

Dr Poolo's Surgery - Rush Green Medical Centre

Inspection report

Rush Green Medical Centre
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Date of inspection visit: 30 September 2021
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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 to people's needs?

Good 

Are services well-led?

Requires Improvement 

Overall summary

We carried out an announced comprehensive inspection of Dr Poolo's Surgery – Rush Green Medical Centre on 30 September 2021.

Following our previous inspection on 22 February and 9 and 10 March 2021, the practice was rated as inadequate overall (inadequate for 'Safe', 'Effective' and 'Well-led', and 'Caring' and 'Responsive' were not inspected so the previous rating of good was carried over).

The full reports for previous inspections can be found by selecting the 'all reports' link for Dr Poolo's Surgery – Rush Green Medical Centre on our website at www.cqc.org.uk.

Throughout the COVID-19 pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently. This inspection was carried out in a way which enabled us to spend a reduced amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements. This included:

- Conducting staff interviews using video conferencing;
- Completing clinical searches on the practice's patient records system and discussing findings with the provider;
- Reviewing patient records to identify issues and clarify actions taken by the provider;
- Requesting evidence from the provider by email; and
- A site visit to the practice.

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.

At this inspection, we have rated the practice as **requires improvement** overall.

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

- The practice did not have an induction checklist for clinical staff and there was no locum handbook for locum GPs to refer to.
- No risk assessment had been completed to support the practice's decision that basic life support training would not be completed annually, as per Resuscitation Council UK guidelines.
- The practice was not able to provide a Patient Group Direction for a specific vaccine.
- The significant events policy was not being followed consistently by staff, in terms of the formal reporting mechanisms.
- The system to monitor cervical screening results was ineffective and required further oversight.
- There was no system in place to monitor and track blank prescriptions throughout the practice.
- We saw no evidence that the practice had warned patients about a medicine's particular risks, as specified in a safety alert.
- However, we found that the practice had addressed issues from our previous rated inspection, and we saw appropriate arrangements for monitoring and safeguarding patients at risk, structured and appropriately documented medication reviews, appropriate monitoring for patients prescribed high-risk medicines, and no prescribing of medicines contrary to safety alerts.

Overall summary

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

- There was limited documented evidence of compliance with the duty of candour for the two most recent significant events.
- Some policies were not specific to the practice, were missing some information, were not version-controlled or did not have a next review date.
- The shared drive containing the practice's policies and procedures was disorganised and required review, with some staff not able to locate certain policies or up to date versions of documents.
- Some meeting minutes did not contain any detail of what was discussed, and there was no formal system to ensure actions were consistently followed up.
- There were some gaps in monitoring and management systems, including oversight of cervical screening results, monitoring of blank prescriptions, authorisation of medicines, and COSHH.
- However, leaders had taken action to address the risks we had identified at the previous CQC inspection, for example in relation to monitoring of patients, management of long-term conditions, clinical record keeping, safeguarding arrangements, oversight of healthcare staff, and recruitment checks.

We rated the practice as **good** for providing effective services because:

- Our records review indicated that care and treatment was delivered in line with current standards and evidence-based guidance.
- We did not see any instances of a failure to follow up on symptoms indicating possible serious illness.
- The practice had carried out audits looking at its care of patients with specific long-term conditions, and this had improved since the previous inspection.
- Clinical staff had completed role-specific training and staff had access to regular appraisals and clinical supervision.
- We saw that record keeping had improved, with clear documented reviews and assessments by GPs. The practice had increased its use of clinical templates which helped to ensure that structured reviews and consultations were completed.
- Do Not Attempt Cardiopulmonary Resuscitation decisions were made in line with relevant legislation and were appropriate.
- These areas affected all population groups, so we rated all population groups as **good** for providing effective services, except for the population group 'working age people' which we rated **requires improvement** as the system to monitor cervical screening results was ineffective and required additional oversight.

