

# Brockhurst Medical Centre

## Inspection report

139-141 Brockhurst Road  
Gosport  
Hampshire  
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[www.brockhurstmedicalcentre.com](http://www.brockhurstmedicalcentre.com)

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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?

Inadequate



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



# Overall summary

We carried out an announced comprehensive inspection at Brockhurst Medical Centre on 18 February 2019 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 and
- information from the provider, patients, the public and other organisations.

**We have rated this practice as Requires Improvement overall. However, we rated Safe as Inadequate. We rated Effective and Well Led as Requires Improvement and Caring and Responsive as Good.**

We rated the practice as **Inadequate** for providing Safe services because:

- There was no system in place to ensure the timely review, by a GP, of test results and other patient information coming into the practice. On the day of the inspection there was a large backlog.
- The practice was unable to demonstrate that patients taking high risk medicines were receiving appropriate monitoring.
- There was no evidence that the advanced nurse practitioner's (ANP) prescribing practice was within the Nursing and Midwifery Council (NMC) prescribing competencies. Although her prescribing practice for some medicines was safe, her competency to prescribe a wide range of medicines had not been assessed, reviewed or monitored to ensure it was safe for patients.

We rated the practice as **Requires Improvement** for Effective and Well Led services because:

- The practice were unable to provide evidence that the required training had been completed by staff.
- The practice nurse did not receive clinical supervision.
- Patients living with long term conditions did not have care plans in place.
- There was a challenging culture which, staff told us, impacted on how non clinical staff provided care and support to patients.
- Insufficient oversight of systems and a lack of documented protocols led to inadequate safe care.

**We rated all population groups as Requires Improvement because:**

- A lack of training and clinical supervision negatively impacted all population groups.
- However, the practice had been responsive in addressing the needs of each population group.

We rated the practice as **Good** for providing caring and responsive services because:

- Staff treated patients with kindness, respect and compassion.
- The practice respected patients' privacy and dignity.
- The practice organised and delivered services to meet patient need.
- Patients could access care and treatment in a timely way.

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

- Ensure care and treatment is provided in a safe way for patients including the proper and safe management of medicines.
- Ensure systems and processes are in place to support good governance

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

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

- Take appropriate actions to reduce the backlog of patient note summarising.
- Review actions to improve staff morale.
- Continue to improve uptake of cervical screening.
- Continue to identify patients who are also carers to ensure their needs are met.
- Appoint and train fire marshals.
- The advanced nurse practitioner and the nurse practitioner should receive the appropriate level of safeguarding training to their role.

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

**Dr Rosie Benneyworth** BM BS BMedSci MRCGPChief Inspector of General Practice

## 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 and a CQC inspector.

## 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 two GP partners with a WTE of 0.7, one full time advanced nurse practitioner partner, one practice nurse and one health care assistant. The administration team is led by a practice business manager and consists of a reception supervisor, four receptionists and four administrators.

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.

You can access practice information online at [www.whiteleysurgery.co.uk](http://www.whiteleysurgery.co.uk).

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>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.</b></p> <p><b>In particular we found:</b></p> <ul style="list-style-type: none"><li>• There was no oversight of cleaning processes to maintain infection prevention and control and a lack of completed documentation.</li><li>• There was no effective oversight of training to ensure staff completed required training and a lack of previous training records which may have evidenced completed training.</li><li>• No system to ensure clinical supervision was provided regularly.</li><li>• No system to ensure written consent was obtained for minor surgical procedures.</li><li>• No monitoring to ensure all care plans were current and up to date for patients with long term conditions.</li><li>• No documented monitoring to ensure patients referred with a two week wait time were seen within that time.</li><li>• No evidence of disseminated learning from complaints.</li><li>• No system of regular staff meetings to ensure effective engagement with staff.</li></ul> <p><b>This was in breach of Regulation 17(1)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b></p>

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> <ul style="list-style-type: none"><li>• The provider could not demonstrate there was appropriate monitoring of patients prescribed high risk medicines.</li><li>• The provider did not ensure the advanced nurse practitioner was competent to prescribe a wide range of medicines and received appropriate monitoring and supervision.</li><li>• The provider did not check that the ANP's prescribing practice was within the Nursing and Midwifery Council's (NMC) prescribing competencies.</li><li>• The provider did not ensure there was a system in place to ensure the timely review of test results and other patient information, by a GP, coming into the practice to ensure prescribing requests and changes were actioned promptly.</li></ul> <p>This was in breach of Regulation 12 (1) (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>