

# St Werburgh Medical Practice

## Inspection report

98 Bells Lane  
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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?

Requires improvement 

Are services responsive?

Inadequate 

Are services well-led?

Inadequate 

# Overall summary

We carried out an announced comprehensive inspection at St Werburgh Medical Practice on 20 November 2018. The overall rating for the practice was requires improvement. The full comprehensive report on the November 2018 inspection can be found by selecting the 'all reports' link for St Werburgh Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

After our inspection in November 2018 the practice wrote to us with an action plan outlining how they would make the necessary improvements to comply with the regulations.

We carried out an announced comprehensive follow-up inspection on 5 and 6 November 2019 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 20 November 2018. This report covers findings in relation to those requirements.

## **This practice is now rated as Inadequate overall.**

The key questions at this inspection are rated as:

Are services safe? – Inadequate

Are services effective? – Inadequate

Are services caring? – Requires Improvement

Are services responsive? – Inadequate

Are services well-led? – Inadequate

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

- The practice's systems, processes and practices did not always help to help keep people safe and safeguarded from abuse.
- Staff did not always have the information they needed to deliver safe care and treatment to patients.
- The arrangements for managing medicines in the practice had not sufficiently improved and did not always keep patients safe.

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

- Care and treatment were not always delivered in line with current legislation, standards and evidence-based guidance.
- Quality improvement activity was insufficient.

- Two members of staff had not received a regular appraisal.
- Clinical supervision for relevant staff was limited.

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

- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Since our last inspection in November 2018, results of the national GP patient survey relating to patients' experience of services provided at St Werburgh Medical Practice had deteriorated for two indicators.

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

- The practice did not always have enough staff to deliver services to meet patients' needs.
- Patients were no longer able to access care and treatment from the practice within an acceptable timescale for their needs.
- Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment as well as their experience of services at St Werburgh Medical Practice had deteriorated and was below (significantly in some cases) than local and national averages.
- Almost all patient feedback received by the Care Quality Commission indicated they found it difficult to get through to the practice by telephone and were not always able to book appointments that suited their needs.

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

- Leadership was complex and did not always function as intended by the provider.
- Improvements to governance arrangements were insufficient.
- Improvements to their processes for managing risks, issues and performance were insufficient.
- The practice had not acted sufficiently on the feedback they had received from the public.
- Systems and processes for learning and continuous improvement were not yet sufficiently effective.

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

# Overall summary

- 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.
- Ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons are deployed to meet the fundamental standards of care and treatment.

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

- Revise how patients with disabilities can summon assistance to open the entrance door of the Stoke Village Hall branch surgery and consider carrying out a disability risk assessment of the sites where services are provided.

I am placing the service in special measures. Services placed in special measures will be inspected again in 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 reassurance that the care they get should improve.

**Dr Rosie Benneyworth** MB 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.**

## Population group ratings

<b>Older people</b>	<b>Inadequate</b> 
<b>People with long-term conditions</b>	<b>Inadequate</b> 
<b>Families, children and young people</b>	<b>Inadequate</b> 
<b>Working age people (including those recently retired and students)</b>	<b>Inadequate</b> 
<b>People whose circumstances may make them vulnerable</b>	<b>Inadequate</b> 
<b>People experiencing poor mental health (including people with dementia)</b>	<b>Inadequate</b> 

## Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser and a second CQC Inspector.

## Background to St Werburgh Medical Practice

- The registered provider is St Werburgh Medical Practice. The two partners who were running the service form part of the provider at scale organisation, Dulwich Medical Centre, that delivers general practice services at several locations in London and the South East of England.
- St Werburgh Medical Practice is located at 98 Bells Lane, Hoo, Rochester, Kent, ME3 9HU. The practice has a general medical services contract with NHS England for delivering primary care services to the local community. The practice website address is [www.stwerburgh.co.uk](http://www.stwerburgh.co.uk).
- As part of our inspection we visited St Werburgh medical Practice, 98 Bells Lane, Hoo, Rochester, Kent, ME3 9HU and Stoke Village Hall, Mallard Way, Lower Stoke, Rochester, Kent, ME3 9ST, where the provider delivers registered activities. The provider also delivers registered activities at The Healthy Living Centre, Balmoral Gardens, Gillingham, Kent, ME7 4PN.
- St Werburgh Medical Practice has a registered patient population of approximately 11,300 patients. The practice is located in an area with an average deprivation score.
- 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), three regular locum GPs employed directly by the practice (two male, one female), one practice manager, one advanced nurse practitioner (female), one practice nurses (female), one regular locum practice nurse (female), one healthcare assistant / phlebotomist (female), one regular locum clinical pharmacist as well as reception and administration staff. The practice also employs other locum GPs via an agency.
- St Werburgh Medical Practice 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

## Enforcement actions

### 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. We took enforcement action because the quality of healthcare required significant improvement.

