Rooksdown Practice

Inspection report

Park Prewett Medical Centre
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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.

Overall summary

Previously we carried out an announced comprehensive inspection at Rooksdown Practice on 22 January 2019 to follow up on breaches of regulations identified at a previous inspection in January 2018.

We served warning notices to the provider following breaches of regulations 17 Good governance, 18 Staffing and 9, Person centred care, of the Health and Social Care Act 2008. We also issued a requirement notice in relation to regulation 12, Safe care and treatment. Following our inspection in January 2019, the practice was rated as inadequate overall and placed into special measures.

We carried out an announced focused follow-up inspection at Rooksdown Practice on 15 March 2019 to to confirm that the practice had met the legal requirements in relation to the warning notices served after our previous inspection in January 2019. This report covers our findings in relation to those warning notices only.

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 this inspection we found that governance systems remained ineffective such that the provider had not fully assessed addressed the concerns identified. We have served a further Warning notice in relation to regulation 17, Good Governance.

We found that:

- Improvements in fire safety had been made but these were not yet embedded.
- The practice did not have an effective system to ensure all policies were updated and reflected current guidelines.
- The practice's system for ensuring medicines and equipment were checked to ensure they were safe to use was not embedded in practice.
- There was limited monitoring of the outcomes of care and treatment.
- Services did not always meet patient needs.
- The practice was unable to show that staff had the skills, knowledge and experience to carry out their roles.
- Systems to ensure patient dignity were not consistently maintained.

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

- Ensure the care and treatment of patients is appropriate, meets their needs and reflects their preferences.
- 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.
- Ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons are deployed to meet the fundamental standards of care and treatment.
- 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 the duties.

The full report published on 29 March 2019 should be read in conjunction with this report. The practice remains in special measures until a full comprehensive inspection is carried out by the Care Quality Commission. Therefore, the overall rating remains inadequate.

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

Rosie Benneyworth Chief Inspector of General Practice

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 Rooksdown Practice

Rooksdown Practice is located at Park Prewett Medical Centre, Park Prewett Road, Basingstoke, Hampshire, RG24 9RG. Rooksdown Practice is part of Cedar Medical Limited.

The practice is registered with the Care Quality Commission to provide the following regulated activities:

- Surgical procedures;
- Treatment of disease, disorder or injury;
- Family planning;
- Maternity and midwifery services;
- Diagnostic and screening procedures.

The practice website can be found at:

Rooksdown Practice occupies a purpose built medical centre that opened in May 2017. The premises are owned by NHS England via their estates division.

The practice provides services under a Personal Medical Services contract and is part of the NHS North Hampshire Clinical Commissioning Group (CCG). The practice, has approximately 13,800 registered patients. The practice has an above average working age population particularly for those between 25 and 45 years old. The practice has 80% of registered patients in paid employment in comparison to the national average of 62%. The practice has a lower than average elderly population, 7% in comparison to the national average of 17%. This percentage drops to 3% for the over 75 age group in comparison to a national average of 8%. The patient population is predominantly White British but there are patients from other nationalities including Polish, Hungarian and Asian.

The Rooksdown Practice has opted out of providing out-of-hours services to their own patients and refers patients to the out of hour's service via the NHS 111 service.

Rooksdown Practice has a branch surgery located at The Beggarwood Surgery, Broadmere Road, Basingstoke, Hampshire. RG22 4AG. We visited this branch surgery during the inspection of Rooksdown Practice.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** The practice did not assess the risk of, and prevent, detect and control the spread of, infections, including those that are health care associated. In particular we found: • The practice had not conducted infection prevention and control risk assessments. This was in breach of Regulation 12 (2)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **How the regulation was not being met:** The provider had not ensured that there were sufficient numbers of suitably qualified, competent, skilled and experienced persons. The provider had not ensured that staff received appropriate support, training, supervision and appraisal. In particular we found: • Not all staff had received necessary training as set out in the practice policy. • Staff had not received training on how to implement the practice's triage protocol. • Not all staff had received an appraisal. • The prescribing practices of advanced nurse practitioners was not monitored and they were not given clinical supervision.

This section is primarily information for the provider

Requirement notices

- The availability of clinical staff was inconsistent and did not meet patient need.
- The practice did not have a system to effectively cover staff absences.

This was in breach of Regulation 18 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care **How the regulation was not being met:** The provider had failed to ensure care and treatment of service users was appropriate and met their needs: • The provider could not demonstrate that patients with long-term conditions received appropriate care and treatment which met their needs. • The practice was no longer recalling patients for their health reviews and could not ensure they received appropriate care. The provider had failed to provide continuity of care for patients at the practice and could not ensure patients received appropriate care and treatment and were involved in their care. This was in breach of Regulation 9 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 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 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** **The provider's policies and procedures were not embedded:** • The provider's safeguarding policy did not include up to date information. • Not all staff were aware who the practice safeguarding lead was. **The provider's processes for fire safety did not minimise risk:** • Fire alarm checks were not conducted consistently. • Fire extinguishers at the main site had not been checked since 2017. • No fire drills had been booked in or conducted at the main site. • New staff had not received a fire safety walk through as identified in practice policy. **The provider did not have systems in place to monitor health outcomes for patients:** • They were not actively recalling patients for health checks. **The provider's processes did not support safe and effective care and treatment:** • Patients on high risk medicines were not receiving appropriate care. **The provider did not have systems in place to ensure patient dignity was consistently maintained.**

This section is primarily information for the provider

Enforcement actions

The provider's system for ensuring emergency medicines and equipment were checked to ensure they were safe to use was not embedded.

- Emergency medicines and equipment was not monitored consistently.
- Staff were unsure whose responsibility it was to carry out the checks for the emergency medicines and equipment.

The provider's system and processes for the storage of medicines was not adequate:

- Medicines requiring refrigeration were not always stored effectively.
- The provider was unable to evidence that one of the medicine fridges at the main site had been serviced.

The provider did not have adequate systems in place to facilitate staff engagement.

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