

The Glebe Family Practice

Inspection report

Vicarage Road
Gillingham
ME7 5UA
Tel: 01634576347

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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?

Requires Improvement



Overall summary

We carried out an announced comprehensive inspection at The Glebe Family Practice on 8 September 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 – Requires Improvement

Following our previous inspection on 17 September 2015, 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 The Glebe Family Practice on our website at www.cqc.org.uk

Why we carried out this inspection

This inspection was a comprehensive inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out the inspection

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included:

- Conducting staff interviews using video conferencing.
- Completing clinical searches on the practice’s patient records system (this was with consent from the provider and in line with all data protection and information governance requirements).
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- A short site visit.

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.

Overall summary

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

- Some improvements were needed to the systems and processes designed to keep people safe.
- The practice's systems for the appropriate and safe use of medicines required improvement.
- The practice's systems and processes did not allow the practice to effectively act on safety alerts.

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

- Improvements were needed to the practice's system for monitoring patients with long term conditions.

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

- The practice's processes did not always effectively manage risks, issues and performance

We found that:

- Patients did not always receive effective care and treatment that met their needs.
- There was a comprehensive programme of quality improvement activity.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- Patients could access care and treatment in a timely way.
- Information about staff vaccination was not held in line with current guidance.
- There was not an effective process for monitoring security of blank prescription pads.
- The system for receiving, sharing and acting on safety alerts did not always keep people safe.
- Improvements were needed to the processes for monitoring patients with long term conditions.

We found one breach of regulation. The provider **must:**

- 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:

- Implement a process that identifies the frequency at which Disclosure and Barring Service (DBS) checks for staff should be completed.
- Store and monitor vaccines in line with UKHSA guidance, ensuring the practice's cold chain policy is implemented correctly.
- Hold and record regular staff and clinical governance meetings.

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

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

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

Our inspection team

Our inspection team was led by a CQC lead inspector who 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 as well as a second CQC inspector.

Background to The Glebe Family Practice

The Glebe Family Practice is located at Vicarage Road, Gillingham, Kent, ME7 5UA

The provider is registered with CQC to deliver the Regulated Activities; family planning, maternity and midwifery services and treatment of disease, disorder or injury and surgical procedures. The provider was in the process of registering for the Regulated Activity diagnostic and screening.

The practice is situated within the Kent and Medway Integrated Care System (ICS) and delivers General Medical Services (GMS) to a patient population of about 4,711. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices, Gillingham South Primary Care Network.

Information published by Public Health England shows that deprivation within the practice population group is in the fourth lowest decile (four 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 84.4% White, 9.1% Asian, 2.8% Black, 2.3% Mixed, and 1.3% Other.

The age distribution of the practice population closely mirrors the local and national averages.

The practice consists of two GP partners. The practice has a team of two advanced nurse practitioners and two practice nurses who provide nurse led clinics for long-term conditions, and one healthcare assistant. The GPs are supported at the practice by a team of reception and administration staff. The practice manager provides managerial oversight.

The practice is open between 8am to 6pm Monday to Friday. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Extended access is provided locally by the primary care network (PCN), where late evening and weekend appointments are available. Out of hours services are provided by NHS 111. NHS 111 deals with urgent care problems when GP surgeries are closed.

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
Family planning services Surgical procedures Treatment of disease, disorder or injury Maternity and midwifery services	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>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;</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. In particular:</p> <p>The provider was unable to demonstrate their processes and systems were effective in the management of risks from: the monitoring of some patients with long-term conditions; management of safety alerts; management of staff immunisations; management of prescription stationery.</p> <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>