We rated the practice as **good** for providing caring services because:

- Staff treated patients with kindness, respect and compassion.
- Feedback we received from the Patient Participation Group (PPG) advised that the practice meets the needs of and listens to its patients.
- The practice's GP patient survey results for 2021 were in line with national averages for questions relating to kindness, respect and compassion.
- The practice respected patients' privacy and dignity.

We rated the practice as **good** for providing responsive services because:

- The practice's GP patient survey results for 2021 were in line with national averages for questions relating to access to care and treatment, except for the question about telephone access which was better than the national average.
- We checked the appointment system and saw there were routine and urgent GP appointments available quickly.

Overall summary

- Feedback we received from the Patient Participation Group (PPG) and staff we spoke with said that patients were able to access appointments.
- We saw evidence of compliance with the Accessible Information Standard and arrangements in place for patients' particular needs.
- Complaints were listened and responded to and used to improve the quality of care.
- These areas affected all population groups, so we rated all population groups as **good** for providing responsive services.

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

- Review the necessity to carry out checks of clinicians' registration on an ongoing basis throughout their employment.
- Consider merging the checklist of emergency medicines, refrigerated vaccines and emergency equipment, to make the checking process easier and more efficient for staff members.

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).

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service.

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

Dr Rosie Benneyworth *BM BS BMedSci MRCGP*

Chief Inspector of Primary Medical Services and Integrated Care

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)	Requires Improvement	
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, who was assisted by a GP specialist advisor.

Background to Dr Poolo's Surgery - Rush Green Medical Centre

Dr Poolo's Surgery is situated within NHS Havering Clinical Commissioning Group (CCG). The practice provides primary medical services to around 3,691 patients in the Dagenham area, under a General Medical Services contract (an agreement between NHS England and general practices for delivering primary care services).

The practice has a website: www.dpsrgmc.co.uk.

The practice is registered with the CQC to carry on the following regulated activities: Diagnostic and screening procedures; Surgical procedures; and Treatment of disease, disorder or injury.

The clinical team at the practice consists of three GP partners (one male and two female), one male salaried GP, one female locum GP, and one female practice nurse. There is also an interim practice manager, IT manager, business manager, and reception and administrative staff.

The practice is open from 8am to 6.30pm Monday to Friday (although phlebotomy appointments were available from 7.30am on Monday, Tuesday, Thursday and Friday, and nurse appointments available from 7.30am on Wednesday). There is an out of hours service locally available for patients when the practice is closed.

Information published by Public Health England rates the level of deprivation within the practice population group as five, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. In England, people living in the least deprived areas of the country live around 20 years longer in good health than people in the most deprived areas.

National General Practice Profile describes the practice ethnicity as being 79.1% White, 9% Black, 7.9% Asian, 3.1% mixed race, and 0.8% other ethnicities.

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 were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</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> <ul style="list-style-type: none">• No clinical induction checklist and no locum handbook.• No risk assessment supporting decision for frequency of basic life support training for staff.• Missing PGD for a specific vaccine.• Significant event policy not followed consistently by staff.• System to monitor cervical screening results was ineffective and required further oversight.• No system in place to monitor and track blank prescriptions throughout the practice.• No evidence the practice had warned patients about a medicine's particular risks, as specified in a safety alert. <p>These matters are in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>There were ineffective systems in place to assess, monitor and mitigate the risks to patients and staff and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none">• Limited documented evidence of compliance with the duty of candour for the two most recent significant events.

This section is primarily information for the provider

Requirement notices

- Some policies were not specific to the practice, were missing some information, were not version-controlled or did not have a next review date.
- Shared drive containing the practice's policies and procedures was disorganised and required review.
- Some meeting minutes did not contain any detail of what was discussed and there was no formal system to ensure actions were consistently followed up.
- Gaps in monitoring and management systems, including oversight of cervical screening results, monitoring of blank prescriptions, authorisation of medicines, and COSHH.

These matters are in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014