

Sheppey NHS Healthcare Centre

Inspection report

Sheppey Community Hospital
Plover Road
Minster on Sea
Kent
ME12 3LT
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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.

Overall summary

We carried out an announced focussed inspection (at short notice to the provider) at Sheppey NHS Healthcare Centre on 11 September 2020. The practice was not rated as a consequence of this inspection.

Following the inspection in July 2020 of another location where services were also delivered by the provider DMC Healthcare Limited, we found breaches of regulation and the risk of patient harm. As a result, we took urgent enforcement action and removed that location from the provider's registration with CQC. This prevented them from continuing to deliver regulated activities at that location. As the provider DMC Healthcare Limited is also delivering regulated activities at Sheppey NHS Healthcare Centre, we carried out this inspection to assure ourselves that the breaches of regulation and risk of patient harm found during the inspection of the other location in July 2020 were not being repeated at this location.

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. The on-site inspection activity took place on 11 September 2020 followed by inspection activities carried out remotely the following week.

At this inspection we found:

- The practice had replaced waiting room chairs with those that were covered in materials which were easy to clean.
- All clinical equipment was calibrated regularly in accordance with manufacturers' guidance.
- The practice's systems, practices and processes did not always keep people safe.
- Risks to patients, staff and visitors were not always assessed, monitored or managed in an effective manner.
- Staff had the information they needed to deliver safe care and treatment. However, we looked but could not find evidence that the care of all patients diagnosed with Chronic Obstructive Pulmonary Disease (COPD) was based on current best practice guidance (GOLD guidance).

- The arrangements for medicines management helped to keep patients safe.
- Local leadership was well established and worked autonomously as well as independently from overall central leadership provided by staff at the provider's head office.
- The Registered Manager was not visible in the practice and on-site local clinical supervision was limited.
- Governance arrangements were not always effective.
- The practice involved the public, staff and external partners to help sustain high-quality sustainable care.
- Systems and processes for learning and continuous improvement were not always effective.

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:

- Consider recording the practice's details on records of regular fire alarm safety tests.
- Consider revising the systems to help keep governance documents up to date.

We are mindful of the impact of COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

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.

Our inspection team

Our inspection team was led by a CQC Inspector and included a second CQC Inspector and a GP Specialist Advisor.

Background to Sheppey NHS Healthcare Centre

- The registered provider is DMC Healthcare Limited which is a primary care at scale organisation that delivers regulated activities at three registered locations in England.
- Sheppey NHS Healthcare Centre is located at Sheppey Community Hospital, Plover Road, Minster-on-Sea, Kent, ME12 3LT. The practice has an alternative provider medical services contract with NHS England for delivering primary care services to the local community. Primary medical services are available to registered patients via an appointments system, a walk-in service and a mobile service. However, the mobile service is suspended due to COVID-19. Primary medical services are also available to patients not registered at the practice via the walk-in service and the mobile unit (when not suspended). The practice website is www.sheppeyhealthcarecentre.nhs.uk.
- As part of our inspection we visited Sheppey NHS Healthcare Centre, Sheppey Community Hospital, Plover Road, Minster-on-Sea, Kent, ME12 3LT only, where the provider delivers registered activities. The provider also delivers regulated activities from a mobile unit which travels to various supermarket locations in Queenborough, Kent, Sittingbourne, Kent and Sheerness, Kent (although currently suspended due to COVID-19).
- Sheppey NHS Healthcare Centre has a registered patient population of approximately 8,500 patients.
- 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 salaried GP (female), one practice manager, one assistant practice manager, two advanced nurse practitioners (one male and one female), one practice nurse (female), one community psychiatric nurse (male), one acute care practitioner (paramedic) (female), one prescribing pharmacist (male), as well as administration and reception staff. The practice also employs locum GPs via an agency. Practice staff are also supported by the DMC Healthcare Limited management staff.
- Sheppey NHS Healthcare Centre is registered with the Care Quality Commission to deliver the following regulated activities: diagnostic and screening procedures; family planning; maternity and midwifery services; surgical procedures; treatment of disease, disorder or injury.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The service provider was not assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated. In particular:</p> <ul style="list-style-type: none">• The practice's infection prevention and control audit, carried out on 22 July 2020, identified five issues that required action. However, we looked but could not see any action plans to address four out of the five identified issues.• The provider was unable to demonstrate they had an effective system for the routine management of legionella in the practice. <p>This was in breach of Regulation 12(1) 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 Surgical procedures Treatment of disease, disorder or injury	<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 improve the quality and safety of the services provided in the carrying on of the regulated activity. In particular:</p> <ul style="list-style-type: none">• The provider was unable to demonstrate that learning from significant events and complaints was always disseminated to all relevant practice staff.

Requirement notices

- The provider was unable to demonstrate they always complied with the duty of candour when managing significant events at the practice.

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 adequately taken into consideration and addressed risks associated with the on-site clinical supervision that was limited to 3.5 days per week at the practice and the lack of visibility of the Registered Manager in the practice.
- The provider was unable to demonstrate they had fully addressed all risks identified by the practice's infection prevention and control audit carried out on 22 July 2020.
- The provider was unable to demonstrate they had taken into consideration risks from: not having effective systems for the routine management of legionella in the practice; staff in the practice not referring to the COPD Gold Standard guidance when carrying out patient reviews.

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