

Dr A S Pannu & Partners

Inspection report

55 St Georges Avenue
Sheerness
Isle of Sheppey
Kent
ME12 1QU
Tel: 01795582880
www.saintgeorgesmedicalcentre.co.uk

Date of inspection visit: 28/01/2020
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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?

Good



Are services caring?

Requires improvement



Are services responsive?

Requires improvement



Are services well-led?

Requires improvement



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	

Overall summary

Following our annual regulatory review of the information available to us, we inspected this service on 28 January 2020. The service was last inspected in April 2016. It was rated as good for providing safe, effective, caring, responsive and well led services.

The current inspection looked at the following key questions; was the service providing safe, effective, caring, responsive and well led services for the registered patient population.

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 rated the practice as requires improvement for providing safe services because:

- The system for safety alerts did not ensure that the alert had been actioned across the whole practice.
- Management of significant events did not always address the safety issues.
- Safeguarding records were not effectively managed to best protect vulnerable people.

We rated the practice as good for providing effective services because:

- Patients received effective care and treatment that met their needs.

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

- The practice scored significantly lower than average in the national GP Patient Survey in relation to patients feeling listened to and be treated with care and concern.

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

- The practice scored significantly lower than average in the national GP Patient Survey in relation to patients having access to services which met their needs.

We rated the practice as requires improvement for providing well-led services because:

- The practice failed to identify an incident as being a “notifiable safety incident” under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- There were areas where governance mechanisms were not effective for example, in safety alerts, in significant events and the management of safeguarding records
- The practice’s registration was not compliant with the provisions of the Health and Social Care Act 2008.

We have rated this practice requires improvement for all population groups because the provider has been rated as requires improvement for providing responsive services. The areas that require improvement impacted all patient population groups.

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

- Continue to implement appropriate actions to reduce the prescribing of identified classes of antibiotics.
- Review the documentation relating to Patient Group Directive to ensure it is current and correct.
- Implement actions to improve uptake for the cervical screening programme and for child immunisations to meet the national targets.
- Continue to monitor Quality and Outcomes Framework (QOF) exception reporting and continue to implement appropriate measures to reduce this in line with local and national data
- Continue to consider the content of the National GP patient survey and take actions to mitigate the impact.
- Continue to improve the identification of carers, to ensure they receive appropriate care and support.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Act in accordance with the Duty of Candour

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	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 CQC lead inspector. It included a GP specialist advisor and a practice manager specialist advisor.

Background to Dr A S Pannu & Partners

St Georges Medical Centre is located on the Isle of Sheppey Kent at:

Dr A S Pannu & Partners

55 St Georges Avenue.

Sheerness.

Kent.

ME12 1QU.

The practice has three branches

36 Leysdown Road

Leysdown

Isle of Sheppey

Kent

ME12 4RE

And

62 High Street

Eastchurch

Isle of Sheppey

Kent

ME12 4BN

And

5 Jetty Road

Warden Bay

Isle of Sheppey

Kent

ME12 4PS.

We visited Leysdown Road and Eastchurch surgeries. The Warden Bay surgery is temporarily closed. Leysdown Road and Eastchurch surgeries dispense medicines to those patients who live more than one mile (1.6km) from the nearest pharmacy. We visited the dispensaries of both branches as part of this inspection.

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures and treatment of disease, disorder or injury.

St Georges Medical Centre is within the NHS Swale Clinical Commissioning Group and provides services to approximately 10,600 patients under the terms of a general medical services (GMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

There are four GP partners, all male. There are two salaried GPs both female. There are two nurses and three healthcare assistants. The practice employs a full time pharmacist. The clinical team is supported by a practice manager, and an administration and a reception team.

The practice population ethnic profile is predominantly White British. Information published by Public Health

England, rates the level of deprivation within the practice population group as one, on a scale of one to ten where level one represents the highest levels of deprivation. The average male life expectancy for the practice area is 76 years which is three years lower than national average; female life expectancy is 81years which is two years lower than the national average.

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 Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met</p> <p>The registered person failed to establish and operate systems or processes effectively to ensure compliance with the requirements of Part 3 The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>In particular we found:</p> <ul style="list-style-type: none">• The practice's registration was not compliant with the provisions of the Health and Social Care Act 2008. <p>Regulation 17 (1) HSCA (RA) Regulations 2014 Good governance.</p> <p>How the regulation was not being met</p> <p>The registered person failed to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.</p> <p>and</p> <p>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</p> <p>and</p> <p>maintain securely such other records as are necessary to be kept in relation to the management of the regulated activity;</p> <p>In particular we found:</p> <ul style="list-style-type: none">• The system for safety alerts did not ensure that the alert had been actioned across the whole practice.• Management of significant events did not always address the safety issues• Safeguarding records were not effectively managed to best protect vulnerable people.

This section is primarily information for the provider

Requirement notices

- Records, such as those for the training or competency of dispensary staff and of Patient Group Directives, were not adequately kept.

Regulation 17 (2) (a), (b) and (d) HSCA (RA) Regulations 2014 Good governance.

Regulated activity

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

Regulation

Regulation 20 HSCA (RA) Regulations 2014 Duty of candour

How the regulation was not being met

The registered person failed to act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity

In particular we found:

- As soon as reasonably practicable after becoming aware that a notifiable safety incident had occurred the registered person failed to notify, or to provide reasonable support to, the affected person as required under this regulation.

This was in breach of Regulation 20 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.