Dr Poolo's Surgery - Rush Green Medical Centre

Inspection report

Rush Green Medical Centre
261 Dagenham Road
Romford
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Date of inspection visit: 10 June 2021
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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	Inspected but not rated
Are services safe?	**Inspected but not rated**
Are services effective?	**Inspected but not rated**
Are services well-led?	**Inspected but not rated**

Overall summary

We previously carried out a focused inspection of Dr Poolo's Surgery - Rush Green Medical Centre on 22 February 2021 and 9 to 10 March 2021. At the inspection, we found the practice was in breach of Regulation 12: 'Safe care and treatment' and Regulation 17: 'Good governance' of the Health and Social Care Act 2008. In line with the Care Quality Commission's (CQC) enforcement processes, we issued Dr Poolo's Surgery – Rush Green Medical Centre with an urgent notice to suspend their registration as a service provider in respect of regulated activities, under Section 31 of the Health and Social Care Act 2008. This notice of urgent suspension of the provider's registration was given because we believed that a person will or may be exposed to the risk of harm if we did not take this action. The provider had the right to make an appeal to the First-tier Tribunal, but did not do so. The practice remained open during the suspension period, but under the leadership of a different provider.

Dr Poolo's Surgery - Rush Green Medical Centre is currently rated as inadequate overall (inadequate for the key questions of 'Safe', 'Effective' and 'Well-led', and good for 'Caring' and 'Responsive').

The full report of the practice's previous inspection can be found by selecting the 'all reports' link for Dr Poolo's Surgery – Rush Green Medical Centre on our website at www.cqc.org.uk.

We carried out this announced focused inspection on 10 June 2021 to check whether the practice had made improvements in relation to the issues we identified at the previous inspection. This report covers our findings in relation to those specific areas, is not rated, and does not change the current ratings held by the practice.

Throughout the COVID-19 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 reduced 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 using video conferencing;
- 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; and
- A site visit to the practice.

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 the inspection on 10 June 2021 we found the provider had taken action to address the issues we identified at the previous inspection, although there were still some areas which remained in breach of the Regulations.

Our key findings were as follows:

- We could not be assured that the practice had implemented an effective system to proactively monitor vulnerable patients.
- Some of the clinical records we checked contained brief information and required further detail.
- We found instances where medication reviews had been coded as having taken place without evidence in the record of an actual structured medication review.

Overall summary

- There were some issues around management and checks of diabetes patients, specifically around referrals for eye screening and urine checks.
- We checked a sample of staff training records and found staff had completed adult and child safeguarding training to the appropriate level.
- Disclosure and Barring Service (DBS) checks were undertaken where required and appropriate recruitment checks were carried out.
- The practice had addressed the issue we previously identified around inappropriate use of a clinical code for cervical screening.
- The practice had a system to appropriately monitor patients prescribed high-risk medicines, and our records review did not identify any patients prescribed high-risk medicines without the required monitoring having been carried out and documented.
- The practice had taken action to ensure prescribing was in line with safety alerts.
- Appropriate asthma reviews were being carried out and documented.
- Dementia and mental health care plan reviews had been clearly documented in the patients' records.
- Leaders had taken on board our previous findings and had made, or were in the process of making, changes to improve the practice. Although many of the changes had been made with external assistance, and therefore we were unable to fully assess whether leaders had the capacity to recognise and react appropriately to issues or risks going forward.
- Systems had been put in place to ensure effective oversight of healthcare staff.
- The overall governance arrangements had improved.

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

- Ensure that internal meetings and any meetings with external health and social care professionals are fully documented, with a framework to follow up on any agreed actions.

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).

On 18 March 2021, we issued Dr Poolo's Surgery – Rush Green Medical Centre with an urgent notice to suspend their registration as a service provider for three months in respect of regulated activities. As a result of our findings at this inspection, the suspension will be allowed to expire on 18 June 2021. However, Dr Poolo's Surgery – Rush Green Medical Centre remains in special measures due to our ratings at the previous inspection in March 2021.

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

Dr Rosie Benneyworth *BM BS BMedSci MRCGP*

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector, who was assisted by a GP specialist advisor.

Background to Dr Poolo's Surgery - Rush Green Medical Centre

Dr Poolo's Surgery is situated within NHS Havering Clinical Commissioning Group (CCG). The practice provides primary medical services to around 3,594 patients in the Dagenham area, under a General Medical Services contract (an agreement between NHS England and general practices for delivering primary care services).

The practice is registered with the CQC to carry on the following regulated activities: Diagnostic and screening procedures; Surgical procedures; and Treatment of disease, disorder or injury.

The clinical team at the practice consists of three GP partners (one male and two female), one male salaried GP, and one female practice nurse. There is also an interim practice manager, IT manager, business manager, and reception and administrative staff.

The practice is open from 8am to 6.30pm Monday to Friday, with GP appointments available from 10.30am to 12.30pm and from 4.30pm to 6.30pm Monday to Friday. There is an out of hours service locally available for patients when the practice is closed.

Information published by Public Health England rates the level of deprivation within the practice population group as five, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. In England, people living in the least deprived areas of the country live around 20 years longer in good health than people in the most deprived areas.

National General Practice Profile describes the practice ethnicity as being 79.1% White, 9% Black, 7.9% Asian, 3.1% mixed race, and 0.8% other ethnicities.

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 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 Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **There were no systems, or ineffective systems, in place to assess, monitor and mitigate the risks to patients and staff and improve the quality and safety of the services being provided. In particular:** • Systems to monitor and manage patients with diabetes. • The system for completing medication reviews and reviewing patients identified at the previous inspection who had not had a structured medication review. • The systems to proactively monitor vulnerable patients. **These matters are in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014**

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:** • Management and checks of diabetes patients, specifically referrals for eye screening and urine ACR checks. • Medication reviews coded as having taken place with no evidence in the record of an actual structured medication review. • Some clinical records contained brief information and required further detail. • Vulnerable patients not being regularly monitored or having required information or alerts on their records.

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Requirement notices

These matters are in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014