

Dr Pal & Partners

Inspection report

Royton Health Wellbeing Centre
Park Street, Royton
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Lancashire
OL2 6QW
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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.

Overall summary

On 14 June 2018 we carried out a full comprehensive inspection of Dr Pal & Partners, Royton Health Wellbeing Centre, Park Street, Royton, Oldham, OL2 6QW. Oldham Medical Services. The practice was given an overall rating of requires improvement with the following domain ratings:

Safe – Inadequate

Effective – Requires improvement

Caring – Good

Responsive – Good

Well-led – Requires improvement.

A requirement notice was issued in respect of Regulation 17 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 (good governance). On 25 June 2018 warning notices were issued in respect of Regulation 12 of the Health & Social Care Act 2008

(Regulated Activities) Regulations 2014 (safe care and treatment), Regulation 18 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 (staffing) and Regulation 19 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 (fit and proper persons employed). The warning notices stated the provider must be compliant with the regulations by 30 September 2018.

On 2 November 2018 we carried out a focused inspection to check that the practice had met the requirements of the warning notices. We found that although the improvements had been made in relation to Regulations 12 and 18, some improvements were still required in relation to Regulation 19 (fit and proper persons employed).

In particular we found:

- Not all the required pre-employment checks had been completed for staff who had started their employment following the June 2018 inspection.
- Up to date fire risk assessments were in place for both surgeries and appropriate safety checks were carried out.
- Health and safety checks were carried out at both surgeries.
- A risk assessment had been carried out to determine what emergency medicines should be held at the surgeries.
- Training was monitored and staff had completed appropriate training.
- Staff appraisals had been carried out although some records included little input from the appraiser.
- A staff induction template was in use and all new staff had completed an induction to the practice.

The rating of requires improvement awarded to the practice following our full comprehensive inspection on 14 June 2018 remains unchanged. The practice will be re-inspected and their rating revised if appropriate in the future.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Please refer to the detailed report and the evidence tables for further information.

Our inspection team

The service was inspected by a CQC lead inspector.

Background to Dr Pal & Partners

Dr Pal & Partners (also known as The Parks Medical Practice) has GP practice surgeries on two sites; they have a main surgery in Royton and a branch surgery in Shaw. The practice addresses are:

- Royton Health and Wellbeing Centre, Park Street, Royton, Oldham, OL2 6QW, and
- High Crompton Surgery, 164 Trent Road, Shaw, Oldham, OL2 7QR – branch location.

The practice is registered to carry out the regulated activities:

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

Royton Health and Wellbeing Centre is a large modern building where another GP practice and other health services are also located. High Crompton Surgery (the branch surgery) is located in a row of terraced shops.

There are three GP partners working between the two surgeries, two male and one female. One of the partners is not yet registered with the CQC. There are also two practice nurses, a healthcare assistant, a practice manager and administrative and reception staff.

There are approximately 6050 patients registered with the practice, and patients can book appointments at the surgery of their choice. The practice has a Primary Medical Services (PMS) contract and is a member of Oldham NHS clinical commissioning group. The practice has a website that contains comprehensive information about what they do to support their patient population and the in house and online services offered.

The practice is situated in an area at number six on the deprivation scale (the lower the number, the higher the deprivation). People living in more deprived areas tend to have greater need for health services.

When the practice is closed out of hours services are provided by Go To Doc Limited, via NHS111.

Are services safe?

We did not inspect the safe domain in full at this inspection. We inspected only those aspects mentioned in the warning notices issued on 25 June 2018.

- An up to date fire risk assessment was in place for both surgeries. We saw evidence that final work to be completed at High Crompton Surgery was due to be signed off on the day of our inspection.
- We saw evidence of fire safety checks and fire evacuations taking place at both surgeries. These included fire alarm tests and fire extinguisher checks.
- We saw evidence that health and safety risk assessments had been carried out at both surgeries. Any issues had been immediately actioned.
- We saw evidence that a risk assessment had taken place on 12 July 2018 to determine what emergency medicines should be held at the surgeries. It had been decided to add additional medicines to the emergency trolley.

- We examined the personnel files of three staff who had been employed since our inspection in June 2018. A full employment history was not held for one staff member. The reasons previous jobs, including jobs with children, had ended had not been explored by the practice. We also found no evidence of identity was held for one of the newest staff members. Following the inspection the practice informed us that all the required information was now recorded and held in personnel files.
- There was a system in place to check the professional registration of all clinicians. Evidence of medical indemnity insurance was also held for clinicians.

Please refer to the evidence tables for further information.

Are services effective?

We did not inspect the effective domain in full at this inspection. We inspected only those aspects mentioned in the warning notice issued on 25 June 2018.

- We saw evidence that training information for all staff had been reviewed and an up to date training record was held. Where it had been identified staff had gaps in their training we saw the training had been brought up to date. Training was now monitored by the practice manager.
- Staff appraisals had been brought up to date and the personnel files we examined showed that staff,

including clinical staff, had received an appraisal in the previous 12 months. Some appraisal records had very little input from their appraiser, and in one case an appraisal self-assessment had been signed by the appraiser with no comments being made.

- We saw evidence that all staff who had started work since our inspection of June 2018 had gone through a practice induction. This had been documented and signed by the staff member and practice manager.

Are services caring?

We did not inspect the caring domain at this inspection.

Are services responsive to people's needs?

We did not inspect the responsive domain at this inspection.

Are services well-led?

We did not inspect the well-led domain at this inspection.