

# Dr Poolo's Surgery - Rush Green Medical Centre

## Inspection report

Rush Green Medical Centre  
261 Dagenham Road  
Romford  
RM7 0XR  
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Date of inspection visit: 22 February 2021, 9 and 10  
March 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

Inadequate



Are services safe?

Inadequate



Are services effective?

Inadequate



Are services well-led?

Inadequate



# Overall summary

We carried out an unannounced focused inspection of Dr Poolo's Surgery - Rush Green Medical Centre on 22 February 2021 as a result of concerns raised with the CQC. As a result of our findings from this site visit, we expanded the scope of our inspection and engaged with the practice to arrange further inspection activity. We carried out a remote review of the practice's record system on 9 March 2021 and remote interviews with staff on 10 March 2021.

The practice was last inspected on 23 September 2020 and 13 October 2020 when we carried out a remote records review with the consent of the provider, and this inspection was not rated. As a result of this remote records review in September and October 2020, we sent the provider a 'Letter of serious concern', detailing our concerns in relation to their record keeping, monitoring of patients, and coding of patient records, and requesting that the provider submit evidence of work completed on auditing and peer-reviewing clinicians' record keeping and in relation to coding of patient records.

The practice is currently rated as good overall following a comprehensive inspection on 18 March 2015 and a focused inspection on 6 March 2017.

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 have rated the practice as **inadequate overall**.

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

- The practice did not have clear systems, practices and processes to keep people safe and safeguarded from abuse.
- We found appropriate recruitment checks were not always carried out.
- We could not be assured that patient records were written and managed securely, in line with current guidance, or that staff had the information they needed to deliver safe care and treatment.
- The practice was coding medication reviews as having taken place with no evidence in the record of a structured medication review having been carried out by a clinician.
- We identified examples where patients had been prescribed high-risk medicines without evidence in the clinical record that appropriate monitoring had taken place or that test results had been checked by clinicians prior to prescribing to ensure patient safety.
- The practice did not have an effective system to manage safety alerts and we found examples of prescribing contrary to safety alerts.

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

- Care and treatment was not delivered in line with current legislation, standards and evidence-based guidance.
- We identified examples where patients presenting with symptoms indicating possible serious illness were not followed up in a timely or appropriate way.
- We found evidence of a clinician acting beyond their scope of practice in relation to clinical reviews and decision-making, with no evidence of escalation to or involvement of a GP.
- There was poor monitoring and management of patients with long-term conditions, such as diabetes and asthma.
- We were not assured that dementia and mental health care plan reviews were being carried out properly or being adequately documented.

# Overall summary

- The records we reviewed demonstrate significant record keeping issues, with a repeated failure to keep accurate, detailed and contemporaneous records in line with 'Good medical practice' (General Medical Council guidance).

These areas affected all population groups, so we rated all population groups as **inadequate** for providing effective services.

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

- The delivery of high-quality care was not assured by the leadership or governance.
- Leaders could not demonstrate that they had the capacity and skills to deliver high quality sustainable care.
- The practice did not have clear systems to support good governance and management, for example in relation to systems for managing safety alerts, processes to appropriately diagnose, monitor and manage patients, arrangements for supervision and record keeping checks, and safeguarding arrangements.
- The practice did not have effective processes for managing risks, issues and performance. We identified several risks to patient safety which had not been identified or acted upon by the practice prior to our inspection activity.
- We could not be assured that the practice had systems and processes to keep clinicians up to date with current evidence-based practice, given the concerns around care and treatment we identified in patient records.
- We were not assured that the practice maintained accurate and reliable data or was able to use their data to effectively monitor and improve performance.

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, Dr Poolo's Surgery – Rush Green Medical Centre was issued 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. The practice remains open during the suspension period, but under the leadership of a different provider.

The provider will be inspected again prior to the expiry of the suspension to assess whether sufficient improvements have been made.

I am also placing this service in special measures. If insufficient improvements have been made at the next inspection, we will take action in line with our enforcement procedures. 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 table.**

**Dr Rosie Benneyworth** *BM BS BMedSci MRCGP*

Chief Inspector of Primary Medical Services and Integrated Care

## Population group ratings

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

## 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 part-time GP partners (one male and two female), one male long-term locum GP, one female practice nurse, one male healthcare assistant and practice manager and a team of management 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. Extended opening hours were offered on Wednesday evenings, however this has been paused during the COVID-19 pandemic. 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.

## Enforcement actions

### 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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>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:</b></p> <ul style="list-style-type: none"><li>• Leaders could not demonstrate that they had the capacity and skills to deliver high quality sustainable care.</li><li>• The practice did not have clear systems to support good governance and management.</li><li>• There was a lack of systems to effectively supervise and monitor the work of the healthcare assistant and other clinicians.</li><li>• Disparity in what we were told by staff about meetings at the practice and there appeared to be a lack of formalised management meetings for the partnership and management team.</li><li>• We identified a number of risks to patient safety which had not been identified or acted upon by the practice prior to our inspection activity. For example, in relation to safety alerts, cervical screening coding, retrospective amendment of records, structured medication reviews for patients, and systems to ensure appropriate monitoring and management of patients with long-term conditions.</li><li>• We were not assured that the practice maintained accurate and reliable data or that the practice was able to use their data to effectively monitor and improve performance.</li></ul> <p><b>These matters are in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</b></p>

Regulated activity	Regulation
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# Enforcement actions

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:**

- Lack of clarity regarding safeguarding arrangements and we could not be assured that patients at risk were being proactively monitored.
- Appropriate recruitment checks not carried out.
- We identified examples where patients had been prescribed high-risk medicines without evidence in the clinical record either that appropriate monitoring had taken place or that test results had been checked by clinicians prior to prescribing to ensure patient safety.
- Examples of prescribing contrary to safety alerts.
- Lack of evidence in records of appropriate onward referrals or follow-up of patients.
- We found evidence of a clinician acting beyond their scope of practice in relation to clinical reviews and decision-making, with no evidence of escalation to or involvement of a GP.
- Evidence in patient records where care and treatment was not delivered in line with current evidence-based guidance.

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