

# 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

Inadequate



Are services safe?

Inadequate



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Inadequate



# Overall summary

We last inspected this service on 17th June 2015. It was then rated as good overall and good for the five key questions of safe, effective, caring, responsive and well-led.

We decided to undertake an inspection of this service following our annual review of the information available to us. This inspection looked at the following key questions: Safe, Effective and Well-led. We did not specifically inspect the caring or responsive key questions and the ratings therefore remain unchanged based on the findings from the last inspection in June 2015.

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 inadequate overall.

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

- The practice did not have clear systems and processes to keep patients safe.
- The practice did not have appropriate systems in place for the safe management of medicines prescribed to patients.
- Blank prescription paper was not kept securely and its use was not monitored in line with national guidance.

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

- Medication and long-term condition reviews were not effectively coordinated. There was limited monitoring of the outcomes of care and treatment.
- The practice was unable to show that staff had the skills, knowledge and experience to carry out their roles.
- Some performance data was below local and national averages.
- There was a lack of quality improvement.

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

- Leaders could not show that they had the capacity and skills to deliver high quality, sustainable care.
- While the practice had a clear vision, that vision was not supported by a credible strategy.

- The overall governance arrangements were ineffective.
- The practice did not have clear and effective processes for managing risks, issues and performance.
- The practice did not always act on appropriate and accurate information.

These areas affected all population groups so we rated all population groups as **requires improvement**.

At the last inspection the practice was rated as good for providing Caring and Responsive services. These areas were not re-inspected on this occasion and the ratings therefore remain unchanged.

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

- Ensure that care and treatment is provided in a safe way.
- 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).

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

- Provide non-clinical staff with Sepsis awareness training.
- Support all staff to complete Equality and Diversity Training.
- Develop a Duty of Candour Policy.
- Ensure alerts are placed on records to identify patients as vulnerable or subject to a safeguarding concern.
- Maintain a log of stocks of immunisations and vaccinations.
- Ensure all the necessary recruitment records are in place for staff.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

# Overall summary

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

**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

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

## Our inspection team

Our inspection team was led by a CQC lead inspector.  
The team included a GP specialist advisor.

## Background to Park View Medical Centre

Park View Medical Centre is situated next door to North Manchester General Hospital in Crumpsall Manchester. The medical centre is purpose built and offers ground floor access and facilities for disabled patients and visitors. There is good access to public transport and patient parking is available on the adjacent car park.

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.

The practice is part of the NHS Manchester Clinical Commissioning Group (CCG) and services are provided under a general medical service (GMS) contract with the CCG. There were approximately 6,422 patients on the practice register at the time of our inspection.

Services are provided by two GP partners (both female) and four male salaried GPs together with a practice nurse manager and two practice nurses. The practice nurse manager and one practice nurse were absent from work at the time of our inspection so a locum nurse was hired to provide cover. A pharmacist is also employed within the practice who assists the GPs with medication queries, reviews and projects.

Members of clinical staff are supported by a practice manager, senior receptionist and reception and administration staff.

The practice has a higher than average number of patients under the age of 18, 26.6% compared to the local average of 22.6% and national average of 20.7%. Likewise, the practice has a higher percentage of patients with a long-standing health condition 58.6% compared to the local average of 48.2% and the England average of 51.2%. Information published by Public Health England rates the level of multiple deprivation within the practice population group as one on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

The practice is open between 8:30 am and 6.00 pm Monday to Friday. Actual GP surgery times vary each day in order to offer patients a wider choice of appointments. Appointments are generally from 8.40 am to 12 mid-day every morning and 2 pm to 6 pm daily.

Registered patients can access extended hours appointments via the Manchester Extended Access Service (MEAS). The extended access service is delivered from a number of 'hubs' across Manchester. A number of appointments are bookable via the practice and the

operating times of the service vary between each location. Appointments are available at all sites between 18:00 and 20:00 on weekdays and on Saturday and Sunday mornings.

On-line services include appointment booking, ordering repeat prescriptions and viewing medical records.

The practice is a teaching practice for year one, two and four Manchester University Students.

This section is primarily information for the provider

## Enforcement actions

### 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. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure the proper and safe management of medicines. For example, we identified a patient prescribed high risk medication who was overdue the required blood monitoring tests and had been continually prescribed the high-risk medication despite having not had a blood test at the required frequency.</p> <p>We identified some recent MHRA drug safety alerts that clinicians were not aware of, and therefore appropriate action with regard to patients prescribed these medicines had not been completed.</p> <p>There was no evidence in some records viewed to confirm medication reviews had been completed for patients. For example, we viewed four patient records where medication reviews had been coded as being completed, but there was no evidence in the patient's record to confirm such a review had been undertaken.</p> <p>The provider did not have effective arrangements in place for the monitoring of prescriptions and the security of a locum prescription pad and computer prescription paper.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Robust systems and processes had not been established and operated effectively by the provider in order to effectively assess, monitor and mitigate risks to patients.</p> <p>Processes around exception reporting were not working effectively in order to maximise patients accessing</p>

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## Enforcement actions

relevant care and treatment. For example, we reviewed exception reporting for one diabetes indicator and found that out of nine patient records viewed, three had been excepted inappropriately.

No minor surgery audits were available to view during our inspection. Following the visit, the provider sent us an old minor surgery audit dated 31/03/2015. No recent minor surgery audits were provided.

The provider was unable to provide a copy of the most recent electrical wiring certificate during our inspection to evidence that the risks associated with electrical safety were monitored and managed.