

Park House

Quality Report

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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



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

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 Park House on 11 November 2016. The overall rating for the practice was good. The full comprehensive report on the November 2016 inspection can be found by selecting the 'all reports' link for Park House on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 27 June 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 November 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice rating remains good and is unchanged following this inspection.

Our key findings were as follows:

- The practice had ensured procedures were in place for the proper and safe management of medicines. A controlled drugs register, appropriate vaccination stock control and audit were in place along with a procedure for monitoring and controlling the stock of other medicines.
- The practice had reviewed its processes to enable learning from significant events to be shared with all the practice team and documented.

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?

The practice is rated as requires improvement for providing safe services.

- Appropriate procedures were in place for the proper and safe management of medicines.
- The practice had fully recorded all significant events and kept a risk register which detailed risks raised, details of action taken and a date for review. Events had been discussed with the practice manager who had then disseminated information to other staff.

Good



Are services effective?

This was previously rated on 11 November 2016.

Good



Are services caring?

This was previously rated on 11 November 2016.

Good



Are services responsive to people's needs?

This was previously rated on 11 November 2016.

Good



Are services well-led?

This was previously rated on 11 November 2016.

Good



Summary of findings

Park House

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist adviser.

Background to Park House

Park House provides primary care services to its registered list of approximately 3996 patients. The practice is situated and the inspection was conducted at 2 St Georges Road, Stoke, Coventry. The practice catchment area is classed as within the group of the fourth most deprived areas in England relative to other local authorities. For example, income deprivation affecting children was 28% compared to the national average of 20%. The practice has a General Medical Services (GMS) contract. A GMS contract is a contract between NHS England and general practices for delivering general medical services.

There are two GP partners, two regular GP locums, three are male and one female. There are two practice nurses and are supported by a practice manager and administration staff.

The practice is located on two floors, the ground floor contains reception, waiting areas, consulting rooms, disabled toilet facilities and a treatment room, whilst the first floor contains administration offices. There is step free access into the building and access for those in wheelchairs or with pushchairs.

The practice was open between 8.30am and 6.30pm each day with the exception being Thursday when the practice closed at 12.30pm. The practice offers 'open access' meaning that patients could attend the practice without an appointment and be seen by a GP. There is however an

option for appointments to be made. Surgery times are between 8.40am and 11.15am each morning and 4pm until 6pm each evening. We were also told that GPs would begin surgeries prior to 8.40am if there was patient need. The practice is closed at weekends.

The practice does not provide an out-of-hours service but has alternative arrangements in place for patients to be seen when the practice is closed. For example, if patients call the practice when it is closed, an answerphone message gives the telephone number they should ring depending on the circumstances. The practice uses the Coventry & Warwickshire Partnership Trust to provide this out-of-hours service to patients.

Why we carried out this inspection

We undertook a comprehensive inspection of Park House on 11 November 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good. The full comprehensive report following the inspection in November 2016 can be found by selecting the 'all reports' link for Park House on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Park House on 27 June 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.

How we carried out this inspection

During our inspection we:

Detailed findings

- Spoke with the practice manager and reception manager.
- Reviewed information provided by the practice prior to the inspection.
- Spoke with GPs, nursing, reception and administration staff.

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 November 2016 we rated the practice as requires improvement for providing safe services. The arrangements regarding protecting patients were not adequate in terms of medicines management, recording and learning from significant events procedures and the physical security of the dispensary.

Overview of safety systems and processes

The follow up inspection showed that improvements had been made:

- The practice had fully recorded all significant events and kept a register which detailed risks raised, details of action taken and a date for review. Since our inspection in November 2016, we saw a further four significant events had occurred. We saw these had been appropriately recorded, discussed with staff directly involved and also fully discussed within practice meetings. We saw written records of these conversations and minutes of meetings to confirm this. We also spoke with staff who confirmed these discussions had taken place.
- Part of the discussion with staff included the learning outcomes from these significant events. For example, one significant event required retraining for staff involved with the incident. We saw records to confirm this retraining had occurred.

Overview of safety systems and processes

The follow up inspection showed that the practice had introduced appropriate procedures for the safe management of medicines:

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice ensured patients were kept safe. A controlled drugs register had been introduced, however since our inspection in November 2016, the practice had disposed of all controlled drugs and none were now kept on the premises. The controlled drugs register showed that stocks had been correctly disposed of and none were now held.
- A revised procedure for the stock control for other drugs had been introduced. Stock was checked daily and recorded on a register against each patient's electronic patient record number when stock was issued. At the end of each day, records of stock used were checked against the main stock control record to ensure all medicines had been accounted for.
- A procedure was in place to take appropriate action if a discrepancy was found with stocks of any medicine.
- We saw minutes of meetings and records of training to demonstrate that all staff had received training on the new arrangements for managing medicines.

Are services effective?

(for example, treatment is effective)

Our findings

This was previously rated on 11 November 2016.

Are services caring?

Our findings

This was previously rated on 11 November 2016.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

This was previously rated on 11 November 2016.

Are services well-led?

Good 

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

Our findings

This was previously rated on 11 November 2016.