

Brockhurst Medical Centre




Inspection report

139-141 Brockhurst Road
Gosport
Hampshire
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Date of inspection visit: 21 and 22 September 2020
and 30 September 2020
Date of publication: 11/11/2020

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

Are services safe?	Inadequate	
Are services effective?	Inadequate	
Are services well-led?	Inadequate	

Overall summary

In light of the current Covid-19, CQC has looked at ways to fulfil our regulatory obligations, respond to risk and reduce the burden placed on practices by minimising the time inspection teams spend on site.

In order to seek assurances around potential risks to patients, we are currently piloting a process of remote working as far as practicable. This practice consented to take part in this pilot and some of the evidence in the report was gathered without entering the practice premises. However, an on-site visit was carried out to complete the inspection.

We carried out an announced remote review, as part of the pilot, of the provision of services at Brockhurst Medical Centre on 21 and 22 September 2020. We carried out an unannounced on-site visit on 30 September 2020. We focussed our inspection on the following key questions; Safe, Effective and Well Led. We did not inspect the Caring or Responsive key questions as part of this inspection.

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 did not change the overall rating from the previous rating of requires improvement as this was a focused inspection. We rated the key questions of Safe, Effective and Well Led as inadequate.

We rated Safe, Effective and Well Led as Inadequate, because:

- The overall governance arrangements were ineffective.
- Leaders could not demonstrate that they had the capacity and skills to deliver high quality sustainable care.
- The practice did not have clear and effective processes for managing risks, issues and performance.
- Care and treatment was not delivered in line with current legislation.
- Medication and long-term condition reviews had not been completed in an effective and timely manner.
- There was a risk that some patients were not receiving the care and treatment they needed.

- The practice did not have systems for the appropriate and safe use of medicines.
- There were gaps in systems to assess, monitor and manage risks to patient safety.

We rated all population groups as Inadequate because:

- We identified gaps in patient care and patient clinical records which meant the provider was not able to demonstrate that all patients were receiving appropriate care and treatment aligned to their diagnosis and condition.

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).

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

- Continue to improve uptake of cervical screening.

Following the assessment undertaken on 21 and 22 September 2020, and the inspection undertaken 30 September 2020, we issued the provider with a notice of decision to impose additional conditions to the registration. Those conditions were regarding the timely review and monitoring of patients with long-term conditions and patients who required medicines reviews; and sufficient staffing levels and governance systems to meet the daily and long-term needs of patients registered at the practice.

I am 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.

Overall summary

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 Rosie Benneyworth BM BS BMedSci MRCGP
Chief Inspector of General Practice

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector and included a second inspector, a GP specialist advisor and a member of the CQC medicines team.

Background to Brockhurst Medical Centre

Brockhurst Medical Centre is located at 139-141 Brockhurst Road, Gosport, PO12 3AX.

The practice provides services under a general medical services contract. The practice has approximately 5,700 registered patients. The practice is in an area of high physical and social deprivation. Gosport falls within the top 10% nationally of areas with high deprivation.

The practice is part of the NHS Fareham and Gosport Clinical Commissioning Group.

The practice is registered with the Care Quality Commission to carry out the following regulated activities - diagnostic and screening procedures, surgical procedures, family planning, maternity and midwifery services and treatment of disease, disorder or injury.

The practice's clinical team consists of a GP partner, one advanced nurse practitioner partner, two part time locum

nurses, a part time paramedic and one health care assistant. The administration team is led by two acting practice business managers and consists of six receptionist/administrators and a prescriptions clerk.

The practice has opted out of providing an out-of-hours service. Patients are able to access an out of hours service at Gosport War Memorial Hospital.

The practice had handed its GMS contract back to NHS Fareham and Gosport Clinical Commissioning Group on 24 September 2020 and will close at the end of December 2020. Patients' care will be transferred to other practices in the locality.

You can access practice information online at www.brockhurstmedicalcentre.com

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>On 2 October 2020 we imposed urgent conditions on the registration of Brockhurst Medical Centre in respect of the above regulation.</p> <p>How the regulation was not being met:</p> <p>The practice had not ensured that systems and processes had been established and operated effectively to assess, monitor and improve the quality and safety of the services provided.</p> <p>In particular we found:</p> <ul style="list-style-type: none">• The practice did not have clear systems, practices and processes to keep people safe and safeguarded from abuse.• Appropriate recruitment checks were not undertaken.• Health and safety and fire systems and risk assessments were not up to date and complete.• Emergency medicines and equipment were not monitored or managed.• Information needed to plan and deliver effective care, treatment and support was not available.• The practice did not have systems in place for the safe and appropriate use of medicines. We found medicines reviews were not regularly undertaken and prescribing was not monitored to keep patients safe. High risk medicines were not appropriately monitored.• The practice did not respond to Medicines and Healthcare Products Regulatory Agency (MHRA) drug safety updates.
Diagnostic and screening procedures Family planning services	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p>

This section is primarily information for the provider

Enforcement actions

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

State enforcement action taken ...