

Parkside Medical Practice

Quality 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 service		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services well-led?		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 Medical Practice on 18 October 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the September 2016 inspection can be found by selecting the 'all reports' link for Parkside Medical Practice on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 7 June 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 18 October 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good.

Our key findings were as follows:

- At our previous inspection, we found variations across systems for reporting and investigating significant events. At this inspection, we saw that the practice

operated an effective system for reporting and recording significant events. Records showed that the practice had responded and learned from safety incidents.

- Effective systems were now in place for receiving and acting on alerts from the Medical and Healthcare products Regulatory Agency (MHRA).
- At our October 2016 inspection, we found the management of medicines was not effective. During this inspection we found the practice had strengthened their use of medicine management templates to ensure medicines were being monitored according to guideline recommendation.
- When we carried out our previous inspection, we saw that some systems and processes were not effective. At this inspection, we saw the management of risks, monitoring of training needs, clinicians registration with professional bodies and indemnity cover had improved.
- At this inspection, we found that training needs had been addressed and there was evidence of appraisals and personal development plans for staff members.

Summary of findings

- The practice had a number of policies and procedures to govern activity. Since the previous inspection staff had access to all practice policies. Oversight of procedures had improved since the previous inspection. As a result, a number of processes were being operated effectively.
- Continue to consider ways of encouraging the uptake of national screening programmes such as bowel and breast cancer.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

In addition the provider should:

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

At our previous inspection, we rated the practice as requires improvement for providing safe services as some areas relating to safe care needed improving. These arrangements had significantly improved when we undertook a follow up inspection on 7 June 2017. For example:

- Previously we found variance across systems for reporting significant events. For example, analysis of incidents was inconsistent. At this inspection, we saw effective systems in place for reporting and recording significant events. Lessons learnt from incidents were shared to ensure appropriate action was taken to improve safety in the practice.
- Since our previous inspection, processes for managing and recording repeat prescriptions had been improved. For example, clinical staff were making better use of medicine management templates within the practice electronic patient management system to record and monitor review dates.
- When we carried out the previous inspection, management of safety alerts, such as medical device alerts and alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) was not effective. At this inspection, we saw that systems for managing and sharing safety alerts had been improved.
- Since the October 2016 inspection, the practice reviewed the business continuity plan which all staff had access too, training such as fire safety and infection control had been completed.
- At this inspection, we saw that the practice had carried out appropriate risk assessments and risk management plans for non-clinical staff who had not received immunisations such as Hepatitis B.
- Systems for monitoring clinical staff's registrations with appropriate professional body, nurse's revalidation dates and appropriate indemnity cover had been strengthened since the previous inspection.

Good



Are services effective?

At our previous inspection on 18 October 2016, we rated the practice as requires improvement for providing effective services as the practice were unable to demonstrate an effective process for sharing best practice. There were gaps in the completion of training and the recording of completed childhood immunisations was not effective. These arrangements had improved when we undertook a follow up inspection on 7 June 2017. For example:

Good



Summary of findings

- Systems were in place to ensure all clinicians were up to date with National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines. Staff we spoke with demonstrated how they delivered care in line with current evidence based guidance and standards.
- Since the September 2016 inspection, the uptake rates for bowel and breast cancer screening had improved in some areas.
- At our previous inspection, training such as safeguarding and information governance had not been completed. Documentation reviewed as part of this inspection, showed that staff had completed appropriate training. There was evidence of appraisals and personal development plans.
- Since the previous inspection, the practice improved their recording of completed childhood immunisations and continued to engage patients opportunistically. As a result, performance improved to above CCG and national averages.

Are services well-led?

At our previous inspection on 18 October 2016, we rated the practice as requires improvement for providing well-led services as governance arrangements were not effective. These arrangements had improved when we undertook a follow up inspection on 7 June 2017. For example:

- Previously we found some policies were not made available to staff members and processes were not always well established or operated effectively. At this inspection, staff had access to all practice policies, GPs were using electronic systems to its full potential to ensure medicines were effectively monitored.
- Systems and processes to enable the practice to identify and appropriately respond when quality and safety were being compromised had improved. As a result, at this inspection we saw effective systems for managing incidents, safety alerts, monitoring the completion of training and assessing competency during induction.
- Oversight of required actions following the completion of audits had improved since the last inspection. As a result, at this inspection we saw appropriate actions taken to ensure compliance with infection control audit recommendations.
- Previously we saw that the practice did not establish an effective process for sharing information such as significant events and safety alerts throughout the practice. At this inspection, meeting minutes we viewed showed that alerts and significant events were routinely discussed.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The provider had resolved the concerns for safety, effective and well-led identified at our inspection on 18 October 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People with long term conditions

