

# Braithwell Road Surgery

## Inspection report

Maltby Service Centre, Braithwell Road  
Maltby  
Rotherham  
S66 8JE  
Tel: 01709813714

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

Good 

Are services safe?

Requires Improvement 

Are services effective?

Good 

Are services well-led?

Good 

# Overall summary

We carried out an announced inspection on 29 and 30 September 2021 to follow up on breaches of regulations identified at the previous inspection in August 2019. Overall, the practice is rated as Good. The key questions are rated as follows:

Safe - Requires improvement

Effective - Good

Well-led – Good

We carried out an announced comprehensive inspection at Braithwell Road Surgery on 1 August 2019 to follow up on breaches of regulations identified at a previous inspection on 17 December 2018. We rated the practice as requires improvement overall and for providing safe and well-led services because the practice did not have clear systems and processes to keep patients safe and there was a lack of monitoring by the provider.

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

## Why we carried out this inspection

This inspection was a focused follow-up inspection to follow up on:

- Breaches of regulations and recommendations identified in the previous inspection
- Ratings carried forward from the previous inspection

## How we carried out the inspection/review

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

# Overall summary

- 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 Good overall and good for all population groups.**

We found that:

- There was improvement in relation to management of safety alerts. However, the practice had not always provided care in a way that kept patients safe and protected them from avoidable harm. This is because they had not always completed the recommended monitoring for some prescribed medicines and recruitment procedures had not always been followed.
- Patients received effective care and treatment that met their needs.
- The practice had 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.
- The way the practice was led and managed had improved and promoted the delivery of high-quality, person-centred care.

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

- Ensure care and treatment is provided in a safe way to patients
- Ensure specified information is available regarding each person employed

The provider **should** also:

- Obtain and record Information on staff vaccination status for non-clinical staff in line with the Department of Health Immunisation against infectious disease guidance (the Green Book).
- Implement training plans to support staff who have overdue training requirements.
- Review and improve accessibility of patient records relating to Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms and the systems to review these decisions.
- Review and improve patient engagement.
- Review and improve information for staff relating to the freedom to speak up guardian contact details.
- Review and improve the duty of candour procedures to detail how the duty of candour **policy will be put into action.**

**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

## Population group ratings

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

## Our inspection team

Our inspection team was led by a CQC lead inspector who visited the service. The team included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and record reviews without visiting the location.

## Background to Braithwell Road Surgery

The provider, Dr Chandra Raolu, registered with the CQC in June 2017. 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 family planning.

The location, Braithwell Road Surgery, is situated within a purpose-built surgery in a building known as Maltby Services Centre in Maltby, Rotherham, S66 8JE. This centre was built in 2008 and provides accommodation for Local Authority offices, leisure facilities and NHS services. The surgery operates over two floors, but all the patient facilities are on the ground floor.

The practice provides General Medical Services (GMS) for 3,385 patients in the NHS Rotherham Clinical Commissioning Group (CCG) area.

The practice is part of a wider primary care network (PCN) of six GP practices providing services to 38,000 patients in Rotherham. The practices work together with a range of local providers, including across primary care, community services, social care and the voluntary sector, to offer more personalised, coordinated health and social care to their local populations.

The practice has a principle male GP and employs a regular locum GP. The nursing team comprises of one advanced nurse practitioner, a practice nurse and a health care assistant. There is a practice manager and administration and reception teams.

The practice reception hours are 8am to 6.30pm - Monday to Friday. Surgery times are 8am to 6.30pm Monday to Friday.

Longer appointments are available for those who need them, and home visits and telephone consultations are available as required.

Extended hours services are accessed via the practice for pre-bookable evening appointments 6.30pm to 8.30pm and Saturday and Sunday morning appointments provided at local hub surgeries or via NHS 111.

The National General Practice Profile states that 98.2% of the practice population is

from a White background with a further 1.8% of the population originating from Asian, black, mixed or other non-white ethnic groups. Information published by Public Health England, rates the level of deprivation within the practice population group as two, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

## 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 Treatment of disease, disorder or injury	<p>Regulation 12 CQC (Registration) Regulations 2009 Statement of purpose</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> <ul style="list-style-type: none"><li>• Not all the required reviews/monitoring checks had been completed for some prescribed medicines.</li><li>• The range of emergency medicines provided had not been risk assessed.</li></ul> <p>This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p><b>How the regulation was not being met</b></p> <p>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:</p> <ul style="list-style-type: none"><li>• Satisfactory evidence of conduct in previous employment concerned with the provision of services relating to (a) health or social care; or (b) children or vulnerable adults had not always been obtained.</li></ul> <p>This was in breach of Regulation 19(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>