

RHR Medical Centre

Quality Report

Calverton Drive
Strelley
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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.

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Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at RHR Medical Centre on 11 May 2017 and 23 May 2017. The overall rating for the practice was requires improvement with a rating of inadequate for providing well-led services. The full comprehensive report from May 2017 can be found by selecting the 'all reports' link for RHR Medical Centre on our website at www.cqc.org.uk.

The overall rating of requires improvement will remain unchanged until we undertake a further full comprehensive inspection of the practice within the six months of the publication date of the report from May 2017.

This inspection was a focused inspection carried out on 1 December 2017 to confirm that the practice had taken the required action to meet the legal requirements in relation to the breach in regulation set out in a warning notice issued to the provider. The warning notice was issued in respect of a breach of regulation related to good governance.

Our key findings were as follows:

- The practice had complied with the warning notice we issued and had taken the action needed to comply with legal requirements.
- New systems had been introduced to ensure staff were provided with the training relevant to their role.

Summary of findings

- Systems to identify, monitor and mitigate risk had been improved in respect of risks related to fire and legionella.
- Systems to monitor access to appointments had been improved and there was additional GP capacity.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

RHR Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team included a CQC inspector and a CQC inspection manager.

Background to RHR Medical Centre

RHR Medical Centre provides primary medical services to approximately 3000 patients in the Strelley area of Nottingham. The practice is located at Calverton Drive, Strelley, Nottingham, NG8 6QN. This is an area of high deprivation falling into the most deprived decile. All patient services are provided on the ground floor and the practice operates from purpose-built premises.

RHR Medical centre is part of The Beechdale Medical Group. The Beechdale Medical Group provides services from three other locations: Strelley Health Centre, The Beechdale Surgery, and The Boulevard Medical Centre. The practices are situated in the NG8 district of Nottingham and the combined list size of the four practices is approximately 12,650. Each practice holds a Primary Medical Services (PMS) contract with Nottingham City CCG and has a separate patient list. Patients registered with any practice within the Beechdale Medical Group can access appointments at all locations. Additional services provided at Beechdale surgery are also available to patients at this practice.

The provider is registered for the provision of the following regulated activities from RHR Medical Centre:

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

Beechdale Medical Group is a partnership between a GP and nurse practitioner. The clinical team working at RHR Medical Centre comprises of three regular GP locums, a part-time practice nurse and health care assistant. A full time practice manager and a team of reception and administrative staff support the clinical team.

The practice has opted out of providing out-of-hours services to its own patients. This service is provided by NEMS and is accessed via 111.

Why we carried out this inspection

We undertook an announced comprehensive inspection of RHR Medical Centre on 11 May 2017 and 23 May 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement with a rating of inadequate for providing well-led services. The full comprehensive report following the inspection in May 2017 can be found by selecting the 'all reports' link for RHR Medical Centre on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of RHR Medical Centre on 1 December 2017. This inspection was carried out to ensure the practice had complied with the warning notice issued in August 2017 and to confirm that the practice was now meeting legal requirements.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

At our previous inspection on in May 2017, we rated the practice as inadequate for providing well-led services as governance systems were not being operated effectively. This was due to issues identified in the following areas:

- **Systems to improve access to appointments**
- **Processes for ensuring staff received training appropriate to their role**
- **Systems to identify, monitor and mitigate risk**

We issued a warning notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 1 December 2017.

- Access to appointments was closely monitored. Improvements had been made to the website for the group of practices to ensure there was clear information was patients about how they could access services across the group of practices. Additional GP capacity had been recruited to the practice group.
- Infection prevention and control arrangements had been clarified; this included the identification of the infection and prevention control lead and the completion of infection control training by all staff.
- Systems for the management and recording of training had been significantly improved. New spreadsheets had

been developed to support the recording of training for each member of staff which identified the training required specific to their role. Staff had completed training defined as mandatory by the practice. This included CPR (cardio pulmonary resuscitation) training.

- A fire risk assessment had been undertaken for the premises. Staff had undertaken fire safety training. A recent fire drill had been undertaken.
- The practice had made arrangements for a risk assessment to be undertaken in respect of the risk of legionella. Systems had been implemented to record the regular running of taps and legionella testing was undertaken.
- Arrangements to record information related to incidents including significant events and complaints had been significantly improved. Recording forms were completed in full and identified learning and actions. Completed forms demonstrated events had been investigated and reviewed. The practice had developed systems to log complaints and significant events. The system highlighted when events were due for review and those still open. In addition, significant events and complaints were categorized according to any themes enabling the practice and the wider group of practice to identify any trends and to share learning across the group.
- Information about the quality of the service provided was reviewed and analysed; this included analysis of the survey undertaken by the practice.