The provider had resolved the concerns for safety, effective and well-led identified at our inspection on 18 October 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Families, children and young people

The provider had resolved the concerns for safety, effective and well-led identified at our inspection on 18 October 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Working age people (including those recently retired and students)

The provider had resolved the concerns for safety, effective and well-led identified at our inspection on 18 October 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People whose circumstances may make them vulnerable

The provider had resolved the concerns for safety, effective and well-led identified at our inspection on 18 October 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for safety, effective and well-led identified at our inspection on 18 October 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Summary of findings

Areas for improvement

Action the service **SHOULD** take to improve

- Continue to consider ways of encouraging the uptake of national screening programmes such as bowel and breast cancer.

Parkside Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC), Lead Inspector. The team included a GP specialist adviser.

Background to Parkside Medical Practice

Parkside Medical Practice is located in Walsall, West Midlands situated in a multipurpose modern built NHS building, providing NHS services to the local community.

Based on data available from Public Health England, the levels of deprivation (Deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial) in the area served by Parkside Medical Practice are below the national average, ranked at four out of 10, with 10 being the least deprived. The practice serves a higher than average patient population aged between 45 to 54 and 75 to 84. The practice has a below average of patients aged 25 to 44 and 55 to 64.

The patient list is approximately 3,987 of various ages registered and cared for at the practice. Services to patients are provided under a General Medical Services (GMS) contract with the Clinical Commissioning Group (CCG). GMS is a contract between general practices and the CCG for delivering primary care services to local communities.

The surgery has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients.

The practice is situated on the ground floor of a multipurpose building shared with other healthcare Providers and the local library. On-site parking is available along with facilities for cyclists and patients who display a disabled blue badge. The practice has automatic entrance doors and is accessible to patients using a wheelchair.

The practice staffing consist of one female GP and one male GP, one practice nurse (independent prescriber), one nurse practitioner, a practice manager and a team of administrative staff.

The practice is open between 8am and 7.30pm on Mondays, 7.30am and 6.30pm on Tuesdays and Fridays, 8am and 1pm Wednesdays; 8am and 6.30pm Thursdays. On the last Friday of every month, the practice closes at 1pm.

GP consulting hours are from 8am to 7.30pm on Mondays. Tuesdays consulting times are from 7.30am to 6pm; Wednesdays are from 8am to 12.30 noon; Thursdays from 8am to 6pm and Fridays from 7.30am to 6pm except for the last Friday of every month where the practice closes at 1pm. The practice has opted out of providing cover to patients in their out of hours period. During this time services are provided by NHS 111. During their in hours, closure time's services are provided by WALDOC (Walsall doctors on call).

Detailed findings

Why we carried out this inspection

We undertook a comprehensive inspection of Parkside Medical Practice on 18 October 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing safe, effective and well-led services. This was because the provider did not operate effective systems and processes for managing incidents, recording the completion of medicine reviews, sharing safety alerts, maintaining accurate patient records and ensuring adequate indemnity cover are in place for clinicians. Systems for monitoring and ensuring staff received identified training to enable them to fulfil the requirements of their role were not effective.

The full comprehensive report following the inspection in October 2016 can be found by selecting the 'all reports' link for Parkside Medical Practice on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Parkside Medical Practice on 7 June 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.

How we carried out this inspection

We carried out a focused inspection of Parkside Medical Practice on 7 June 2017. This involved reviewing evidence that: During our visit we:

- Spoke with a range of staff including, GP, a practice manager, practice nurse and receptionist.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed documents such as risk assessments, policies and procedures.
- Looked at information the practice used to deliver care and treatment plans.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

At our previous inspection on 18 October 2016, we rated the practice as requires improvement for providing safe services as the arrangements for managing significant events, distributing safety alerts throughout the practice, ensuring all staff received appropriate immunity; medicine management, recruitment checks and training were not adequate.

These arrangements had significantly improved when we undertook a follow up inspection on 7 June 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

At our previous inspection, we found variance across systems for reporting significant events. For example, some completed forms we viewed included a thorough analysis of the incident; however, other forms did not demonstrate the same level of detail. During this inspection we saw significant improvements. For example:

- Staff we spoke with explained that they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system which they completed. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- The practice actively reported incidents using an internal incident recording form. Since the October 2016 inspection, the practice recorded four significant events. From the three examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of significant events and we saw evidence that lessons were shared and action taken to improve safety in the

practice. For example; we saw actions taken to strengthen the process for ordering repeat medicines which placed greater ownership on patients to submit their requests'.

