

Parkside Surgery

Quality Report

Alfreton Primary Care Centre

Alfreton

Derbyshire

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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 service

Good



Are services safe?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Parkside surgery on 11 August 2016. The overall rating for the practice was good. The practice was rated as good in all domains except for the 'safe' domain which was rated as 'requires improvement'. We found breaches of legal requirements (regulations) relating to the safe domain. The full comprehensive report on the August 2016 inspection can be found by selecting the 'all reports' link for Parkside surgery on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 3 April 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 11 August 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good.

Our key findings were as follows:

- The practice had an effective system in place to ensure that all medicines were in date.

- The practice had a secure storage system for blank prescription forms and pads and a comprehensive, safe and effective tracking system in place.
- The practice had reviewed its staffing levels and skill mix to ensure that they met the needs of patients.
- Our previous inspection highlighted that the practice should continue to strengthen the systems in place for recalling and reviewing patients to improve patient outcomes. Action had been taken to address this and we observed a satisfactory system was in place for recalling patients who did not attend their scheduled health review. The outcome of these changes were reflected in improved data from the Quality and Outcomes Framework.
- The practice had identified a practice nurse to manage recalls for patients with a learning disability. This has resulted in an achievement of 87% attendance for a health review in the preceding 12 months.
- We also found that practice had recently engaged with its practice population and involved eight local schools in producing a new logo for the practice. They had involved practice staff and the patient participation group (PPG) in selecting the winners and had presented the winners with a prize. In addition, each participating school was provided with an art pack.

Summary of findings

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

- We found there was an effective system in place to ensure that all medicines were in date.
- The practice had appointed a practice nurse as the lead person responsible for ensuring that new checking processes were carried out
- We saw evidence of checks being recorded and that the practice's protocol for storing medicines had been reviewed and amended.
- The practice had reviewed its staffing levels and skill mix to ensure that they met the needs of patients.
- The practice had an effective system in place for storing and monitoring blank prescription pads and forms.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The provider had resolved the concerns for safety at our inspection on 3 April 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People with long term conditions

The provider had resolved the concerns for safety at our inspection on 3 April 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Families, children and young people

The provider had resolved the concerns for safety at our inspection on 3 April 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Working age people (including those recently retired and students)

The provider had resolved the concerns for safety at our inspection on 3 April 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People whose circumstances may make them vulnerable

The provider had resolved the concerns for safety at our inspection on 3 April 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for safety at our inspection on 3 April 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Parkside Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC inspector undertook the focussed inspection of Parkside surgery

Background to Parkside Surgery

Parkside surgery provides primary medical services to approximately 9740 patients through a primary medical services contract (PMS).

The practice is located within Alfreton Primary Care Centre (a purpose built premises) and has been providing services from its current location since 2007. A range of multi-disciplinary professionals are based within the health centre and this includes health visitors, district nurses, audiology, retinal screening, podiatry and dental service.

The level of deprivation within the practice population is in line with the national average with the practice population falling into the fifth most deprived decile. Income deprivation affecting children and older people is also in line with local and national averages.

The clinical team comprises three GP partners (male), four salaried GPs (two female and two male), a GP registrar, two advanced nurse practitioners, a prescribing nurse, two practice nurses, a healthcare assistant, and a clinical pharmacist.

Parkside surgery is a training practice for GP registrars and nursing students. The clinical team is supported by a

practice manager, IT manager, a team of secretarial, reception and administrative staff. A care coordinator is attached to the practice and they are employed by Derbyshire community health services.

The practice opens from 8am to 6.30pm daily with the exception of Tuesday when the practice is open from 7.30am to 8pm. Consulting times are generally from 8am to 12.30am each morning and from 3.30pm to 6pm. Extended hours appointments are offered on Tuesday mornings from 7.30am to 8am and Tuesday evenings from 6.30pm to 8pm. The practice has opted out of providing out-of-hours services to its own patients. This service is provided by Derbyshire Health United (DHU) and is accessed via 111.

Why we carried out this inspection

We undertook a comprehensive inspection of Parkside surgery on 11 August 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for the safe domain and good overall. The full comprehensive report following the inspection on Month Year can be found by selecting the 'all reports' link for Parkside surgery on our website at www.cqc.org.uk.

We undertook a followup focused inspection of Parkside surgery on 3 April 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

Detailed findings

How we carried out this inspection

We carried out a focused inspection of Parkside surgery on 3 April 2017.

During our visit we:

- Spoke with a range of staff (practice manager, GP partner, practice nurse, receptionist and recall administrator)
- Reviewed practice protocols, checklists and records.
- Looked at medicines that were stored at the practice

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

At our previous inspection on 11 August 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of checking expiry dates of medicines were not adequate. We also recommended that the provider should improve the storage of blank prescription pads and forms and ensure that the levels of staff and skills mix met the needs of patients.

These arrangements had significantly improved when we undertook a follow up inspection on 3 April 2017. The practice is now rated as good for providing safe services.

Following the inspection, the practice wrote to us to confirm what action they had taken to address the above issues. This inspection found that the provider had taken appropriate action to keep people safe and meet the legal requirement.

Overview of safety systems and process

- We found there was an effective system in place to ensure that all medicines were in date. The practice had reviewed and amended their protocol for storage of

medicines and had appointed a practice nurse as the lead person responsible for ensuring that new checking processes were carried out and that checks were recorded.

- Medicines stocks were rotated and expiry dates were checked weekly and records kept. Checks were audited by the practice manager.
- The number of places where medicines were kept had been reduced and were restricted to clinical rooms which were accessible to clinicians. We checked a random sample of medicines in each medicines cupboard and fridge and found that all those we checked were in date. We saw evidence of checks being recorded and that the practice's protocol for storing medicines was being followed.
- We observed that the practice manager and partners held a monthly meeting to discuss fulfilment of the clinical staff rota for the next 10 weeks ahead. We looked at the rota fulfilment since the August 2016 inspection and found that the practice had achieved their target of eight to 10 clinical sessions per day. The practice had recruited and inducted one new GP Partner, one salaried GP, two advanced nurse practitioners (ANP) and one pharmacist advisor.
- The practice had a secure storage system for blank prescription forms and pads and a comprehensive, safe and effective tracking system in place.