Green Porch Medical Centre

Inspection report

Green Porch Close
Sittingbourne
ME10 2HA
Tel: 01795718099

Date of inspection visit: 19 July 2022
Date of publication: 07/10/2022

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?	Inadequate
Are services caring?	Requires Improvement
Are services responsive to people's needs?	Requires Improvement
Are services well-led?	Inadequate

Overall summary

We carried out an announced comprehensive inspection at Green Porch Medical Centre on 18 January 2022. The practice was rated Inadequate overall and placed into special measures as a result of this inspection and was issued a Regulation 17 – Good governance Warning Notice.

After our inspection in January 2022, the provider wrote to us with an action plan outlining how they would make the necessary improvements to comply with the regulations.

The full reports for previous inspections can be found by selecting the 'all reports' link for The Green Porch Medical Centre on our website at www.cqc.org.uk

Why we carried out this inspection

We carried out an announced comprehensive inspection at Green Porch Medical Centre on 19 July 2022 to confirm that the practice was continuing to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection in January 2022. 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 with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Conducting staff interviews,
- Completing clinical searches on the practice's patient records system and discussing findings with the provider,
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider,
- A short site visit,
- Staff interviews.

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.

The practice remains rated as **Inadequate** overall.

Safe - Inadequate

Effective - Inadequate

Overall summary

Caring – Requires Improvement

Responsive - Requires Improvement

Well-led - Inadequate

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

- The provider had not implemented and embedded appropriate systems and processes, to effectively address the issues we identified during our clinical searches in our previous inspection of January 2022.
- Systems for managing safety alerts had not improved to be sufficiently effective.

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

- The provider had not implemented and embedded appropriate systems and processes, to effectively address the issues we identified during our clinical searches in our previous inspection of January 2022.
- Performance relating to child immunisations and cervical screening required improvement.
- Staff were not always consistent and proactive in helping patients to live healthier lives.

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

- National GP Survey satisfaction scores had significantly declined.

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

- The practice organised and delivered services but these did not always meet patients' needs.
- People were not always able to access care and treatment in a timely way.
- National GP patient survey satisfaction scores had declined.

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

- Further improvements in awareness of leaders to the required improvement to quality, safety and performance needed to be made.
- Processes for managing risks, issues and performance required further improvement.
- Further improvements were required to ensure data and information were proactively used to support quality improvement.

We found that:

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- There was a clear vision and credible strategy to provide high quality sustainable care, which staff were aware of and supported.
- Systems and processes to underpin governance and management, had been significantly improved.
- Engagement with patients, the public, staff and external partners had significantly improved.

We found two continued breaches of regulations. The provider **must**:

- 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.

Overall summary

The provider **should**:

- Continue with their action plan to ensure that hepatitis B vaccine statuses were being acquired for staff.

This service was placed in special measures in January 2022. There have been some improvements in the safety and quality of the service. However, further improvements were as such that there remains a rating of inadequate for safe, effective and well led. I am placing the service into special measures for a further six months.

Services placed into special measures will be inspected again within six months. If, after re-inspection, the service has failed to make sufficient improvement, and is still rated as inadequate for any 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 could lead to cancelling their registration or 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 six months, and if there is not enough improvement we will move to close the service. Special measures will give people who use the service the reassurance that the care they get should improve.[RS1]

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, a second CQC inspector and a GP specialist advisor.

Background to Green Porch Medical Centre

As part of our inspection we visited Green Porch Medical Centre, Green Porch Close, Sittingbourne, Kent, ME10 2HA only, where the provider delivers regulated activities. The provider also delivers regulated activities at Newington Surgery, 43 High Street, Newington, Sittingbourne, Kent, ME9 7JR.

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services, family planning, treatment of disease, disorder or injury and surgical procedures. These are delivered from both sites.

The practice is situated within the Kent and Medway Integrated Care Board (ICB – formally the Clinical Commissioning Group - CCG) and delivers General Medical Services (GMS) to a patient population of about 8,746. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices, Sittingbourne Primary Care Network (PCN).

Information published by Public Health England shows that deprivation within the practice population group is in the fifth lowest decile (seven 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 95% White, 1.8% Black, 1.3% Asian, 1.4% Mixed and 0.2% Other.

The age distribution of the practice population closely mirrors the local and national averages. There are more female patients registered at the practice compared to males.

The practice staff consists of two GP partners (one male and one female), two salaried GPs (one male and one female), one healthcare assistant (female), one practice manager, as well as reception and administration staff. The practice also employs locum staff (including one regular locum advanced nurse practitioner, one regular locum nurse practitioner and one regular locum practice nurse) directly.

Green Porch Medical Centre is open Monday to Friday 8am to 6.30pm and Newington Surgery is open Monday to Friday 9am to 2pm.

The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Out of hours services are provided locally by Sittingbourne Memorial Hospital and Sheerness Community Hospital 9am-9pm or by contacting 111.

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 were not being met.

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 A Warning Notice was issued for breaches of Regulation 17 (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 12 HSCA (RA) Regulations 2014 Safe care and treatment A Warning Notice was issued for breaches of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.