Rooksdown Practice

Inspection report

Park Prewett Medical Centre
Park Prewett Road
Basingstoke
Hampshire
RG24 9RG

Date of inspection visit: 22 January 2019
Date of publication: 29/03/2019

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?	**Inadequate**
Are services caring?	**Inadequate**
Are services responsive?	**Inadequate**
Are services well-led?	**Inadequate**

Overall summary

We carried out an announced comprehensive inspection at Rooksdown Practice on 22 January 2019.

At this inspection we followed up on breaches of regulations identified at a previous inspection on 17 January 2018. Specifically, it was previously identified that systems were not formalised to ensure that there was overall governance, leadership and quality improvement across the practice and the branch.

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's processes for fire safety did not minimise risk.
- Not all staff had received safeguarding training appropriate to their role.
- A comprehensive infection prevention and control audit had not been conducted for the branch site.
- The practice's system for ensuring medicines and equipment were checked to ensure they were safe to use were not effective and embedded in practice.

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

- There was limited monitoring of the outcomes of care and treatment.
- The practice was unable to show that staff had the skills, knowledge and experience to carry out their roles.
- The practice was unable to show that it always obtained consent to care and treatment.

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

- The practice was unable to evidence the number of carers it identified.
- No actions had been identified to improve low survey results.

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

- Services did not always meet patient needs.
- Complaints were not always handled in line with their complaints procedure and they were not always used to improve the quality of care.

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

- The practice culture did not effectively support high quality sustainable care.
- The overall governance arrangements were ineffective.
- The practice did not have clear and effective processes for managing risks, issues and performance.
- The practice did not always act on appropriate and accurate information.
- We saw little evidence of systems and processes for learning, continuous improvement and innovation.

The issues found in effective and responsive affected the rating of all population groups so we rated all population groups as **inadequate.**

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

- Ensure care and treatment is provided in a safe way to patients
- Ensure the care and treatment of patients is appropriate, meets their needs and reflects their preferences
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care
- Ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons are deployed to meet the fundamental standards of care and treatment

(Please see the specific details on action required at the end of this report).

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

- Use patient feedback to help drive improvements.
- Identify patients who are carers and provide appropriate support.

I am placing this service in special measures. Services placed in special measures will be inspected again within

Overall summary

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.

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

Professor Steve Field CBE FRCP FFPH FRCGPChief Inspector of General Practice

Population group ratings

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

Our inspection team

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

Background to Rooksdown Practice

Rooksdown Practice is located at Park Prewett Medical Centre, Park Prewett Road, Basingstoke, Hampshire, RG24 9RG. Rooksdown Practice is part of Cedar Medical Limited.

The practice is registered with the Care Quality Commission to provide the following regulated activities:

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

The practice website can be found at: www.therooksdownpractice.co.uk

Rooksdown Practice occupies a purpose built medical centre that opened in May 2017. The premises are owned by NHS England via their estates division.

The practice provides services under a Personal Medical Services contract and is part of the NHS North Hampshire Clinical Commissioning Group (CCG). The practice, has approximately 13,800 registered patients. The practice has an above average working age population particularly for those between 25 and 45 years old. The practice has 80% of registered patients in paid employment in comparison to the national average of 62%. The practice has a lower than average elderly population, 7% in comparison to the national average of 17%. This percentage drops to 3% for the over 75 age group in comparison to a national average of 8%. The patient population is predominantly White British but there are patients from other nationalities including, Polish, Hungarian and Asian.

The Rooksdown Practice has opted out of providing out-of-hours services to their own patients and refers patients to the out of hour's service via the NHS 111 service.

Rooksdown Practice has a branch surgery located at The Beggarwood Surgery, Broadmere Road, Basingstoke, Hampshire. RG22 4AG. We visited this branch surgery during the inspection of Rooksdown Practice.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** The practice did not assess the risk of, and prevent, detect and control the spread of, infections, including those that are health care associated. In particular we found: • The practice had not conducted infection prevention and control risk assessments. This was in breach of Regulation 12 (2)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Enforcement actions

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. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care **How the regulation was not being met:** The provider had failed to ensure care and treatment of service users was appropriate and met their needs: • The provider could not demonstrate that patients with long-term conditions received appropriate care and treatment which met their needs. • The practice was no longer recalling patients for their health reviews and could not ensure they received appropriate care. The provider had failed to provide continuity of care for patients at the practice and could not ensure patients received appropriate care and treatment and were involved in their care. This was in breach of Regulation 9 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
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 provider's policies and procedures were not embedded: • The provider's safeguarding policy did not include up to date information. • The provider did not follow it's own policy regarding the level of safeguarding training required for staff. The provider's processes for fire safety did not minimise risk:

This section is primarily information for the provider

Enforcement actions

- No up to date fire risk assessment had been conducted for the branch site.
- The provider was unable to demonstrate that fire drills had been conducted in line with their risk assessment.
- Fire alarm checks were not conducted consistently.
- Fire extinguishers had not been checked since 2017.

The provider's system and processes for storage and checking of medicines which required cold storage were not adequate:

- Vaccines held were found to have passed their expiry date.
- Packaging of vaccines had been compromised.
- Fridge temperatures at the branch site were not monitored effectively.
- The provider was unable to evidence that one of the medicine fridges at the main site had been serviced.

The provider's Legionella management systems were not effective and embedded in practice:

- No individual risk assessments had been conducted for either the main or branch site.
- The provider was unable to evidence that actions had been conducted in accordance with the combined risk assessment.

The provider did not have adequate systems and processes in place to facilitate staff engagement in the running of the practice and sharing of learning.

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

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 18 HSCA (RA) Regulations 2014 Staffing
Family planning services	**How the regulation was not being met:**
Maternity and midwifery services	The provider had insufficient staff to meet patient need.
Surgical procedures	The provider's appointment system did not have sufficient staff to work effectively:
Treatment of disease, disorder or injury	

This section is primarily information for the provider

Enforcement actions

- Patients requesting appointments were put on a triage list however lists often became full so patients were told to call back the next day.

The provider had not ensured that persons employed in the provision of the regulated activities had received appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform:

- Not all staff had received necessary training as set out in the practice policy.
- The provider did not have up to date certificates to demonstrate the competencies of one of their nurses.
- Not all staff had received an appraisal.
- Staff were not given protected time in order to complete necessary training.
- The provider did not monitor the prescribing practices of locum advance nurse practitioners or provide them with appropriate clinical supervision.

This was in breach of Regulation 18 (1) and 18 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.