

Brockhurst Medical Centre

Inspection report

139-141 Brockhurst Road
Gosport
PO12 3AX
Tel: 02392583564

Date of inspection visit: 30 November 2020
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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

Requires Improvement



Are services safe?

Inadequate



Are services effective?

Inadequate



Are services well-led?

Inadequate



Overall summary

In light of the current Covid-19, CQC has looked at ways to fulfil our regulatory obligations, respond to risk and reduce the burden placed on practices by minimising the time inspection teams spend on site.

In order to seek assurances around potential risks to patients, we are currently piloting a process of remote working as far as practicable. This practice consented to take part in this pilot and some of the evidence in the report was gathered without entering the practice premises. However, an on-site visit was carried out to complete the inspection.

We carried out an announced remote review, as part of the pilot, of the provision of services at Brockhurst Medical Centre on 23, 25 and 26 November 2020. We carried out an unannounced on-site visit on 30 November 2020. We focussed our inspection on the following areas of high concern and this included reviewing elements of the following key questions; Safe, Effective and Well Led. We did not inspect the Caring or Responsive key questions as part of this inspection.

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected, both remotely and on-site,
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

We did not change the overall rating from the previous rating of requires improvement as this was a focused inspection. We continued to rate the key questions of Safe, Effective and Well Led as inadequate.

We rated Safe, Effective and Well Led as Inadequate, because:

- There was a complete lack of competent leadership in the practice leading to a risk of patient harm.
- The practice did not have clear and effective processes for managing risks, meaning patients were at risk of harm.
- Care and treatment were not delivered in line with current legislation.
- Medication and long-term condition reviews had not been completed in an effective and timely manner.
- There was a risk that some patients were not receiving the care and treatment they needed.
- There were gaps in systems to assess, monitor and manage risks to patient safety.
- The practice did not have systems for the appropriate and safe use of medicines.

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.

(Please see the specific details on action required at the end of this report).

Following the previous assessment undertaken on 21 and 22 September 2020, and the inspection undertaken 30 September 2020, we issued the provider with a notice of decision to impose additional conditions to the registration. Those conditions were regarding the timely review and monitoring of patients with long-term conditions and patients who required medicines reviews; and sufficient staffing levels and governance systems to meet the daily and long-term needs of patients registered at the practice.

Following our remote review of records on 23, 25 and 26 November, and the inspection undertaken on 30 November 2020, we issued the provider with a notice of decision to urgently suspend the service until the end of the current contract on 9 January 2021. We issued the notice due to the risk of harm to patients should the practice continue to provide NHS primary care.

Overall summary

The service was kept under review following the last inspection when the service was placed in special measures. Following escalating concerns, we decided to reinspect and as a result of a risk of harm to patients we carried out urgent enforcement action. The service is now suspended to keep patients safe.

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

Dr Rosie Benneyworth BM BS BMedSci MRCGP
Chief Inspector of General Practice

Population group ratings

Older people	Not inspected	
People with long-term conditions	Not inspected	
Families, children and young people	Not inspected	
Working age people (including those recently retired and students)	Not inspected	
People whose circumstances may make them vulnerable	Not inspected	
People experiencing poor mental health (including people with dementia)	Not inspected	

Our inspection team

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

Background to Brockhurst Medical Centre

Brockhurst Medical Centre is located at 139-141 Brockhurst Road, Gosport, PO12 3AX.

The practice provides services under a general medical services contract. The practice has approximately 5,800 registered patients. The practice is in an area of high physical and social deprivation. Gosport falls within the top 10% nationally of areas with high deprivation.

The practice is part of the NHS Fareham and Gosport Clinical Commissioning Group.

The practice has had its registration with the Care Quality Commission to carry out regulated activities suspended and is therefore unable to operate and provide primary care to its patients. Patients care was transferred to other local practices.

The practice was previously registered for the following regulated activities; diagnostic and screening procedures, surgical procedures, family planning, maternity and midwifery services and treatment of disease, disorder or injury.

The practice's clinical team consisted of a GP partner, one advanced nurse practitioner partner, two locum GPs, support of a GP from another practice two mornings a week, one paramedic, five part time locum practice nurses and a part time health care assistant. The administration team was led by a supporting practice manager, an operations manager and six administrative/reception staff including a prescriptions clerk.

The practice had opted out of providing an out-of-hours service. Patients are able to access an out- of-hours service at Gosport War Memorial Hospital.

You can access practice information online at www.brockhurstmedicalcentre.com

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. The provider must send CQC a report that says what action they are 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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>On 2 December 2020 we suspended the registration of Brockhurst Medical Centre with the Care Quality Commission.</p> <p>The practice had not ensured that systems and processes had been established and operated effectively to assess, monitor and improve the quality and safety of the services provided.</p> <p>In particular we found:</p> <ul style="list-style-type: none">• There was a lack of strong stable and competent leadership.• A lack of clinical governance leading to gaps in patient records and potential harm due to a lack of monitoring.
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury Surgical procedures	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>On 2 December 2020 we suspended the registration of Brockhurst Medical Centre with the Care Quality Commission.</p> <p>The practice had not ensured that systems and processes had been established and operated effectively to assess, monitor and improve the quality and safety of the services provided.</p> <p>In particular we found:</p> <ul style="list-style-type: none">• Emergency medicines and equipment were not monitored or managed.• Information needed to plan and deliver effective care, treatment and support was not available.

This section is primarily information for the provider

Enforcement actions

The practice did not have systems in place for the safe and appropriate use of medicines. We found medicines reviews were not regularly undertaken and prescribing was not monitored to keep patients safe