Previously we saw that management of safety alerts, such as medical device alerts and alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) was not effective. During this inspection, staff we spoke with explained that the management of safety alerts had been strengthened. Staff demonstrated how they received and disseminated safety alerts throughout the practice. The practice proactively worked with the Clinical Commissioning Group (CCG) medicines management team to ensure compliance with relevant safety alerts. We saw evidence of an alert relating to medicines that posed a risk to women of childbearing age which had been appropriately responded to. We also saw actions taken to ensure medicines flagged by MHRA were being managed in accordance to recommended guidelines.

Overview of safety systems and process

During our previous inspection, we saw that the practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place however, some reception staff who handled clinical specimens had not received up to date training. We also saw that actions identified following the practice infection control audit such as reducing the risk of vaccination fridges being accidentally switched off had not been completed. At this inspection staff we spoke with explained that they had received appropriate training and we saw measures in place to reduce the risk of vaccination fridges being accidentally switched off.

At our previous inspection arrangements to ensure staff, received hepatitis B immunity status checks in line with current national guidance were not effective. For example, non-clinical staff who handled clinical specimens did not have their immunity status checked. When we carried out this inspection staff explained that processes for checking immunisation status were now in place and incorporated in the induction process. The practice carried out risk assessments for non-clinical staff who had not received immunisations.

Previously we found ineffective governance arrangements to support systems for managing medicines. For example,

Are services safe?

although we saw medicine reviews which had taken place within recommended guidelines for patients on medicines which require closer monitoring, these reviews were not being adequately recorded. As a result, a number of medicine reviews were showing on the practice system as not being completed. At this inspection we saw significant improvements. For example, clinical staff were making better use of medicine management templates within the practice electronic patient management system to record and monitor review dates. We reviewed the management of medicines which require closer monitoring and the ones we reviewed were appropriately monitored.

Systems for monitoring clinical staff's registrations with appropriate professional body, nurse's revalidation dates or appropriate indemnity cover were not effective when we carried out the October 2016 inspection. Following the inspection the practice explained that some documents were kept off site, as a result the practice provided requested documents following the October 2016 inspection. At this inspection, staff we spoke with explained that systems had been improved. For example, documents were stored on site, a tracking system had been implemented to enable effective monitoring of due dates. The practice provided evidence of valid clinical registration with appropriate professional body and indemnity cover.

Monitoring risks to patients

When we carried out the previous inspection, the practice was unable to provide proof of completed fire safety training. Documents we viewed as part of this inspection showed that staff had completed their fire safety training. Completion of fire drills was well documented along with fire safety checks. Staff we spoke with were able to explain evacuation procedures.

Arrangements to deal with emergencies and major incidents

Although the practice had a business continuity plan in place for major incidents such as power failure or building damage when we previously carried out our inspection, the plan we viewed did not include emergency contact numbers for staff. Members of the management team were aware of the practice business continuity plan; however, some staff we spoke with were unaware of its existence. During this inspection, staff we spoke with were able to clearly demonstrate where to access the continuity plan. The business continuity plan we viewed included emergency contact numbers for staff and actions required in the event of a power failure or building damage.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 18 October 2016, we rated the practice as requires improvement for providing effective services as the practice were unable to demonstrate an effective process for sharing best practice; training such as information governance and health and safety had not been completed by some staff members and the recording of completed childhood immunisations was not adequate.

These arrangements had improved when we undertook a follow up inspection on 7 June 2017. The practice is now rated as good for providing effective services.

Effective needs assessment

During our previous inspection staff explained that regular clinical meetings were held to enable clinical staff to discuss and share best practice and some of the more complex cases they had seen. However, when requested the practice were unable to provide evidence to support an effective system for sharing best practice, or evidence of any actions identified or completed as a result of meeting discussions. At this inspection, staff explained that regular meetings were carried out and minutes were distributed throughout the practice.

Effective staffing

Previously we saw that health and safety training was not included in the practice mandatory training list and not factored into the practice induction programme. Furthermore, records were not always kept to demonstrate where competencies were assessed for newly appointed staff and evidence to support whether staff were up to date with training which the practice considered to be mandatory and essential training requirements was not kept. Although the practice carried out yearly appraisals, when asked they were unable to provide documentation which demonstrated where progress reviews such as probationary reviews had been carried out for new staff members. At this inspection, records we viewed showed that training such as information governance, safeguarding and health and safety training had been completed by all staff members.

