

The Rose Tree PMS Practice

Inspection report

The Cudworth Centre
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Date of inspection visit: 2 October 2019
Date of publication: 27/11/2019

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?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



Overall summary

We carried out an announced comprehensive inspection at The Rose Tree PMS Practice on 5 February 2019 and the practice was rated as inadequate and placed into special measures.

At this inspection we followed up a practice in special measures and on breaches of regulations identified at the previous inspection in February 2019.

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 last inspection we rated the practice as inadequate for providing safe and well-led services because:

- The practice did not have clear systems and processes to keep people safe and the overall governance arrangements were ineffective.
- The practice did not have clear and effective processes for managing risks to improve the quality and safety of the services being provided.

At the last inspection we rated the practice as requires improvement for providing effective, caring and responsive services because:

- Some performance data was significantly below local and national averages and the provider was unable to show that staff had the necessary skills, knowledge and experience to carry out their roles.
- The provider had not undertaken any patient surveys to review and improve patient satisfaction following the national patient survey.

We have rated this practice as requires improvement overall.

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

- The provider had not risk assessed the safeguarding training requirement for administrative staff. GPs and non-clinical staff had not undertaken infection prevention and control training.
- The provider did not have oversight of health and safety and fire risk assessments at the branch site.

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

- Staff had taken action to improve outcomes for cervical screening and for those with poor mental health.
- Staff had access to online learning and a programme of staff training had commenced.

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

- The provider was working with the patient participation group to survey patient experience. The national GP patient survey results had improved with regard to being involved in decisions about care and treatment.

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

- At this inspection we found that apart from telephone access most National GP survey results had improved. The practice was working with other practices in the building to review telephone access with the landlord.

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

- The provider had developed an action plan to address the shortfalls from the previous inspection. We saw that this was in progress and actions underway. However, some actions had yet to be completed.
- The provider had addressed the immediate actions required for the practice to improve but this had not been captured into a practice development plan.
- The practice did not have a Freedom to Speak up Guardian and staff were yet to undertake equality and diversity training.
- The provider did not have oversight of the fire and health and safety risk assessments at the branch premises.

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 taking this service out of special measures. This recognises the improvements made to the quality of care provided by this service. We will follow up the requires improvement domains during an inspection at a later date

Overall summary

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 Primary Medical Services and Integrated Care

Population group ratings

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

Our inspection team

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

Background to The Rose Tree PMS Practice

The Rose Tree PMS Practice, or White Rose Medical Centre as it is known locally, is located in the centre of Cudworth in Barnsley. The practice also has a branch surgery in the health centre at Monk Bretton. The practice has a Personal Medical Services (PMS) contract.

The practice serves a population of 8,682 patients and both the practice main site and the branch site are located in purpose-built health centres and provide services from the ground floor.

The service is provided by one male GP partner and a female advanced nurse practitioner partner. Working alongside the partners are GPs, a practice nurse and three health care assistants. The clinical team are supported by a practice manager and a team of administrative and secretarial staff. The practice is an active member of the local primary care network.

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening

procedures, maternity and midwifery services and treatment of disease, disorder or injury, surgical procedures and family planning. These are delivered from both sites.

The practice provides training for medical and nursing students.

The practice population is similar to others in the local area. The National General Practice Profile states that 98.2% of the practice population is from a white background with a further 1.8% of the population originating from black, mixed or other non-white ethnic groups. Information published by Public Health England, rates the level of deprivation within the practice population group as three, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Male life expectancy is 77 years compared to the national average of 79 years. Female life expectancy is 82 years compared to the national average of 83 years.

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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• There were no systems or processes that enabled the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk at the branch site.• Staff were yet to undertake IPC and equality and diversity training. <p>Regulation 17(1)</p>