Green Porch Medical Centre

Inspection report

Green Porch Close
Sittingbourne
ME10 2HA
Tel: 01795718099

Date of inspection visit: 18 January 2022
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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?	Inadequate
Are services caring?	Good
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 under Section 60 of the Health and Social Care Act 2008, as part of our regulatory functions. The inspection was planned 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. The overall rating for the practice was Inadequate.

We undertook this inspection at the same time as CQC inspected a range of urgent and emergency care services in Kent and Medway. To understand the experience of GP providers and people who use GP services, we asked a range of questions in relation to urgent and emergency care. The responses we received have been used to inform and support system wide feedback.

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 in line with all data protection and information governance requirements.

This included:

- Conducting staff interviews on site as well as using the telephone / video conferencing.
- Requesting evidence from the provider.
- A short site visit.

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.

Our findings:

This practice is rated as Inadequate overall.

The key questions at this inspection are rated as:

Are services safe? – Inadequate

Are services effective? – Inadequate

Are services caring? - Good

Are services responsive? – Requires Improvement

Are services well-led? – Inadequate

Overall summary

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

- All staff had not received safeguarding training to appropriate levels for their role.
- The practice's computer system did not alert staff of all family and other household members of children that were on the risk register.
- Recruitment checks were not always carried out in accordance with regulations.
- Staff vaccination was not always maintained in line with current Public Health England guidance.
- Improvements to infection prevention and control were required.
- The arrangements for managing medicines did not always keep patients safe.
- Systems for managing safety alerts were not always effective.

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

- Patients' needs were not always assessed, and care as well as treatment was not always delivered in line with current legislation, standards and evidence-based guidance.
- Patients with long-term conditions were not always receiving relevant reviews. Reviews that were conducted did not always include all elements necessary in line with current best practice guidance and not all patient reviews that we looked at were followed up where necessary in a timely manner.
- The practice did not have an effective programme of quality improvement activity that routinely reviewed the effectiveness and appropriateness of the care provided.
- All staff were not up to date with essential training and did not have access to regular appraisals.
- Staff were not always consistent and proactive in helping patients to live healthier lives.
- The practice obtained consent to care and treatment in line with legislation and guidance. However, improvements were required.

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

- Staff treated patients with kindness, respect and compassion.
- Staff helped patients to be involved in decisions about care and treatment.
- The practice respected patients' privacy and dignity.

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 able to access care and treatment in a timely way. However, the provider was not aware of, and improvements were required to, GP patient survey satisfaction scores.

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

- There was compassionate leadership at all levels. However, improvement in awareness of leaders of required improvements to quality, safety and performance was necessary.
- Improvements were required to the processes and systems that supported good governance and management.
- The practice's processes for managing risks, issues and performance were not always effective.
- Processes to manage current and future performance were not sufficiently effective. Improvements to care and treatment were required for some types of patient reviews as well as subsequent follow-up activities.
- The practice was not taking enough action to improve performance relating to child immunisations and cervical screening.

Overall summary

- Clinical audit activity was limited and did not always demonstrate improvement.
- The practice was not engaging with patients or the public to help ensure they delivered high-quality and sustainable care.

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.

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.

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 Care Quality Commission (CQC) Lead Inspector**.** The team included a GP Specialist Advisor.

Background to Green Porch Medical Centre

The registered provider is Green Porch Medical Partnership.

Green Porch Medical Centre is located at Green Porch Close, Sittingbourne, Kent, ME10 2HA. The practice is situated within the NHS Kent and Medway Clinical Commissioning Group (CCG) and has a general medical services contract with NHS England for delivering primary care services to the local community.

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.

Green Porch Medical Centre has a registered patient population of approximately 8,735 patients. The practice is located in an area with an average deprivation score.

There are arrangements with other providers to deliver services to patients outside of the practice's working hours.

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 Partnership is registered with the Care Quality Commission (CQC) to deliver the following regulated activities: diagnostic and screening procedures; family planning; maternity and midwifery services; surgical procedures; and treatment of disease, disorder or injury.

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 Transport services, triage and medical advice provided remotely	Regulation 17 HSCA (RA) Regulations 2014 Good governance A Warning Notice was issued for breaches of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance.