

Parkside Practice

Quality Report

Eastleigh Health Centre
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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 Practice on 11 July 2016. The practice was rated good for effective, caring, responsive and well-led domains, and was rated requires improvement for the safe domain. The overall rating for the practice was good. The full comprehensive report on the July 2016 inspection can be found by selecting the 'all reports' link for Parkside Practice on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 31 May 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breach in regulations that we identified in our previous inspection on 11 July 2016. This report covers our findings in relation to those requirements.

At our previous inspection on 11 July 2016, we rated the practice as requires improvement for providing safe services as the chaperone policy was not fully risk assessed by the practice. In addition, recruitment processes were lacking clearly documented evidence around records to demonstrate full former employment checks had been completed for all employees.

It was also noted on the previous inspection that the treatment room and medicines fridge were not always known to be securely locked. In addition the practice was advised that it should do more to increase support to patients with mental health needs.

Our key findings from our inspection on 31 May 2017:

- The practice had now implemented comprehensive employment checks with relation to the employment of locum GPs and all new staff.
- Staff had been risk assessed for chaperone duties and correctly trained.
- There was an increase in security for medicines and confidential information.
- Vulnerable mental health patients who were not attending for annual review (after three invitations to do so) were being personally telephoned by their named GP for welfare checks and invited again to attend the practice.
- The practice had sought support from the local clinical commissioning group (CCG) and local medical committee (LMC) to assess and facilitate changes to the practice management. A new manager had been recruited to oversee these changes and to work with the practice to continue to improve the general management and structure of the practice.

Summary of findings

- The patient participation group was providing support to the patient engagement meetings facilitated by the CCG and was producing an informative quarterly newsletter for all patients.
- The practice was proactively looking at new ways of working in the future with other local providers to improve patient care.
- The practice was currently reviewing the appointment booking system in order to provide a greater balance between pre-bookable and open access appointments without the need to increase the staffing levels.

- There was a targeted programme using social media to engage with younger patients and to keep them supplied with relevant health information.

The practice is now rated as good for providing safe services.

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?

This practice is now rated as good for providing safe services.

- All staff undertaking chaperone duties had been risk assessed and received the relevant training.
- All practice staff understood that only clinical staff had been risk assessed to be chaperones.
- There was clear documentation to evidence that all staff, and particularly locum staff, had the relevant employment and qualification checks in place.
- Practice rooms had keypad entry to maintain security for all medicines and confidential materials.

Good



Parkside Practice

Detailed findings

Our inspection team

Our inspection team was led by:

The inspection team consisted of a CQC inspector.

Background to Parkside Practice

Parkside Practice is located in a purpose built building at the Eastleigh Health Centre which the practice shares with another GP practice. The practice is based near the town centre of Eastleigh, located near the cities of Southampton and Winchester. The practice has approximately 8,500 registered patients.

The practice provides services under an NHS general medical services contract and is part of the NHS West Hampshire Clinical Commissioning Group. The practice is based in an area of low deprivation compared to the national average for England. A total of 15% patients at the practice are over 65 years of age, which is lower than national averages, although around 60% have a long standing health condition. Less than 11% of patients consider themselves as being from an ethnic minority group.

The practice has two GP partners, in addition to employing four salaried GPs, and provides around 36 GP sessions per week in total. Support is given by three practice nurses, one advanced level health care assistant and three health care assistants/phlebotomists. The clinical team are supported by a management team that provides secretarial and administrative staff. The practice is a training practice for doctors training to be GPs (registrars) and currently has one registrar working alongside the GPs.

Parkside Practice is open between 8am and 6.30pm Monday to Friday. Extended hours surgeries are available every Monday morning from 7.30am to 8am and Monday evening from 6.30pm to 7.30pm. The practice is also open every second Saturday of the month from 8.30am until 10.30am. Home visits are offered to patients that require them.

The practice has opted out of providing out-of-hours services to their own patients and refers them to the Portsmouth Healthcare Service via the NHS 111 service. The practice offers online facilities for the booking of appointments and for prescription requests.

Why we carried out this inspection

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

We undertook a follow up focused inspection of Parkside Practice on 31 May 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 revisited Parkside Practice as part of this review because they were able to demonstrate that they were meeting the standards.

During our visit we:

- Spoke to practice staff, administrative staff and a GP partner
- Inspected the building layout and new security measures
- Looked at relevant policies and assessments

Are services safe?

Our findings

Overview of safety systems and processes

At our previous inspection in July 2016 it was found that the practice did not evidence appropriate risk assessments for staff that undertook chaperone duties and could not produce all employment checks for locum staff.

Furthermore the practice needed to ensure that all medicines were securely stored at all times.

When we returned on 31 May 2017 it was noted that all staff undertaking the duties of chaperone were appropriately trained and had been fully risk assessed as fit to fulfil this duty. The practice policy was that staff undertaking this duty were clinical staff and therefore had all received the

relevant Disclosure and Barring Checks. All staff spoken to on the day were aware of the policy and which members of staff could appropriately be requested to undertake this duty.

It was found that the practice had comprehensive checks for the recruitment of all staff. In particular there was clear evidence that all locums recruited to the practice had full employment and qualification checks before they could commence working in the practice.

The doors to the clinical and management areas had keypad entry locks to maintain security for all medicines and confidential information. These had been ordered before the previous inspection in July 2016 and were installed straightaway after that inspection in 2016.