Supporting patients to live healthier lives

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. Data we viewed since the last inspection showed that some areas of performance had declined and other areas had increased. For example:

- Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) increased from 70% to 72%, compared to CCG and national average of 72%.
- Females, 50-70, screened for breast cancer in last 6 months of invitation remained at 71%, compared to CCG average of 75% and national average of 73%.
- Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) declined from 48% to 46%, compared to CCG average of 52% and national average of 58%.
- Persons, 60-69, screened for bowel cancer within 6 months of invitation (Uptake, %) declined from 50% to 38%, compared to CCG average of 50% and national average of 56%.

Staff we spoke with explained that they were aware of the decline in the uptake of breast screening. We were told that staff were opportunistically encouraging patients to engage in testing. Staff also explained that the practice continued their involvement in a local bowel screening pilot, which involved the health care assistant calling patients or using video links to discuss the benefits of screenings. Staff explained that they actively followed up patients who missed their appointment. We saw informational leaflets in patient waiting areas.

At our October 2016 inspection, we were told that childhood immunisation was carried out in line with the national childhood vaccination programme. 2015/16 data we viewed as part of this inspection showed that the practice were performing above CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds were 93% which was above national expected coverage of 90%. Immunisation rates for Measles Mumps and Rubella (MMR) vaccinations given to five year olds was 98% for first second dose, compared to CCG averages of 99% for first dose and 94% for second dose; and national averages of 94% for first dose and 88% for second dose.

Staff we spoke with explained that the uptake rate had increased since the last inspection due to staff continuing to engage patients opportunistically; we observed posters

Are services effective?

(for example, treatment is effective)

in the reception area and alerts were placed on patient's records. We were also told that since the previous inspection, the practice cleansed their data and the recording of completed immunisations had improved.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

At our 18 October 2016 inspection, we rated the practice as requires improvement for providing well-led services as governance arrangements were not effective.

During this inspection, we saw improvements. The practice is now rated as good for being well-led.

Governance arrangements

Although the practice had a governance framework, when we carried out our previous inspection we saw that some systems and processes were not effective. For example, managing and learning from incidents, cascading information received and actions taken following receipt of safety alerts, monitoring of training needs and assessing staff competencies was not effective. We also saw that the practice did not establish an effective process for monitoring professional membership for clinical staff, nurses' revalidation and appropriate insurance cover. Previously processes for managing medicines which required closer monitoring was not effective. At this inspection we saw that systems and processes had improved. For example:

- During our previous inspection staff explained that some policies had been reviewed and updated. As a result, some staff we spoke with were unable to demonstrate their awareness of updated policies or explain how they were accessed. Staff we spoke with during this inspection was aware of policy updates such as safeguarding and staff were aware of the business continuity plan and how to access documentation when required.
- At this inspection, we saw that practice specific policies and procedures had been implemented and oversight of processes was effective. For example, systems for managing safety incidents were well established and embedded. As a result, documentation we viewed demonstrated effective management of incidents with clear evidence of shared learning to prevent the same thing happening again.
- Systems for monitoring staff training needs had improved since the previous inspection. As a result, we

saw evidence of completed training to enable staff to carry out their role effectively. Members of the management team explained that the new staff induction process had been improved. As a result, a more effective induction programme was in place and an induction checklist outlined required training and dates for completion.

- When we carried out our October 2016 inspection, the system for managing patient safety alerts received from (MHRA) did not ensure that all clinical staff was updated on alerts received and where required actions had been carried out. At this inspection, staff we spoke with explained that policies had been reviewed and updated. The practice established an effective process for distributing alerts throughout the practice. Staff we spoke with was aware of alerts and actions taken by the practice to ensure compliance with guideline recommendations.
- Systems for recording and monitoring clinicians' revalidation and indemnity cover had improved since the last inspection.
- Since the previous inspection, staff we spoke with demonstrated that they were able to access policies and procedures. The practice business continuity plan had been updated and staff we spoke with was aware of how to access the plan.
- At the October 2016 inspection, we saw that actions set out in the infection control audit had not been completed, we saw that the practice had moved their vaccination fridge which resulted in power switches not being easily accessible.
- Oversight of medicines, which require closer monitoring, were not effective. For example, clinicians' were not using the practice computer system to its full potential therefore were unable to demonstrate an effective method for recording medicine reviews. At this inspection, we reviewed the management of medicines and saw effective processes for recording repeat prescriptions, which included recording the review of high-risk medicines.