

Riverbank Medical Service

Inspection report


Warsop Primary Care Centre, Church Street
Warsop
Mansfield
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Date of inspection visit: 10 August 2022
Date of publication: 06/10/2022

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

Inadequate 

Are services safe?

Inadequate 

Are services effective?

Inadequate 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Inadequate 

Overall summary

We carried out an announced comprehensive inspection at Riverbank Medical Services on 10 August 2022. Overall, the practice is rated as inadequate.

Safe - Inadequate

Effective - Inadequate

Caring - Good

Responsive - Good

Well-led – Inadequate

On 15 August 2022, Riverbank Medical Service was issued with an urgent notice to impose conditions upon 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 decision to impose urgent conditions was given because we believed that patients would or may have been exposed to the risk of harm if we did not take this action.

Following our previous inspection on 23 July 2018 the practice was rated Good overall and for all key questions.

The full reports for previous inspections can be found by selecting the 'all reports' link for Riverbank Medical Services on our website at www.cqc.org.uk

Why we carried out this inspection

We carried out this inspection as the provider had a change in registration from a partnership to a single-handed provider on 31 July 2019.

How we carried out the inspection

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included:

- Conducting staff interviews using video conferencing.
- Completing clinical searches on the practice's patient records system (this was with consent from the provider and in line with all data protection and information governance requirements).
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- A site visit.

Our findings

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

- what we found when we inspected

Overall summary

- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

We found that:

- The practice did not have adequate systems, practices and processes to keep people safe and safeguarded from abuse.
- There were gaps in systems to assess, monitor and manage risks to patient safety.
- Patients' needs were not assessed, and care and treatment was not delivered in line with current legislation.
- The practice did not have a comprehensive programme of quality improvement activity.
- The practice was unable to demonstrate that staff had the skills, knowledge and experience to carry out their roles.
- Staff did not always work effectively together and with other organisations to deliver effective care and treatment.
- Staff were not consistent and proactive in helping patients to live healthier lives.
- Services did not always meet patients' needs.
- Leaders could not demonstrate that they had the capacity and skills to deliver high quality sustainable care.
- The overall governance arrangements were inadequate.

The areas where the provider must make improvements are:

- Ensure that care and treatment is provided in a safe way.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out their duties.

The areas where the provider should make improvements are:

- Continue to implement a programme to improve uptake for cervical screening.

I am, therefore placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement, we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration. Special measures will give people who use the service the reassurance that the care they get should improve.

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

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities. The lead CQC inspector was accompanied with a second inspector who undertook a site visit. The team included a GP specialist advisor and a member of the CQC medicines team who completed clinical searches and records reviews without visiting the location. The GP specialist advisor also spoke with staff using video conferencing facilities.

Background to Riverbank Medical Service

Riverbank Medical Service is located in Mansfield, Nottinghamshire:

Riverbank Medical Service

Warsop Primary Care Centre,

Church Street

Mansfield

NG20 0BP

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 and surgical procedures.

The practice is situated within the Nottingham Integrated Care System (ICS) and delivers General Medical Services (GMS) to a patient population of about 4500. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices called PCN Mansfield North which includes six practices.

Information published by Public Health England shows that deprivation within the practice population group is in the third lowest decile (three of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 98.7% White, 0.3% Asian, 0.2% Black and 0.6% other.

The practice is led the team of one GP and a practice manager. The practice has a team of two nurses who provide nurse led clinics for long-term conditions and a Health Care Assistant. The team are supported at the practice by a team of reception and administration staff.

The practice is open between 8am to 6:30pm Monday to Friday. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Extended access is provided locally by the practice where early morning, late evening and weekend appointments are available. Out of hours services are provided by Nottingham East Midlands Community Benefit Services Ltd.

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met.

Regulated activity	Regulation
Diagnostic and screening procedures	S12 Notice of Decision to impose a condition of registration
Surgical procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Treatment of disease, disorder or injury	There were no systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:
Maternity and midwifery services	<ul style="list-style-type: none">• The practice did not have systems and processes for managing risks, issues and performance for:<ul style="list-style-type: none">-Medicine safety alerts.-Supervision, auditing and peer review for clinicians and prescribers.-Dealing with referrals to the practice and making timely referrals of patients to services.-Monitoring patients on high risk medicines and patients with long term conditions.-Managing emergency medications effectively with risk assessment of missed medications and potential impact on patients.-Effective and timely medication review for patients. 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: <ul style="list-style-type: none">• Ineffective policies which were not implemented in practice.• Lack of processes for carrying out and implementing Fire Safety and Health and Safety related risk assessments.• Absence of risk assessment for emergency medication not kept on site.

Enforcement actions

- Absence of regular monitoring of emergency equipment kept on site.
- There were no systems or processes that ensured the registered person had maintained securely such records as are necessary to be kept in relation to person employed in the carrying on of the regulated activity or activities. In particular:
- Absence of recruitment process including selection and necessary recruitment checks.

This was in breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Treatment of disease, disorder or injury
Surgical procedures
Maternity and midwifery services

Regulation

S12 Notice of Decision to impose a condition of registration
Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed
The registered person's recruitment procedures did not ensure that only persons of good character were employed. In particular:

- The registered person's recruitment procedures did not ensure that potential employees had the necessary qualifications, competent, skills and experience before starting work.

This was in breach of Regulation 19 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Maternity and midwifery services
Diagnostic and screening procedures
Treatment of disease, disorder or injury
Surgical procedures

Regulation

S12 Notice of Decision to impose a condition of registration
Regulation 12 HSCA (RA) Regulations 2014 Safe care and Treatment

Enforcement actions

The provider had not ensured that care and treatment is provided in a safe way. In particular;

- The provider did not ensure there were effective arrangements in place for identifying, managing and mitigating risks. For example, people had not received appropriate physical health monitoring with appropriate follow-up in accordance with current national guidance.
- Leaders 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, ensuring that the premises were safe for use.
- Leaders had not identified the need to have an effective process in place to ensure clinicians were reviewing patients' monitoring information prior to prescribing. For example, not all patients on high risk medicines whose records we looked at had received appropriate monitoring.
- We found emergency medicines that the provider had not carried out a risk assessment for.
- We found that the medication fridge temperature had gone out of range five times, for which the provider had taken no action.
- Where responsibilities for the care and treatment of service users was shared with, or transferred to other persons, the registered person did not ensure that timely care planning took place to ensure the health, safety and welfare of those service users. In particular: We found that the system of dealing with referrals to the practice was not effective.
- There was additional evidence that safe care and treatment was not provided. In particular:
 - Staff using the system were not adequately trained and did not use the necessary features on the system to monitor patients, complete care plans or enter details, make referrals, download and deal with referrals and make use of right coding. A member of clinician team had started work with the practice, without necessary checks on qualification, competence, skills and experience, and a DBS check being carried out at the time of recruitment.

This section is primarily information for the provider

Enforcement actions

- There was no system of supervision, audits and peer review in place for clinicians and prescribers.
- The system to identify vulnerable patients such as at-risk children and adults required improvements.
- There was limited evidence of discussion of safeguarding issues in staff and clinical meetings.
- Staff had not had safeguarding training completed.
- The policy for Safeguarding was not effective, missing important elements and information relevant to the organisation and how it operates.

This was in breach of Regulation 12 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.