Rigg Milner Medical Centre

Inspection report

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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?	**Requires improvement**
Are services well-led?	**Requires improvement**

Overall summary

We completed several inspections at this location under the previous provider of this service. The new provider was the lead GP in the previous partnership. As the previous history is relevant to the current provider, we have made reference to it during this report.

We have carried out inspections at the previous provider Dr Jones Sr Practice / Rigg Milner Medical Centre on 30 October 2018, 19 March 2019, 4 June 2019 and 20 August 2019. The practice had remained in special measures since our inspection of 30 October 2018. We were due to inspect the practice again, as part of our review of the practice, however, there was a change in provider which delayed this process.

We then carried out an announced comprehensive inspection at Rigg Milner Medical Centre on 24 February 2020 to rerate the practice and to ensure that improvements had been made.

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 **requires improvement** overall.

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

- Non-clinical staff did not have the level of safeguarding training recommended by latest guidance.
- It was not clear whether actions required from a fire risk assessment had been taken.
- There was an ongoing lack of evidence that all appropriate actions to reduce the risk of legionella were being completed.
- The system for monitoring patients prescribed warfarin did not provide assurance that the results of blood monitoring tests were checked prior to prescribing a repeat prescription.

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

- We identified a small number of patients who were not receiving appropriate treatment for a long-term condition.
- Performance for childhood immunisations and cervical screening was lower than national targets.
- There was no process for checking whether consent had been sought appropriately.

Some of these areas affected all population groups so we rated all population groups as requires improvement.

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

- Feedback from patients, from a variety of sources, around their experience at the practice was mixed.
- For all five GP patient survey questions relating to this key question, there was deterioration in satisfaction levels from 2018 to 2019.

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

- People were not always able to access care and treatment in a timely way.
- Patient feedback, from a variety of sources, regarding access to appointments was mixed.

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

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

- There were not always clear responsibilities, roles and systems of accountability to support good governance and management.
- There were processes for managing risks, issues and performance. However, they were still not fully effective.
- The practice involved the public, staff and external partners to sustain high quality and sustainable care. However, they did not have effective systems for acting on patient feedback.

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

- 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).

Overall summary

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

- Ensure that where actions are identified from a risk assessment, there is a clear, documented track of actions taken.
- Continue to monitor and improve the practice performance for cancer screening and childhood immunisations.
- Improve the effectiveness of the quality improvement and audit.
- Review confidentiality arrangements for receptionists handling calls at the front reception desk.

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

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 Rigg Milner Medical Centre

The service is provided by Dr Reshma Rasheed and is based at Rigg Milner Medical Practice in East Tilbury. The practice provides services via a General Medical Services contract (GMS). They are based within the Thurrock Clinical Commissioning Group (CCG).

The practice is registered with the CQC to carry out the following regulated activities - diagnostic and screening procedures, surgical procedures, family planning services, maternity and midwifery services and treatment of disease, disorder or injury. The practice has two sites at which it provides regulated activities; one at East Tilbury and one at Corringham. We visited both branches as part of our inspection.

The practice has one female GP, who is supported by several long-term locums, a number of nursing staff and a number of administrative and clerical staff including an operations manager.

The practice is part of a primary care network (PCN) of local GP practices. At the time of our inspection there were approximately 6252 patients on the practice list. When the practice is closed, out of hours cover for emergencies is provided by 111. There are slightly higher numbers of patients aged 65+ registered at the practice. Both female and male life expectancy is higher at the practice compared with the CCG average. 95.2% of the practice population are white, with the remainder being of mixed race, Asian, black or other ethnicity.

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 17 HSCA (RA) Regulations 2014 Good governance **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 mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk:** • Despite being identified at previous inspections, there was still no system for the completion of flushing to reduce the legionella risk. • The system for checking results of blood monitoring tests, prior to repeat prescribing of Warfarin, did provide assurance that a check had been completed due to a lack of documentation. • Two patients diagnosed with Atrial Fibrillation, were not prescribed appropriate medicine to reduce the risk of a stroke. • The practice did not have an effective system to act on feedback from relevant persons to improve patient satisfaction with the services provided. • Governance systems and processes were not fully embedded.