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><b>Care and treatment were not always provided in a safe way for service users.</b></p> <p><b>The service provider was not:</b></p> <p><b>Assessing the risks to the health and safety of service users of receiving the care and treatment and doing all that is reasonably practicable to mitigate any such risks. In particular:</b></p> <ul style="list-style-type: none"><li>• There was no fire risk assessment for the Stoke Village Hall branch surgery.</li><li>• There was a high threshold at the rear fire exit of the Stoke Village Hall branch surgery that could hamper egress in the event of an emergency.</li><li>• Fire drills were not being carried out at the Stoke Village Hall branch surgery.</li><li>• There was no health and safety risk assessment for the Stoke Village Hall branch surgery.</li><li>• There was no effective system for the routine management of legionella at the Stoke Village Hall branch surgery.</li></ul> <p><b>Ensuring the proper and safe management of medicines. In particular:</b></p> <ul style="list-style-type: none"><li>• The records of patients who were prescribed warfarin did not always contain up to date blood test results to help guide staff before repeat prescriptions of this high-risk medicine were issued.</li><li>• Medicines that required refrigeration were not always stored in line with Public Health England guidance.</li></ul> <p><b>Assessing the risk of, and prevent, detect and control the spread of, infections, including those that were healthcare related. In particular:</b></p>

This section is primarily information for the provider

## Enforcement actions

- The infection prevention and control activities that had taken place did not identify the non-intact and rusty corner of a wall or penetrating damp that we saw in the nurse's room at the Stoke Village Hall branch surgery.

**This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

### Regulated activity

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

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

**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;**

**Assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services). In particular:**

- Processes to manage current and future performance had not been sufficiently effective. For example, improvements to performance for some antibiotic and hypnotic prescribing, performance for diabetes indicators, hypertension indicators and cancer indicators. Also, improvements to performance for exception rates for diabetes indicators, asthma indicators, COPD indicators and mental health related indicators.
- Not all staff had received an annual appraisal within the last 12 months.
- Clinical supervision for relevant staff was limited as the practice did not have a permanent local clinical lead GP and the acting local clinical lead GP only worked at St Werburgh Medical Practice one day per week and the Stoke Village Hall branch surgery one day per week.

**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:**

## Enforcement actions

- The practice was unable to demonstrate they had taken into consideration risks from: risks associated with fire safety at the Stoke Village Hall branch surgery; all risks associated with infection prevention and control at the Stoke Village Hall branch surgery; risks associated with employing insufficient staff at St Werburgh Medical Practice to meet the needs of patients; risks associated with patients not always being directed to the correct member of staff in the first instance to meet their needs; health and safety risks at the Stoke Village Hall branch surgery; risks associated with prescribing warfarin without having up to date blood test results recorded in the patient record; risks associated with medicines that require refrigeration not being stored in line with Public Health England guidance.
- The practice did not have effective systems for the routine management of legionella at the Stoke Village Hall branch surgery.

**Maintain securely such other records as are necessary to be kept in relation to – (i) persons employed in the carrying on of the regulated activity, and (ii) the management of the regulated activity. In particular:**

- There were no records of the cleaning that took place at the Stoke Village Hall branch surgery.
- There were no records to demonstrate that the infection control audit for general practices, as detailed in the practice's infection prevention and control policy, had been carried out for St Werburgh Medical Practice or the Stoke Village Hall branch surgery.
- There was written guidance for staff to follow in the event of a major incident. For example, the business continuity plan. The guidance contained details of the Dulwich Medical Centre (DMC) Incident Management Team (IMT) who were to be contacted in the event of any business continuity issue occurring. For example, telephone failure or power loss. However, the written guidance did not contain contact details for any of the IMT. The written guidance also gave the names of the IMT, one of whom no longer worked for the organisation. The guidance was therefore not up to date.

This section is primarily information for the provider

## Enforcement actions

Seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purpose of continually evaluating and improving such services. In particular:

- Action taken by the practice to improve patient satisfaction with the quality of their experience of receiving the services provided as well as accessing the services provided was insufficient.

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

### Regulated activity

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

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

**The service provider had failed to deploy sufficient numbers of suitably qualified, competent, skilled and experienced persons in order to meet the requirements of this Part. In particular:**

- The acting local clinical lead member of staff only worked at St Werburgh Medical Practice one day per week and the Stoke Village Hall branch surgery one day per week.
- On the day of our inspection of St Werburgh Medical Practice, practice's own capacity planning matrix showed that 24 hours of additional GP time, 118 hours of additional advanced nurse practitioner time and 81 hours of practice nurse time were necessary to meet the number of appointments required per 1,000 patients.

This was in breach of Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.