

# Sherwood Rise Medical Centre

## Quality Report

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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

Are services well-led?

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Sherwood Rise Medical Centre on 1 December 2016. The overall rating for the practice was requires improvement; the practice was rated as requires improvement for providing safe services, good for providing effective, caring and responsive services and inadequate for providing well-led services. The full comprehensive report from December 2016 can be found by selecting the 'all reports' link for Sherwood Rise Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

The overall rating of requires improvement will remain unchanged until we undertake a further full comprehensive inspection of the practice within the six months of the publication date of the report from December 2016.

This inspection was a focused inspection carried out on 19 April 2017 to confirm that the practice had taken the required action to meet the legal requirements in relation to the breaches in regulation set out in a warning notice issued to the provider. The warning notice was issued in respect of a breach of a regulation related to good governance; specifically the provider did not have effective systems in place to assess, record and monitor

risks to the health and safety of service users. They had failed to identify the risks associated with not stocking some emergency medicines. Where risks had been identified, appropriate action to mitigate risk had not been taken or recorded for example in relation to fire and legionella. Policies and procedures were not always relevant to the practice and did not always reflect processes in place.

Our key findings were as follows:

- The practice had complied with the warning notice we issued and had taken the action needed to comply with legal requirements.
- Policies and procedures had been updated to ensure information was specific to the practice
- Measures were in place to mitigate identified risks in respect of legionella.
- A fire risk assessment had been undertaken in December 2016 and was supported by a comprehensive action plan.
- A review of the practice's emergency medicines had been undertaken to ensure the practice could respond to clinical emergencies.

### Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

# Sherwood Rise Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection was led by a CQC inspector and included a second CQC inspector.

## Background to Sherwood Rise Medical Centre

Sherwood Rise Medical Centre provides primary medical services to approximately 5700 patients and is part of Nottingham City Clinical Commissioning Group. Services are provided under a general medical services (GMS) contract.

The practice is located in the Sherwood Rise area of Nottingham, close to the city centre and is accessible by public transport. The premises were purpose built in 1986 and some community health services are based in the building adjacent to the practice. Car parking is available on site and all patient services are provided from the ground floor.

The level of deprivation within the practice population is similar to the local average and significantly above the national average with the practice falling into the second most deprived decile. Level of income deprivation affecting children and older people are above the national average.

The clinical team is comprised of two GP partners (one male, one female), a long-term locum GP (female), one

practice nurse and two healthcare assistants. The clinical team is supported by a practice manager (part time), an operational manager (part time) and seven members of reception and administrative staff.

The practice opens between 8.30am and 1pm and from 2pm and 6.30pm. GP consulting times are variable but are generally from 9am to 11.30am each morning and from 4pm to 6pm each afternoon.

The practice has previously been inspected by the Care Quality Commission and rated as requires improvement.

## Why we carried out this inspection

We undertook an announced comprehensive inspection of Sherwood Rise Medical Centre on 1 December 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement overall with a rating of inadequate for providing well-led services. The full comprehensive report following the inspection on 1 December 2016 can be found by selecting the 'all reports' link for Sherwood Rise Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up focused inspection of Sherwood Rise Medical Centre on 19 April 2017. This inspection was carried out to ensure the practice had complied with the warning notice issued in February 2017 and to confirm that the practice was now meeting legal requirements.

# Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

## Our findings

At our inspection in December 2016, we rated the practice as inadequate for providing well-led services. The reasons for this are outlined in detail our comprehensive inspection report and included:

- There were limited governance arrangements in place to support the delivery of care; systems and processes in place to identify, assess and monitor risk within the practice needed to be strengthened. respond to specific clinical emergencies or those associated with fire and they had not yet taken actions identified as necessary to prevent legionella.
- Arrangements to ensure the registered manager retained oversight for the provision of regulated activities were limited.
- A range of policies and procedures were in place to govern activity within the practice. Although all policies had been reviewed in 2015, a number of policies contained information which was not relevant to the practice including naming staff who worked for another practice as leads in certain areas.

Following the inspection on 1 December 2016, a warning notice was issued to the practice in respect a breach of regulations.

Our findings from our inspection of 19 April 2017 indicated that the practice had taken action to comply with the warning notice:

- A review of emergency medicines had been undertaken within the practice. The practice had emergency medicines in place to treat a range of clinical emergencies; these included benzylpenicillin for the

treatment of suspected bacterial meningitis and hydrocortisone for the treatment of acute severe asthma or severe or recurrent anaphylaxis (an extreme and severe allergic reaction).

- The processes and procedures for checking stock levels and expiry dates of emergency medicines had been strengthened and we saw evidence of documented checks.
- A comprehensive fire risk assessment had been undertaken in December 2016. The risk assessment clearly identified risks and hazards and included an action plan. Evidence demonstrated regular checks of fire safety equipment were being undertaken.
- Measures had been implemented to mitigate the risk of legionella. An external company had undertaken a legionella risk assessment on behalf of the practice and provided a report in November 2016 (Legionella is a term for a particular bacterium which can contaminate water systems in buildings); the report identified a number of actions required to mitigate risk. Arrangements had been implemented to ensure these actions were undertaken on behalf of the practice. For example, specified checks of water temperatures were being undertaken in line with the report's recommendations.
- Evidence indicated that policies and procedures and been reviewed and updated to ensure these were specific to the practice. For example, the clinical governance policy had been updated to ensure the correct GP was specific as the clinical governance lead. In addition the practice had reorganised their electronic filing system for policies and procedures to avoid the risk of duplication.