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.
Overall summary

Previously we carried out an announced comprehensive inspection at Rooksdown Practice on 22 January 2019 to follow up on breaches of regulations identified at a previous inspection in January 2018.

We served warning notices to the provider following breaches of regulations 17, Good governance, 18, Staffing and 9, Person centred care, of the Health and Social Care Act 2008. We also issued a requirement notice in relation to regulation 12, Safe care and treatment. Following our inspection in January 2019, the practice was rated as inadequate overall and placed into special measures.

We carried out an announced focused follow-up inspection at Rooksdown Practice on 15 March 2019 to confirm if the practice had met the legal requirements in relation to the warning notices served after our previous inspection in January 2019. We found that not enough had been done to meet the legal requirements and we served warning notices to the provider following breaches of regulations 17 Good governance.

We carried out an announced focused follow-up inspection at Rooksdown Practice on 12 June 2019 to confirm that the practice had met the legal requirements in relation to the warning notice serviced after our previous inspection in March 2019. This report covers our findings in relation to that warning notice only.

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 governance systems but not all processes were embedded. We were satisfied that sufficient progress against the warning notice had been made.

We found that:

• The practice’s system to ensure the medicine fridge temperatures were regularly checked and recorded was not fully embedded.
• The practice’s system for ensuring emergency medicines and equipment were checked was not consistent.
• Systems to ensure patient dignity were not embedded.
• Systems had been implemented to monitor the outcomes of care and treatment but these were not yet embedded.
• Fire safety processes had improved.
• Processes to encourage staff engagement had improved.

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.
• Ensure the care and treatment of patients is appropriate, meets their needs and reflects their preferences.
• Ensure care and treatment is provided in a safe way to patients.
• Ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons are deployed to meet the fundamental standards of care and treatment.
• Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.

The full report published on 29 March 2019 should be read in conjunction with this report. The practice remains in special measures until a full comprehensive inspection is carried out by the Care Quality Commission. Therefore, the overall rating remains inadequate.

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

Rosie Benneyworth
Chief Inspector of General Practice
Population group ratings

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP 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.

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.
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.

<table>
<thead>
<tr>
<th>Regulated activity</th>
<th>Regulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic and screening procedures</td>
<td>Regulation 17 HSCA (RA) Regulations 2014 Good governance</td>
</tr>
<tr>
<td>Family planning services</td>
<td><strong>How the regulation was not being met…</strong></td>
</tr>
<tr>
<td>Maternity and midwifery services</td>
<td>• The practice's policies did not always contain up to date information. The safeguarding policy did not identify who the current safeguarding lead was for both sites.</td>
</tr>
<tr>
<td>Surgical procedures</td>
<td>• The practice's systems for monitoring patients on high risk medicines did not ensure that all patients taking these medicines had received the appropriate monitoring.</td>
</tr>
<tr>
<td>Treatment of disease, disorder or injury</td>
<td>• Systems to monitor patient outcomes was not yet embedded.</td>
</tr>
<tr>
<td></td>
<td>• Systems to ensure patient dignity were not embedded.</td>
</tr>
<tr>
<td></td>
<td>• The system to ensure emergency medicines and equipment was checked was inconsistent and not embedded in practice.</td>
</tr>
<tr>
<td></td>
<td>• The system to monitor medicine fridge temperatures was not embedded.</td>
</tr>
<tr>
<td></td>
<td><strong>This was in breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Regulated activity</th>
<th>Regulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic and screening procedures</td>
<td>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</td>
</tr>
<tr>
<td>Family planning services</td>
<td><strong>How the regulation was not being met…</strong></td>
</tr>
<tr>
<td>Maternity and midwifery services</td>
<td><strong>The provider had failed to ensure care and treatment of service users was appropriate and met their needs:</strong></td>
</tr>
<tr>
<td>Surgical procedures</td>
<td>• The provider could not demonstrate that patients with long-term conditions received appropriate care and treatment which met their needs.</td>
</tr>
<tr>
<td>Treatment of disease, disorder or injury</td>
<td></td>
</tr>
</tbody>
</table>
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
- Diagnostic and screening procedures
- Family planning services
- Maternity and midwifery services
- Surgical procedures
- Treatment of disease, disorder or injury

### Regulation
- 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.

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

### Regulation
- Regulation 18 HSCA (RA) Regulations 2014 Staffing
  
  **How the regulation was not being met…**

  The provider had not ensured that there were sufficient numbers of suitably qualified, competent, skilled and experienced persons.

  The provider had not ensured that staff received appropriate support, training, supervision and appraisal.

  In particular we found:
• Not all staff had received necessary training as set out in the practice policy.
• Staff had not received training on how to implement the practice's triage protocol.
• Not all staff had received an appraisal.
• The prescribing practices of advanced nurse practitioners was not monitored and they were not given clinical supervision.
• The availability of clinical staff was inconsistent and did not meet patient need.
• The practice did not have a system to effectively cover staff absences.

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