

# Ryalls Park Medical Centre - Yeovil

## Inspection report

Ryalls Park Medical Centre  
Marsh Lane  
Yeovil  
Somerset  
BA21 3BA  
Tel: 01935434000  
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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

Previously we carried out an announced comprehensive inspection on 1 and 25 July 2019.

We served warning notices to the provider for Regulation 17 Good governance and Regulation 12 Safe care and treatment of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the quality of care they are responsible for fell below expected standards and legal requirements. Following our inspections in July 2019 the practice was rated as inadequate overall and placed into special measures.

We carried out an announced, focused follow-up inspection at Ryalls Park Medical Centre on 5 November 2019 to confirm that the practice had met the legal requirements in relation to the warning notices served after our previous inspections in July 2019. This report covers our findings in relation to those warning notices only.

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.

**At this inspection we found that governance systems were not effective such that the provider had not fully assessed addressed the concerns identified previously. We have served a further Warning Notice in relation to Regulation 17, Good Governance of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

**In relation to the Warning Notice for Regulation 12, Safe care and treatment of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 we found the practice had taken some action to meet the legal requirements and the risks previously observed were reduced.**

We found that:

- Oversight of staff training had improved but was not embedded as gaps in training records remained.
- There was no formal process to ensure the competency of non-medical prescribers.
- Governance structures to support quality improvement were not embedded.
- Governance structures to optimise effective document workflow were not embedded.
- Systems to ensure appropriate and accurate medical coding was added to patient records were not effective.
- Improvements were made in the identification and mitigation of risk relating to infection prevention and control.

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.

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

- Ensure fire alarm checks are consistently recorded.
- Ensure emergency medicines are stored securely.
- Ensure there are effective processes to monitor progress against the practice's action plan.

The full report published on 30 September 2019 should be read in conjunction with this report. The practice remains in special measures until a full comprehensive inspection is carried out by the Care Quality Commission. Therefore, the overall rating remains inadequate.

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

**Rosie Benneyworth**

Chief Inspector of General Practice

## Population group ratings

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a second CQC inspector and a GP specialist adviser.

## Background to Ryalls Park Medical Centre - Yeovil

Ryalls Park Medical Centre – Yeovil is the registered provider of Ryalls Park Medical Centre.

Ryalls Park Medical Centre services are provided from Marsh Lane, Yeovil, Somerset, BA21 3BA.

The practice delivers services under a general medical service contract to approximately 5,954 patients. The practice is situated in a purpose-built building in a residential area with parking a short distance from Yeovil Hospital.

The 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 and Treatment of disease, disorder or injury.

The practice's clinical team consists of three GP partners, two salaried GPs, two advanced nurse practitioners, two practice nurses and three health care assistants. They are supported by team of administrators and reception staff as well as a practice manager (registered manager) who is also a partner, an operations manager and two performance managers.

When the practice is not open patients can access treatment via the NHS 111 service.

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> <ul style="list-style-type: none"><li>• There was not effective oversight of all risks relating to health and safety as an overall health and safety risk assessment had not been conducted.</li><li>• There was not a practice specific protocol to ensure that patients prescribed high-risk medicines received appropriate monitoring.</li></ul> <p>This was in breach of Regulation 12 (2) 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 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints</p> <ul style="list-style-type: none"><li>• Information was available to a complainant about how to take action if they were not satisfied with how the practice managed or responded to their complaint.</li><li>• There were not effective systems to ensure complaints were dealt with in accordance with practice policy.</li></ul> <p>This was in breach of Regulation 16 (1)(2) of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.</p>

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 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>There was not effective oversight of staff training</b></p> <ul style="list-style-type: none"><li>Not all staff had received necessary training as set out in the practice policy.</li></ul> <p><b>There was not a formal processes to ensure the competency of non-medical prescribers.</b></p> <p><b>Governance structures to support quality improvement were not embedded</b></p> <ul style="list-style-type: none"><li>Practice meetings were not formally minuted.</li><li>Two audits reviewed showed no improvement and no actions were identified to address this.</li></ul> <p><b>Governance structures to optimise effective workflow optimisation were not embedded.</b></p> <ul style="list-style-type: none"><li>Quality assurances checks were not conducted on workflow processes.</li><li>There was no evidence to show what training had been conducted and who had received it.</li></ul> <p><b>Systems to ensure appropriate and accurate medical coding was added to patient records were not effective.</b></p> <p>This was in breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>