

# Royal Manor Health Care

## Inspection report

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Easton  
Portland  
DT5 2BJ  
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[www.royalmanorhealthcare.org.uk](http://www.royalmanorhealthcare.org.uk)

Date of inspection visit: 11 May 2022  
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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?

Requires Improvement



Are services caring?

Requires Improvement



Are services responsive to people's needs?

Requires Improvement



Are services well-led?

Requires Improvement



# Overall summary

We carried out an announced inspection at Royal Manor Health Care on 11 May 2022. Overall, the practice is rated as Requires Improvement.

Set out the ratings for each key question

Safe - Requires Improvement

Effective - Requires Improvement

Caring – Requires Improvement

Responsive - Requires Improvement

Well-led - Requires Improvement

Following our previous inspection in May 2018, the practice was rated Good overall and for all key questions.

The full reports for previous inspections can be found by selecting the 'all reports' link for Royal Manor Health Care on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Why we carried out this inspection

This inspection was carried out as part of our regulatory programme and all key questions were inspected.

## How we carried out the inspection

Throughout the 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 minimum 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
- A short site visit

## Our findings

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

# Overall summary

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

## **We have rated this practice as Requires Improvement overall**

We found that:

- The provider had not consistently ensured medicines were prescribed safely on an ongoing basis.
- Significant events were discussed in practice meetings, but we found there were limited details in meeting minutes on discussions held and learning points shared from significant events. There was limited information to demonstrate what actions were taken or the processes used to ensure these were fully put into place.
- Royal Manor healthcare had systems and processes in place for monitoring patients with long term conditions, but these were not always effective. Staff had appropriate skills and experience to manage these patients, but there were shortfalls in making sure that all relevant information was available, and care and treatment provided was consistently safe and effective.
- Staff dealt with patients with kindness and respect, improvements were needed to ensure patients were involved in decisions about their care.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic. Patients could access care and treatment in a timely way.
- Governance systems and processes did not enable the provider to have a full oversight of how the practice was running. The provider was not able to demonstrate fully how they were assured that risks to patients were minimised as far as possible.
- Information from significant events and complaints was not used effectively to drive improvement within the practice.
- The provider did not fully involve staff in the running of the practice and future plans for service provision.

We found breaches of regulations. The provider **must**:

- 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.

The provider **should**:

- Continue to work with the landlord to ensure the premises at the main location are safe to use.
- Continue to promote uptake of cervical screening.

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

**Dr Rosie Benneyworth** BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities and undertook a site visit. The CQC inspector was supported by a second CQC inspector. The team included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

## Background to Royal Manor Health Care

Royal Manor Health Care is situated in Portland, Dorset. The practice provides primary medical services to approximately 12,374 patients. The registered provider is Portland Group Practice.

The practice is registered to provide regulated activities which include treatment of disease, disorder or injury, surgical procedures, family planning, maternity and midwifery services and diagnostic and screening procedures.

The practice operates from the main location;

Royal Manor Health Care

Park Estate Road

Easton

Portland

Dorset

DT5 2BJ

And the branch surgery;

The Gatehouse Surgery

Castle Road

Portland

Dorset

DT5 1AU

We visited the Royal Manor Health Care location only during this inspection.

The practice population is in the fourth most deprived decile for deprivation. In a score of one to ten the lower the decile the more deprived an area is. The average life expectancy is comparable the national average. There are five partners and three salaried GPs. The practice also employs five nurse practitioners, five practice nurses, two health care assistants, a phlebotomist, a surgery manager and additional administration and reception staff.

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 and surgical procedures. These are delivered from both sites.

The practice offers services from both a main practice and a branch surgery. Patients can access services at either surgery.

The practice and branch are open between 8.30am until 6pm, every week day, patients can access the practice by phone from 8am. When the practice is closed patients are directed to out of hours services by dialling the NHS 111 service.

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 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>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for service users</p> <p><b>How the regulation was not being met:</b></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"><li>• The provider did not ensure that blood test and investigations results were identified and acted upon in a timely manner.</li><li>• The provider did not ensure their own procedure for recruiting staff was followed.</li><li>• The provider had failed to ensure that care and treatment for patients with long term conditions met the patients' needs.</li></ul> <p>There was no proper and safe management of medicines. In particular:</p> <ul style="list-style-type: none"><li>• The provider did not ensure that patients were fully involved in medicine reviews.</li><li>• Arrangements for managing patient group directives needed improvement.</li></ul> <p>This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Diagnostic and screening procedures Family planning services	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p>

# Requirement notices

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

## **How the regulation was not being met:**

The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:

- The provider had failed to demonstrate how they maintained oversight of governance systems in the practice; and use information from such events to drive improvement when needed.
- Governance processes did not fully demonstrate how effective communication was maintained with staff; and how staffs' views were acted upon with regard to the running of the practice.

The registered person had systems or processes in place that operated ineffectively in that they failed to enable 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. In particular, but limited to:

- The provider had failed to demonstrate fully how learning from significant events and complaints were used to minimise risks to patients.
- The provider's systems to ensure medicines were prescribed safely were not fully effective.

This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.