stored unlocked in unlocked rooms. Prescription stationery was not stored securely. 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 Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance There was a lack of systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance. In particular we found:

This section is primarily information for the provider

Enforcement actions

Effective systems were not in place to assess, monitor and improve the quality and safety of services. Significant events were not always recorded. The identification of themes and trends was not clear.

Formal complaints were recorded, but verbal complaints were not. The identification of themes and trends was not clear.

The provider was unable to demonstrate how they acted on feedback from patients to improve the quality and safety of services.

There was a lack of leadership to improve performance in relation to patient outcomes and action to make improvements was not clear.

Records relating to the management of the regulated activities were not consistently maintained in relation to practice policies and cleaning schedules for clinical equipment.

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