

The Rose Tree PMS Practice

Inspection report

The Cudworth Centre
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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

Inadequate



Are services safe?

Inadequate



Are services effective?

Requires improvement



Are services caring?

Requires improvement



Are services responsive?

Requires improvement



Are services well-led?

Inadequate



Overall summary

We carried out an announced comprehensive inspection at The Rose Tree PMS Practice on 5 February 2019 as part of our inspection programme. Our last inspection of the Rose Tree PMS Practice was in December 2014 and the practice was rated as Good.

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 **inadequate overall**.

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

- The practice did not have clear systems and processes to keep patients safe. Not all staff had received the appropriate level of safeguarding training.
- The recruitment policy had not been fully implemented and not all the required checks had been undertaken.
- Health and safety checks had not been completed for all areas within the practice remit and staff had not had all the required training in health and safety matters such as fire safety and infection prevention and control.
- Provision of emergency medicines was not based on risk assessment. Not all staff were aware of the emergency equipment and medicines provided and how to access these or training in basic life support.

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

- The practice was unable to show that staff had the skills, knowledge and experience to carry out their roles.
- Some performance data was significantly below local and national averages.

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

- Data showed low patient satisfaction with the service in some areas, although on the day of the inspection we found good levels of patient satisfaction. However, the practice had not undertaken any patient surveys to review and improve patient satisfaction following the national GP survey.

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

- Data showed low patient satisfaction with the service in some areas although on the day of the inspection we found good levels of patient satisfaction. However, the practice had not undertaken any patient surveys to review and improve patient satisfaction following the national GP survey.

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

- While the practice had a clear vision, and a credible strategy staff had not always been involved.
- The overall governance arrangements were not always effective. Policies and procedures were not always accessible to staff.
- The practice did not have clear and effective processes for managing risks and to improve the quality and safety of the services being provided.

These areas affected all population groups so we rated all population groups as **requires improvement**.

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

- Ensure that care and treatment is provided in a safe way.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed. Ensure specified information is available regarding each person employed. Ensure, where appropriate, persons employed are registered with the relevant professional body.
- 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).

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

- Review and establish tenant responsibilities, if any, in regard to the health and safety risk assessments undertaken by the landlords of each site.
- Consider the use of a clinical tool to identify older patients who are living with moderate or severe frailty.

Overall summary

- Review and improve how information about the practice is shared with the patient participation group.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

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

Our inspection team

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

Background to The Rose Tree PMS Practice

The Rose Tree PMS Practice is located in the centre of the village of Cudworth in Barnsley. The practice also has a branch surgery in the health centre at Monk Bretton. The practice has a Personal Medical Services (PMS) contract. The practice serves a population of approximately 8,682 patients and is situated in one of the third most deprived areas nationally.

Both the practice main site and the branch site are located in purpose-built health centres and provide services from the ground floor.

The service is provided by two male GP partners and a female advanced nurse practitioner partner. Working alongside the partners are a practice nurse and three health care assistants. The clinical team are supported by a practice manager and a team of administrative and secretarial staff.

The practice provides training for medical students

The practice offers pre-bookable appointments at the main site, Cudworth surgery, reception is open between 8.00am and 6.30pm daily. The branch site, Monk Bretton, reception is open between 8.15am and 12.15pm Monday to Friday. Appointments are offered at the Cudworth site 8.30am to 11.30am and 3pm to 6pm and at the Monk Bretton site 8.30am to 11.30am.

Patients who are registered at the practice can book an appointment to see a GP or nurse on weekday evenings or at the weekends and Bank holidays. Appointments take place at a local NHS setting nearby and are available Monday to Friday: 6.30pm to 10.30pm, Saturday and Sunday: 10am to 1pm Bank holidays: 10am to 1pm

When the practice is closed, out of hours cover for emergencies is provided by 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 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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met...</p> <p>Assessments of the risks to the health and safety of service users of receiving care or treatment were not being carried out. In particular:</p> <ul style="list-style-type: none">• The practice had not completed risk assessments of health and safety matters which may relate to their staff and patients at either site. <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">• A risk assessment for the provision of emergency medicine to treat certain emergency conditions had not been completed.• Staff had not had all the required training in health and safety matters such as fire safety and infection prevention and control.• Not all staff had received the appropriate level of safeguarding training.• Not all staff, including clinicians, had completed training in basic life support.• Not all staff were aware of the emergency equipment and medicines provided and how to access these.• The plug for the vaccine fridge at the main site was not adequately identified to prevent the fridge from being accidentally switched off. <p>There was no assessment of the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated at the branch surgery. In particular:</p> <ul style="list-style-type: none">• Processes for assessing risk and monitoring infection prevention and control procedures had not been implemented at the branch site.

This section is primarily information for the provider

Requirement notices

- Damage to the walls in the consulting room, at the branch surgery and the desk may impact on the effectiveness of the cleaning.
- A sharps bin at the branch site had not been changed within the required three-month period.

This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular:

- A DBS check, a full employment history and satisfactory information about physical and mental health conditions relevant to the person's ability to carry out the role had not been obtained for the most recent employee.
- Identity had not been checked for all locum staff.

The registered person employed persons who must be registered with a professional body, where such registration is required by, or under, any enactment in relation to the work that the person is to perform. The registered person had failed to ensure such persons were registered. In particular:

- There was a lack of evidence of periodic checks of professional registration of clinical staff.

This was in breach of Regulation 19(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Regulation

This section is primarily information for the provider

Requirement notices

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met...

The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services. In particular:

- Not all staff were involved in the development of the practice vision, values and strategy.
- The practice had not consulted patients about the quality of care provided.

The registered person had systems or processes in place that were operating 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:

- Audit processes were in place but changes made had not always been monitored to ensure changes have been maintained and are effective.
- There was no evidence action had been taken to improve outcomes relating to the care of patients with dementia and cancer diagnosis where published quality data indicated this care to be below local and national averages.

There was additional evidence of poor governance. In particular:

- The practice did not have a training plan and there was a lack of records to evidence the training undertaken and to show that training was monitored.
- Some staff could not access policies and procedures.
- Blank prescriptions were not signed into the branch surgery on receipt and records of distribution of prescriptions were not completed at either site to ensure a complete audit trail was maintained.

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