

Parkview Medical Centre

Inspection report

56 Bloemfontein Road
Shepherds Bush
London
W12 7FG
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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?

Requires Improvement 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Requires Improvement 

Overall summary

We carried out an announced comprehensive inspection at Parkview Medical Centre (Dr R Kukar and Partners) on 18 November 2020 to follow up on breaches of regulations.

The practice was previously inspected on 25 and 30 September 2019. Following that inspection, the practice was rated inadequate overall (inadequate in safe, effective, responsive and well-led and requires improvement in caring) and placed in special measures. We issued warning notices for breaches of Regulation 17 (Good governance) and Regulation 18 (Staffing). The practice was required to address these concerns by 20 November 2019. Following this we carried out an announced focused inspection at Parkview Medical Centre (Dr R Kukar and Partners) on 13 December 2019 to follow-up on the two warning notices and found that the provider had made improvements in general.

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 rated the practice as **requires improvement** for providing safe services.

At this inspection, we found the provider had made improvements in providing safe services. In particular we found that the provider had made improvements to their systems and process in relation to safeguarding, safe recruitment, monitoring cervical screening, prescription stationery and patient safety alerts. However, the provider had not actioned some of the issues found in their last infection prevention and control audit.

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

We found that the provider had made improvements for providing effective services. In particular the provider was able to demonstrate that core training had been undertaken by all clinical and non-clinical staff and they had implemented an appraisal and supervision schedule for their clinical staff and provided role-specific training for the healthcare assistants. However, patient records we reviewed indicated details of medicines reviews were not consistently documented. We also found that uptake of cervical, bowel and breast screening were significantly below average and there were no practice nurses working at the practice.

We rated the practice as **good** for providing caring services.

We found that the provider had made improvements for providing caring services. In particular the practice enabled people to express their views by carrying out patient surveys and making changes where necessary.

We rated the practice as **good** for providing responsive services.

We found that the provider had made improvements for providing responsive services. In particular, access to the service had improved.

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

We found the provider had made improvements in providing well-led services in relation to good governance and had implemented systems and process in response to the findings of our previous inspection.

Overall summary

We have rated this practice as requires improvement overall and requires improvement for all population groups except working age people which was rated as inadequate.

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

- Ensure that care and treatment meet the needs of patients.
- Establish effective systems and processes to ensure good governance in accordance with 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:

- Address patients accessing online services in safeguarding policies.
- Invest in paediatric defibrillator pads.
- Improve non-clinical staff awareness of sepsis and identifying a deteriorating patient.

The service was placed in special measures in 14 November 2019 on publication of September 2019 report. Insufficient improvements have been made such that there remains a rating of inadequate in the population group working age people and the service remains in special measures. 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 six months, and if there is not enough improvement we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration.

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

Our inspection team

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

Background to Parkview Medical Centre

Parkview Medical Centre (Dr R Kukar and Partners) is situated at Parkview Centre for Health and Wellbeing, Cranston Court, 56 Bloemfontein Road, Shepherds Bush, London, W12 7FG. This is a purpose-built primary health care centre shared with three other GP practices and community services.

The practice has access to two consulting rooms and a shared reception on the ground floor, and administrative space on the first floor.

The practice provides NHS primary care services to approximately 1,900 people living in Hammersmith and Fulham through a General Medical Services (GMS) contract (a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract).

The practice is part of the NHS Hammersmith and Fulham Clinical Commissioning Group (CCG). The practice population is in the second most deprived decile in England. People living in more deprived areas tend to have greater need for health services.

The practice is registered with the Care Quality Commission (CQC) as a partnership to provide the regulated activities of diagnostic and screening procedures, treatment of disease, disorder or injury and maternity and midwifery services.

The practice staff comprises two part-time salaried GPs and a part-time healthcare assistant. During the inspection there were no practice nurses working at the practice. The team are supported by a clinical GP lead (who does not undertake any clinical sessions at the practice, a managing partner, a part-time practice manager, a part-time assistant practice manager and three reception and administrative staff. The practice is open between 8am and 6.30pm Monday to Friday.

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 were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p>The provider had not ensured care and treatment met the needs of patients.</p> <p>The provider did not ensure they always identified patients with commonly undiagnosed conditions. For example, diabetes.</p> <p>Uptake for childhood immunisations were below average.</p> <p>Uptake for cervical screening was significantly below average.</p> <p>The provider did not ensure there are nursing staff to meet the needs of patients.</p> <p>The provider had not undertaken any specific analysis of the needs of the local population.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider had not ensured that effective systems and processes were in place to ensure good governance in accordance to fundamental standards of care.</p> <p>The provider did not ensure all the issues found during their infection prevention and control audit were actioned.</p> <p>The provider did not ensure details of medicines reviews were consistently documented in patient records.</p> <p>The provider did not ensure details of blood tests were consistently recorded for patients on medicines that required regular monitoring.</p>

This section is primarily information for the provider

Requirement notices

The provider did not ensure shared care protocols were in place for appropriate medicines that required monitoring.

The provider did not have an active Patient Participation Group.