

The Rosewood Medical Centre

Inspection report

30 Astra Close
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December 2018
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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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



Overall summary

We carried out an announced comprehensive inspection at Rosewood Medical Centre on 11 December 2018 as part of our inspection programme.

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,
- information from the provider, patients, the public and other organisations.

The overall rating for this practice was requires improvement due to concerns in providing safe and well-led services. However, the population groups were rated as good because patients were provided with effective care and treatment, treated with kindness and respect and were able to access timely and effective care and treatment.'

We rated the practice as **requires improvement** for providing a safe service because:

- At the time of the inspection the practice did not have a safe system in place for the receipt and management of medical documents and test results.
- At the time of the inspection, the practice did not have a health and safety or premises risk assessment in place to demonstrate the assessment and mitigation of risk to both patient and staff.
- The practice did not have a safe system in place to ensure action for patients whose treatment may have been affected by safety alerts from the Medicines and Healthcare Product Regulatory Agency.

We rated the practice as **requires improvement** for providing a well-led service because:

- The overall governance arrangements were sometimes ineffective. This had resulted in staff not completing the necessary training and a lack of protocols for staff to follow to ensure a consistent approach.
- At the time of the inspection the practice did not have a system in place to manage the global inbox of patient documents and test results to ensure a prompt response.
- At the time of the inspection, the practice did not have a health and safety or premises risk assessment in place to identify and mitigate any risks to patients and staff.

- Staff were unclear about how their roles and responsibilities linked to other members staffs work and how they were reflected in the protocols. Such as during the management of safety alerts.
- Some policies and procedures did not fully reflect the staff practices. For example, the policy.
- Further improvements were required to ensure the practice successfully sought patient views regularly.

We rated the practice as **good** for providing effective, caring and responsive services because:

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice had clear systems, practices and processes to keep people safeguarded from abuse.
- The practice had systems in place for the appropriate and safe use of medicines.
- The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.
- The practice had improved access for patients to the practice.
- Patients' needs were assessed, and care and treatment was delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.
- The practice had a comprehensive programme of quality improvement, they actively and routinely reviewed the effectiveness of the care provided.
- The practice had refurbished the premises to ensure they met the needs of the patients.
- Complaints were listened to and responded to and used to improve the quality of care.
- There was compassionate, inclusive and effective leadership at all levels.

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.

(Please see the specific details on action required at the end of this report).

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

Overall summary

- Review staff training to ensure they completed the necessary training for their role.
- Review the identification of carers to enable this group of patients to access the care and support they need.
- Review the blind cords at the window in reception are made safe and adhere to the safety alert raised 8 July 2010 Gateway Reference: 14535.

- Review patient feedback to ensure it is sought regularly.

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

Professor Steve Field CBE FRCP FFPH FRCGP Chief Inspector of General Practice.

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, and a practice manager specialist adviser.

Background to The Rosewood Medical Centre

The Rosewood Medical Centre is located at:-

30 Astra Close

Elm Park

Hornchurch

RM12 5NJ .

The practice is registered with the CQC 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 has a contract with the Havering Clinical Commissioning Group (CCG). The practice provides General Medical Services (GMS) for 12,488 (6,099 male, 6,389 female) patients.

The practice has four male GPs, two female GP, two female practice nurses, one female healthcare assistant. A practice manager, an assistant practice manager and an extensive administrative team. The practice is a GP training practice and had three GP registrar working at the practice at the time of the inspection.

When the practice is closed, out of hours cover for emergencies is provided by Havering GP Federation and NHS 111 services. The practice part of the wider network of GP practices in Havering. At the time of our inspection there were 12,521 patients on the practice list.

The practice catchment area is classed as being within one of the least deprived areas in England. The practice scored eighth on the deprivation measurement scale; the deprivation scale goes from one to 10, with one being the most deprived. People living in more deprived areas tend to have greater need for health services.

National General Practice Profile describes the practice ethnicity as being 86.6% white British, 4.6% Asian, 4.7% black, and 1.8% mixed and 0.3% other non-white ethnicities.

The practice demographics show a slightly higher than average percentage of people in the 65+ year age group. Average life expectancy is 80 years for men and 84 years for women compared to the national average of 79 and 83 years respectively. The general practice profile shows that 55% of patients registered at the practice have a long-standing health condition, compared to 52% locally and 54% nationally.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met</p> <p>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: -</p> <p>At the time of the inspection the practice did not have a safe system in place for the receipt and management of medical documents and test results.</p> <p>At the time of the inspection, the practice did not have a health and safety or premises risk assessment in place to demonstrate the assessment and mitigation of risk to both patient and staff.</p> <p>At the time of the inspection the practice did not have a safe system in place to ensure action for patients who may have been affected by safety alerts from the Medicines and Healthcare Product Regulatory Agency.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met...</p> <p>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:-</p> <p>The overall governance arrangements were sometimes ineffective. This had resulted in staff not completing the necessary training, and a lack of protocols for staff to follow to ensure a consistent approach.</p>

This section is primarily information for the provider

Requirement notices

At the time of the inspection the practice did not have a system in place to manage the global inbox of patient documents and test results to ensure a prompt response.

At the time of the inspection, the practice did not have a health and safety or premises risk assessment in place to identify and mitigate any risks to patients and staff

Staff were unclear about how their roles and responsibilities linked to other members staffs work and how they were reflected in the protocols. Such as during the management of safety alerts.

Some policies and procedures did not fully reflect the staff practices. For example, the incident policy.

The fire risk assessment carried out on 11 July 2018 did not have an action plan in response to the recommendations found.

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.