

Park View Medical Centre

Inspection 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 location

Requires improvement 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Requires improvement 

Overall summary

We carried out an announced comprehensive inspection at Park View Medical Centre on 8 May 2019 as part of our inspection programme. The inspection was triggered by a change in registration status with the Care Quality Commission (CQC). The practice was previously registered a single-handed GP but became a partnership which registered with the CQC on 4 March 2019.

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 rated this practice as requires improvement for providing safe and well-led services, and this led to an overall rating of requires improvement.

We rated the practice as **requires improvement** for providing safe services because:

- The practice did not have appropriate systems in place for some processes relating to the safe management of medicines. This included:
 - the monitoring of vaccine refrigerators
 - the appropriate authorisations to administer medicines via Patient Group Directions or Patient Specific Directions.
 - the availability of appropriate emergency medicines, or having a risk assessment in place to explain this.
 - the monitoring of uncollected prescriptions
- Recruitment checks needed to be strengthened, particularly in respect of locum staff working at the practice.
- An effective fail-safe system was not in operation for the receipt of cytology results.
- Not all clinical staff were able to provide us with assurance about their engagement with safeguarding processes.
- Action plans for infection control audits and fire risk assessments needed documented evidence of follow up actions being completed in a timely manner.

We rated the practice as **requires improvement** for providing well-led services because:

- The practice did not always have sufficient systems to identify, manage and mitigate risk.
- We found that the oversight of some systems required additional assurances to ensure they were working effectively.

We rated the practice as **good** for providing effective, caring and responsive services, and for all population groups because:

- Patients received effective care and treatment that met their needs.
- Staff treated patients with kindness and respect and involved them in decisions about their care.
- Patients could access care and treatment in a timely way. The practice organised and delivered services to meet their patients' needs.

The areas where the provider **must** make improvements are:

- Ensure that care and treatment is provided in a safe way (Please see the specific details on action required at the end of this report).
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. (Please see the specific details on action required at the end of this report).

In addition, the provider **should**:

- Consider their approach to clinical audit to develop consistency and clear evidence of their impact on the outcomes achieved for patient care
- Ensure staff training is monitored closely and records are updated. Staff should be encouraged to undertake a wide range of training modules to support wider team development.

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

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

Older people	Good 
People with long-term conditions	Good 
Families, children and young people	Good 
Working age people (including those recently retired and students)	Good 
People whose circumstances may make them vulnerable	Good 
People experiencing poor mental health (including people with dementia)	Good 

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, and a practice nurse specialist adviser.

Background to Park View Medical Centre

Park View Medical Centre is registered with the Care Quality Commission as a partnership consisting of two GPs, and is registered to carry out the following regulated activities - diagnostic and screening procedures, family planning, surgical procedures, maternity and midwifery services and treatment of disease, disorder or injury.

Park View Medical Centre is in Long Eaton, a town in the Erewash district of Derbyshire. The practice was purpose-built in 2010. It has a contract with NHS Derby and Derbyshire CCG to provide General Medical Services (GMS) and offers a range of local enhanced services.

The practice has approximately 5,180 registered patients.

The age profile demonstrates a higher proportion of younger patients, and lower numbers of older patients compared to local and national averages:

- The percentage of people in the 65+ year age group at 12% is below the CCG average of 19.6%, and the national average of 17.3%.
- The percentage of people in the under 4-year age group at 7.1% is above the local average of 5.3%, and the national average of 5.6%. The age profile also shows higher numbers of patients aged 25-44 years of age.

Average life expectancy is 80 years for men and 84 years for women, compared to the national average of 79 and 83 years respectively.

The general practice profile shows that 44% of patients registered at the practice have a long-standing health condition, compared to 56% locally and 51% nationally.

The practice scored eight on the deprivation measurement scale; the deprivation scale goes from one to 10, with one being the most deprived. People living in more deprived areas tend to have greater need for health services.

The National General Practice Profile describes the practice ethnicity as being predominantly white, with estimates of 2.7% Asian, and 1.5% mixed race.

There are two female GP partners working at the practice, and two salaried GPs (one male, one female). The nursing team consists of a nurse practitioner, and a practice nurse, supported by a healthcare assistant. An additional practice nurse had been recruited and was due to start working at the practice in June 2019.

The non-clinical team is led by a practice manager with a team of nine administrative and secretarial staff, and a cleaner.

The practice opens Monday to Friday from 8am until 6.30pm with extended hours on a Tuesday morning 6.45-8am.

Patients have access to an extended access services run by Erewash Health Partnership located at either Long Eaton Health Centre or Ilkeston Community Hospital. This opens Monday to Friday between 6.30pm to 8pm and on Saturday and Sunday mornings and bank holidays.

The practice is an active member of the Erewash Health Partnership, covering approximately 70,000 patients. This

is a federation of ten local GP practices who work collaboratively to ensure standardisation, strengthen resilience, and to derive benefits from economies of scale.

The surgery closes on the second Wednesday afternoon on most months for staff training. When the practice is closed, out of hours cover for emergencies is provided by Derbyshire Health United (DHU).

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 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.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment <ul style="list-style-type: none">• The practice did not have appropriate systems in place for some processes relating to the safe management of medicines. This included:<ul style="list-style-type: none">▪ the monitoring of vaccine refrigerators▪ the appropriate authorisations to administer medicines via Patient Group Directions or Patient Specific Directions.▪ the availability of appropriate emergency medicines, or having a risk assessment in place to explain this.▪ the monitoring of uncollected prescriptions• Recruitment checks needed to be strengthened, particularly in respect of locum staff working at the practice.• An effective fail-safe system was not in operation for the receipt of cytology results.• Not all clinical staff were able to provide us with assurance about their engagement with safeguarding processes.• Action plans for infection control audits and fire risk assessments needed documented evidence of follow up actions being completed in a timely manner.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance <ul style="list-style-type: none">• The practice did not always have sufficient systems to identify, manage and mitigate risk.• We found that the oversight of some systems required additional assurances to ensure they were working effectively. For example, we identified some issues that required stronger managerial and clinical oversight relating to systems and processes within the practice.