

# Jubilee Park Medical Partnership

## Inspection report

61 Burton Road  
Carlton  
Nottingham  
NG4 3DQ  
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[www.parkhousemedicalcentre.com](http://www.parkhousemedicalcentre.com)

Date of inspection visit: 07 December 2022  
Date of publication: 09/02/2023

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

Inspected but not rated



Are services safe?

Inspected but not rated



Are services effective?

Inspected but not rated



Are services responsive to people's needs?

Inspected but not rated



Are services well-led?

Inspected but not rated



# Overall summary

We carried out an announced follow-up inspection at Jubilee Park Medical Partnership on 7 December 2022 to review compliance with the warning notices served following our previous inspection on 6 October 2022.

In October 2022 the practice was rated as inadequate overall. The Safe, Effective, Responsive and Well-led questions were rated as inadequate and the caring question was rated as requires improvement.

This follow-up inspection on 07 December 2022 was to review compliance with the four warning notices which had to be met by 30 November 2022, but the inspection was not rated. The ratings from October 2022 therefore still apply and will be reviewed at a further inspection to take place within six months of the publication of the October inspection report. The practice remains in special measures.

The full reports for previous inspections can be found by selecting the 'all reports' link for Jubilee Park Medical Partnership on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Why we carried out this inspection

This inspection was a review of information, which included a remote review of clinical records and a site visit.

To check compliance with the warning notices served for breaches in Regulation 12 Safe care and treatment, Regulation 17 Good Governance, Regulation 16 Receiving and acting on complaints and Regulation 15 Premises and equipment.

## How we carried out the inspection

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included:

- Completing clinical searches on the practice's patient records system (this was with consent from the provider and in line with all data protection and information governance requirements).
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- A short site visit.

## Our findings

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 not rated this practice as the rating remains unchanged until we have completed a further inspection incorporating all relevant key questions.**

Actions had been taken to address most of the areas of the breaches identified in the warning notices and it was evident improvements had been made. However, some required actions were not yet fully completed or embedded.

We found that:

# Overall summary

- The system to manage complaints information had improved since the last inspection.
- The system to manage significant events had improved since the last inspection.
- The practice had a comprehensive programme of quality and improvement activity.
- The practice had addressed some of the concerns in relation to the premises and equipment. However, further improvements were still required. For example, in relation to legionella and management of vaccines.
- The practice was able to show that staff had the skills, knowledge and experience to carry out their roles.
- There remained gaps in systems to assess, monitor and manage risks to patient safety. For example, in relation to legionella and infection control.
- Leaders could demonstrate that they had the capacity and skills to deliver high quality sustainable care.
- The overall governance arrangements had improved.

We found a continued breach of regulations. The provider must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The inspection was not rated and therefore the ratings remained unchanged. The practice continues to be in special measures and will receive a further inspection to review progress in all areas within six months of the original inspection report publication date.

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

**Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA**

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

## Our inspection team

Our inspection team was led by a CQC lead inspector and a second CQC inspector who undertook a site visit. The team also included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location. Following the onsite inspection another CQC inspector also spoke with staff using video conferencing facilities.

## Background to Jubilee Park Medical Partnership

Jubilee Park Medical Partnership is located in Nottingham at:

61 Burton Road

Carlton

Nottingham

Nottinghamshire

NG4 3DQ

The practice has a branch surgery at:

Jubilee Park Medical Partnership - Lowdham Branch

Francklin Road

Lowdham

Nottingham

NG14 7BG

There is a dispensary located at the Lowdham branch site. We visited both sites as part of our inspection.

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services and treatment of disease, disorder or injury and surgical procedures. These are delivered from both sites.

The practice offers services from both a main practice and a branch surgery. Patients can access services at either surgery.

The practice is situated within the Nottingham Integrated Care Board (ICB) and delivers General Medical Services (GMS) to a patient population of about 12,423. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices called Synergy Health Primary Care Network encompassing four local GP practices.

Information published by Public Health England shows that deprivation within the practice population group is in the highest decile (10 of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 93.8% White, 2.1% Asian, 2.1% Mixed, 1.8% Black and 0.2% Other.

There is a team of 2 GP partners and 4 salaried GPs and locum GPs who provide cover at both the practice and branch site. The practice has a team of 5 nurses who provide nurse led clinics for long-term conditions at both the main and the branch locations. The GPs are supported at the practice by a team of care coordinators and administration staff. The practice has a quality manager, business manager and operations manager who work between the locations to provide managerial oversight.

The practice main site is open between 8 am to 6:30pm Monday to Friday. The branch site is open 8am to 6:30pm Monday, Tuesday, Wednesday and Friday and 8am to 12:30pm on Thursdays. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Extended access is provided by the practice, where late evening appointments are available. Out of hours services are provided by Nottingham East Midlands Community Benefit Services Ltd.

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 were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury Surgical procedures	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2009 (Regulated Activities) Regulation 2014.</p> <ul style="list-style-type: none"><li>• The provider had systems or processes in place that required further work and embedding. For example, in relation to oversight of legionella, infection control, management of vaccines and management of tasks.</li></ul> <p>This was in breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>