

Parkgate Medical Centre

Inspection report

Netherfield Lane
Parkgate
Rotherham
South Yorkshire
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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?

Good



Are services well-led?

Requires improvement



Overall summary

We carried out an announced comprehensive inspection at Parkgate Medical Centre on 27 March 2019 as part of our inspection programme. Our last inspection of the Parkgate Medical Centre was in June 2015 when the practice was rated as Good.

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 overall.

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

- Not all staff had received the appropriate level of safeguarding training or chaperoning training.
- Systems and processes to ensure appropriate standards of cleanliness and hygiene were not adequate. Staff had not had all the required training in infection prevention and control.

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

- The practice was unable to show that staff had the skills and knowledge to carry out their roles and there was a lack of evidence staff had received annual appraisals.

We rated the practice as **good** for providing caring services because:

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.

We rated the practice as **good** for providing responsive services because:

- The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.

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

- The overall governance arrangements were not always effective in respect of infection prevention and control and staff training.

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

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

- Maintain appropriate standards of hygiene for premises and equipment.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.

(Please see the specific details on action required at the end of this report).

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

- Review risks associated with the storage of liquid nitrogen and evidence these have been mitigated.
- Review and improve processes for disposal of sharps bins within the recommended three-month period.
- Review and improve checks of the emergency equipment in line with the Resuscitation Council UK recommendations.
- Review and improve the complaints procedure and information for patients to include information on how to contact the Parliamentary and Health Services Ombudsman (PHSO) to escalate a complaint if not satisfied with the practice response.
- Review and improve the practice's whistleblowing procedure in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.

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)	Requires improvement 
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 GP specialist advisor.

Background to Parkgate Medical Centre

Parkgate Medical Centre is located in Rotherham. The surgery has good transport links and there is a pharmacy located nearby. The practice has a branch surgery known as Thorogate Medical Centre also in Rotherham.

The provider is registered with the CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury. These services are delivered from both sites.

Parkgate Medical Centre is situated within the NHS Rotherham Clinical Commissioning Group (CCG) and provides services to 6,425 patients under the terms of a personal medical services (PMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

The provider has two female and one male GP partner and one salaried GP. The practice employ a nurse manager and three practice nurses, a trainee nurse associate and a phlebotomist. They are supported by a practice manager and a team of administration staff. The practice is part of a wider network of GP practices who provide extended hours services.

The practice is open Monday to Friday at Parkgate site 8am to 6.30pm and at Thorogate site 8am to 5pm. Appointments are available daily Monday to Friday for the GPs 8.30am to 10.30am and 3pm to 5pm and for the Nurse 8.30am to 6.15pm.

A walk-in triage system with the practice nurse is available from 8am to 10am at the Parkgate site.

When the practice is closed patients can pre-book appointments via the practice to visit one of the hubs, managed centrally by Connect Health CIC Rotherham. Appointments are available evenings, Monday to Friday, 6.30pm to 8pm and Saturday and Sunday mornings.

The age of the patient group is comparable to the CCG and the national averages. The National General Practice Profile states that 96.2% of the practice population are from a white background with a further 1.8% of the population from an Asian background and 1.9% from mixed race, black or other racial groups. Information published by Public Health England, rates the level of deprivation within the practice population group as three, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Male life expectancy is 76 years compared to the national average of 79 years. Female life expectancy is 81 years compared to the national average of 83 years.

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment</p> <p>How the regulation was not being met...</p> <p>The registered person had failed to ensure that all premises used by the service were clean. In particular:</p> <ul style="list-style-type: none">• Flooring in the patient toilet and waiting room was stained.• The cloth seating in the waiting room was stained.• Cleaning records for the main site could not be found. <p>The registered person had failed to ensure that all premises used by the service were properly maintained. In particular:</p> <ul style="list-style-type: none">• There was damage to walls and décor which may impact on the effectiveness of cleaning• There was evidence of damp to the cleaning cupboard ceiling. <p>This was in breach of Regulation 15(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>How the regulation was not being met...</p> <p>The service provider had failed to ensure that persons employed in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. In particular:</p>

This section is primarily information for the provider

Requirement notices

- Evidence was not available to show all staff had completed appropriate levels of safeguarding training.
- Chaperone training had not been provided for staff who may undertake these duties.
- Evidence was not available to show infection prevention and control (IPC) training had been provided for all staff.
- Processes for the provider to assure themselves staff had completed the required training were not effective.
- Not all staff had received an annual appraisal.

This was in breach of Regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.