Ryalls Park Medical Centre - Yeovil

Inspection report

Ryalls Park Medical Centre
Marsh Lane
Yeovil
Somerset
BA21 3BA
Tel: 01935434000
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	Inadequate
Are services safe?	Inadequate
Are services effective?	Inadequate
Are services caring?	Requires improvement
Are services responsive?	Inadequate
Are services well-led?	Inadequate

Overall summary

We carried out an announced comprehensive inspection at Ryalls Park Medical Centre over two days, 1st and 25 July 2019 following an Annual Regulatory Review and as part of our inspection programme, and in response to information received in. We previously inspected this service 28 April 2016 where we rated it Good overall. However, the issues with telephone access were raised as a concern that should have been addressed by the provider following the inspection process.

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, inadequate for safe, effective, responsive and well led and all of the population groups and requires improvement for the area of caring.

We found that:

- Work was in progress to improve the support provided to patients with long term and mental health conditions.
- The information about the immunisation status of staff was incomplete to support that staff vaccination was maintained in line with current Public Health England (PHE) guidance.
- There were gaps in the staff training to meet patients' needs for long-term conditions, although interim measures were in place until this was achieved.
- General feedback from patients was staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The difficulties in patient communication with the practice and obtaining an appointment during the last 12 months had resulted in an increased number of complaints but there was evidence this was beginning to settle.
- The practice had reviewed and put changes in place regarding how it organised and delivered services to meet patients' needs in response to concerns and feedback. However, it was too early to fully assess that these changes were having a sustained positive impact.
- Some changes in the practice partnership had affected the way the practice was led and managed and there was now a focus on improving and promoting the delivery of high-quality, person-centre care. However, it was too early to fully assess these changes were effective.
- The systems for the management of the service records was not well organised but plans were in place to improve how information and records were stored and monitored.
- The partnership had been slow to amend its registration with the CQC and about the changes in the partnership.

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

- Ensure care and treatment is provided in a safe way to patients with an effective programme of monitoring and support to meet their needs.
- 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:

- The practice should continue with their actions regarding the necessary Disclosure and Barring checks are in place for staff who undertake chaperone duties.
- The practice should continue to ensure staff acting as chaperones had the appropriate recruitment checks to guarantee patient safety.
- Continue with ensuring the actions required following the fire risk assessment are completed in a timely way and that a programme of fire training is sustained.
- The practice should sustain a programme of revisiting checks for safety alerts for high risk medicines so that patients are not missed from the monitoring systems.
- The practice should continue to implement its plans for audits so that there is a sustained system in place.
- The practice should continue to support staff to have the required training to meet the needs of the patients including long term conditions.
- The practice should continue to proactively identify patients with long-term, mental health conditions and carers to provide them with appropriate support.
- The practice should continue with improvements in its complaints handling processes so that complainant's feel they are listened to and that improvements are put in place for communication with secondary care.

Overall summary

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.

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	**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 Care Quality Commission (CQC) lead inspector**.** The team included two GP specialist advisers and a second CQC inspector.

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 is provided from one address, Marsh Lane, Yeovil, Somerset, BA21 3BA and delivers a general medical service 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. Information about Ryalls Park Medical Centre can be found on the practice website

According to information from Public Health England the practice area population is in the sixth least deprived decile in England. The practice population of children is above local and national averages at 23%. Likewise, the practice population of working age is above to local and national averages by at least 11%. The practice population of patients living with a long-term condition was above local and national averages at 58%, the CCG being 55% and national being 51%. Of patients registered with the practice, 97% are White or White British, 1.7% are Asian or Asian British, 0.3% are Black, and 0.2% considered themselves as 'Other'.

The provider has told us the practice team is made up of three GPs partners and two salaried GPs. There are two advanced nurse practitioners (ANP); two practice nurses; and three health care assistants. There are two health coaches and two primary care coordinators. The registered manager/practice manager who is a partner is supported by an operations manager, performance manager administrators, and patient liaison staff.

When the practice is not open patients can access treatment via the NHS 111 service.

The practice provides family planning, surgical procedures, maternity and midwifery services, treatment of disease, disorder or injury and diagnostic and screening procedures as their regulated activities.

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 12 CQC (Registration) Regulations 2009 Statement of purpose Section 29 Warning Notice: This was regarding: · There was not an effective method of identifying patients' needs or disease register with a programme of monitoring and support to meet their needs. · The records for the recruitment processes of staff did not support that a safe system was maintained so that appropriate staff were providing the service. · The system for infection control including maintaining staff immunisation status was not robust and carried out by appropriate trained staff. · The records for the maintenance of the service did not support that aspects such as fire, health and safety the assessment and mitigation of risks were effectively monitored. · The safety and wellbeing of patients was not supported with effective staffing so that sufficient clinical staff with the necessary skills were employed to meet patient's needs. · There was not a system for effective recorded information to support that prescribers' competencies and decision making was checked by GPs. · There was not an effective system to ensure that high risk medicines were prescribed safely.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance Section 29 Warning Notice: This was regarding:

This section is primarily information for the provider

Enforcement actions

Treatment of disease, disorder or injury

There was not an established effective systems and processes to ensure good governance in accordance with the fundamental standards of care. This included:

· An effective identification of patient's needs, including coding to ensure their needs were monitored and appropriate treatment and support provided.

· An effective system of audit and clinical audit.

· An effective system for responding and acting on patient and other health care professionals' feedback.

· Records were not adequately maintained to support that safe working practices were in place for the management of the building and the delivery of the service such as staff recruitment, employment, training and supervision and appraisal.

· There was limited evidence that there was a cohesive system of governance in place to drive change to improve how the service was delivered including ensuring that a safe and effective service was provided.