

Ryalls Park Medical Centre - Yeovil

Inspection report

Ryalls Park Medical Centre
Marsh Lane
Yeovil
Somerset
BA21 3BA
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www.ryallsparkmc.net

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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

Previously we carried out an announced comprehensive inspection on 1 and 25 July 2019. We served warning notices on the provider for breaches of Regulation 17 Good governance and Regulation 12 Safe care and treatment of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the quality of care they are responsible for fell below expected standards and legal requirements. Following our inspection in July 2019 the practice was rated as inadequate overall and placed into special measures.

We carried out an announced, focused follow-up inspection at Ryalls Park Medical Centre on 5 November 2019 to confirm that the practice had met the legal requirements in relation to the warning notices served after our previous inspection in July 2019. We found that improvements had been made to address the breaches of Regulation 12 Safe care and treatment. However, not enough had been done to address the breaches identified in the warning notice issued for the breach of Regulation 17 (Good governance). We served a further warning notice to the provider for breaches of regulations 17 Good governance.

We carried out an announced comprehensive follow-up inspection at Ryalls Park Medical Centre on 3 March 2020. This was to follow up on the special measures which had been applied to the practice following our inspection in July 2019. It was also to confirm that the practice had met the legal requirements in relation to the warning notice serviced after our previous inspection in November 2019.

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.

At this inspection we found that improvements had been made to the practice's systems but not all processes were embedded. We were satisfied that sufficient progress against the warning notice issued for a breach of Regulation 17 (Good Governance) had been made.

This service was placed in special measures in September 2019 in order for the provider to take steps to improve the quality of the services it provided. I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service.

We have rated the practice as requires improvement overall.

We found that:

- The practice did not have a system to identify vulnerable adults on their system.
- Systems to conduct disclosure and barring service checks in line with practice policy, were not embedded.
- Systems to act on concerns identified in the infection prevention and control audit, were not embedded.
- The practice did not always hold appropriate emergency medicines.
- Staff did not always have appropriate authorization before administering medicines.
- The practice did not have a formal process to review unplanned admissions or readmissions.
- The practice was unable to demonstrate actions taken to address concerns raised through national patient surveys.
- Appropriate information on how to complain was not always available to patients.
- Processes to support good governance were not fully embedded.

These areas affected all population groups so we have rated all population groups as requires improvement. However, there were areas of positive care.

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

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

- Continue to identify ways to improve uptake for cervical screening.

Overall summary

- Identify and implement actions to address areas of concern following patient feedback.
- Ensure appropriate information is available for patients who want to complain.
- Ensure staff complete equality and diversity training.
- Continue to monitor and improve outcomes for patients with long-term conditions and mental health conditions.

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

Rosie Benneyworth

Chief Inspector of PMS 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 was led by a CQC inspector. The team included a GP specialist advisor, a second CQC inspector and a practice manager specialist advisor.

Background to Ryalls Park Medical Centre - Yeovil

Ryalls Park Medical Centre – Yeovil is the registered provider of Ryalls Park Medical Centre.

Ryalls Park Medical Centre services are provided from

Marsh Lane

Yeovil

Somerset

BA21 3BA.

The practice delivers services under a general medical service contract to approximately 5,954 patients. The practice is situated in a purpose-built building in a residential area with parking a short distance from Yeovil Hospital.

The practice is registered with the Care Quality Commission to deliver the following regulated activities; Diagnostic and screening procedures; Family planning; Maternity and midwifery services; Surgical procedures and Treatment of disease, disorder or injury.

The practice's clinical team consists of two GP partners, two salaried GPs, two advanced nurse practitioners, two practice nurses and three health care assistants. They are supported by team of administrators and reception staff as well as a practice manager (registered manager) who is also a partner, an operations manager and two performance managers. The practice is also supported by an additional silent registered partner.

When the practice is not open patients can access treatment via 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> <ul style="list-style-type: none">• The practice had not conducted an overall health and safety risk assessment.• The practice had not addressed all items requiring action on their infection prevention and control audit.• There were not effective systems to ensure the practice held appropriate emergency medicines.• There were not effective systems to ensure staff had the appropriate authorisations before medicines were administered. <p>This was a breach of Regulation 12(2) 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 Surgical procedures Treatment of disease, disorder or injury | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met...</p> <ul style="list-style-type: none">• The practice did not always have appropriate policies to support governance oversight. For example, the practice did not have a significant event or a safeguarding adults policy.• Processes to ensure the practice was compliant with their disclosure and barring service (DBS) policy were not fully embedded.• Practice policies were not always fully comprehensive to give effective guidance to staff.• Monitoring processes were not fully embedded. For example, monitoring of fridge temperatures and emergency medicines. |

This section is primarily information for the provider

Requirement notices

- Internal processes were not always formalised to ensure effective oversight. For example, identifying vulnerable adults and reviewing unplanned admissions and readmissions.

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