

RHR Medical Centre

Inspection report

Calverton Drive Strelley Nottingham Nottinghamshire NG8 6QN Tel: 0115 9797910 www.beechdalesurgery.co.uk

Date of inspection visit: 18 Jun 2019 Date of publication: 24/07/2019

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?	Requires improvement	
Are services well-led?	Requires improvement	

Overall summary

We carried out an unannounced focussed inspection at RHR Medical Practice on 18 June 2019 in response to concerns that were found at another practice which was part of the Beechdale Medical Group.

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

We have rated this practice as Requires Improvement overall and for all population groups.

We have rated the practice as requires improvement for providing safe services.

We found that:

- There were gaps in systems to assess, monitor and manage risks to patient safety.
- When things went wrong, reviews and investigations were not always sufficiently thorough. Improvements were not always identified.
- There were gaps in recruitment and training records of staff.

We have rated the practice as requires improvement for providing effective services.

We found that:

- Care and treatment was not always delivered in line with national guidance.
- There was no clinical oversight of clinicians and management were not aware of competencies of clinical staff.

• There was limited evidence of quality improvement.

We have rated the practice as requires improvement for providing well-led services.

We found that:

- The practice was transitioning through a change in management, and systems had not been embedded.
- The practice did not always act on appropriate and accurate information.
- We saw little evidence of systems and processes for learning, continuous improvement and innovation.

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

• Ensure that care and treatment is provided in a safe way.

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

- Ensure that staff recruitment files, training requirements and vaccination status are up to date including any checks on locum GPs.
- Ensure fire alarm checks are being carried out at the practice.
- Improve methods of quality improvement at the practice including learning from events and completing audits.

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

Our inspection team

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

Background to RHR Medical Centre

RHR Medical Centre provides primary medical services to approximately 3,600 patients in the Strelley area of Nottingham. The practice is located at Calverton Drive, Strelley, Nottinghamshire, NG8 6QN.

The provider is registered for the provision of the following regulated activities from RHR Medical Centre: Diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures, treatment of disease, disorder or injury.

RHR Medical Centre is part of the Beechdale Medical Group which includes other GP practices located within a close radius. Each practice holds a Primary Medical Services (PMS) contract with Nottingham City CCG and each has a separate patient list. Beechdale Medical Group is a partnership between a GP and an advanced nurse practitioner. Patients registered within any practice within the Beechdale Medical Group have access to appointments at all sites. RHR Medical Centre is situated in an area of high deprivation falling into the most deprived decile. Income deprivation affecting children and older people is above the local clinical commissioning group (CCG) and national averages.

The clinical team working at RHR Medical Centre comprises of regular GP locums, two practice nurses and a healthcare assistant. A full time practice manager and a team of reception and administrative staff support the clinical team. A number of staff work across the group.

The practice is open between 8am to 6.30pm Monday to Friday. Patients could access extended appointments at other practices within the Beechdale Medical Group or at GP+ which is a local federation who offers extended access.

When the practice is closed out-of-hours GP services are provided by Nottinghamshire Emergency Medical Services (NEMS) which is accessed by telephoning the NHS 111 service.

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	 Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The practice did not have clear systems and processes to keep patients safe: Patients were not being directed to appropriate clinicians. Patients with urgent medical concerns were not being
	 managed in a timely manner. Patient records did not contain comprehensive and up to date information. There was no clinical oversight of consultations or prescribing of non-medical prescribers. Prescribing was not always in line with national guidance.