

# Rainbow Medical Centre

## Inspection report

333 Robins Lane  
Sutton  
St Helens  
Merseyside  
WA9 3PN  
Tel: 017 4481 1211  
[www.rainbowmedicalcentres.co.uk](http://www.rainbowmedicalcentres.co.uk)

Date of inspection visit: 04/07/2019  
Date of publication: 23/08/2019

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

Good 

Are services safe?

Good 

Are services effective?

Requires improvement 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

# Overall summary

We carried out an announced focussed inspection at Rainbow Medical Centre on 4 July 2019 as part of our inspection programme.

The inspection of this service followed our annual review of the information available to us. This inspection looked at the following key questions:

Effective and

Well-led.

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 have rated this practice as Good overall.

The practice was rated as requires improvement for providing effective services because:

The practice did not have robust systems in place to ensure urgent referrals were readily monitored and able to confirm that timely remedial action had been taken if there was a delay.

This area affected all population groups so we rated all population groups **requires improvement**.

We rated the practice as **good** for providing safe, caring, responsive and well-led services

We found that:

- The practice provided in house care in a way that kept patients safe and protected them from avoidable harm.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice generally organised and delivered services to meet patients' needs. The provider had increased the type of appointments available so that patients could access care and treatment at the practice in a timely way.
- The way the practice was led and managed promoted the delivery of person-centre care.

- The practice had developed a process to ensure all clinicians were using up to date agreed templates. This promoted consistency in coding illnesses which would in turn improve the information used to audit outcomes for patients.
- The agreed templates system also improved working practices for new members of staff, clinical trainees and locums. The templates promoted patient safety through alerts and best practice guidance pop-ups which provided suggestions for referrals.
- The practice had extended their hours of opening to deliver additional urgent and routine GP appointments.
- Patient demand was monitored and opening times changed to meet the demands identified. This had led to improved patient satisfaction and less stress for staff working at the practice.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care relating to ensuring patients receive the correct treatment and care in a timely manner.

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

- Develop a written business plan which includes reflection on previous performance, formalises the vision and provides a clear strategy including action plans, risk assessments, targets and review dates aligned to the aims and vision of the practice.
- Formalise systems to review the quality of care provided and staff performance in relation to adhering to quality assurance processes, such as policies and procedures or best practice guidance.
- Develop audit and quality improvement plans based on priorities identified through available data.
- Review the aims and objectives of audits to ensure the process will review the priorities relevant to the subject. For example, the practice completed an audit of 'death and dying' but the Gold Standard Framework for end-of-life care was not used to inform the outcomes which were reviewed.

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

**Dr Rosie Benneyworth** BM BS BMedSci MRCGP

# Overall summary

Chief Inspector of Primary Medical Services and Integrated  
Care

## Population group ratings

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

## Our inspection team

Our inspection team was led by a CQC lead inspector.  
The team included a GP specialist advisor.

## Background to Rainbow Medical Centre

Rainbow Medical Centre is located at 333 Robins Lane, Sutton, St Helen's, Merseyside, WA9 3PN. The main surgery has good transport links and there is a pharmacy located in the same building. There is also a branch practice located at Thatto Heath Surgery, 99 Elephant Lane, St Helens, Merseyside WA9 5QL. Patients can attend either practice. We visited both practices during the inspection.

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, these are delivered from both sites. The practice is also registered to provide surgical procedures which was delivered only from the main site.

Rainbow Medical Centre is situated within the St Helens Clinical Commissioning Group (CCG) and provides services to approximately 14,400 patients under the terms of a general medical services (GMS) contract. This is a contract between general practices and the CCG for delivering services to the local community.

The practice has nine GPs (both male and female), a business manager, advanced nurse practitioners, practice

nurses, health care assistants and administration and reception staff, data and IT and support staff including domestic staff. The practice is also a GP training practice, offering support and placements to trainee doctors. The practice also provided educational placements for other health care students, such as trainee paramedics and student nurses.

The practice is open across both sites Monday to Friday 8am to 6.30pm. Extended hours appointments were provided by St Helens Rota and UC 24 which offers appointments throughout the day, evening and weekends.

The practice is in the process of becoming a part of a wider network of GP practices.

There are a higher than average number of patients under the age of 18 than locally and nationally. Information published by Public Health England rates the level of deprivation within the practice population group as two, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Male life expectancy is 76 years compared to the national average of 79 years. Female life expectancy is 81 years compared to the national average of 83 years.

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 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>There was a lack of systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance.</p> <p>In particular we found:</p> <p>in relation to the management of urgent medical referrals, the arrangements for identifying, recording and managing risks and implementing mitigating actions were not operated effectively.</p> <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>