

Park View Medical Centre

Inspection report

Cranfleet Way
Long Eaton
Nottingham
NG10 3RJ
Tel: 01159462690
www.parkviewmedicalcentre.co.uk

Date of inspection visit: 24 August 2021
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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

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Overall summary

We carried out an announced inspection at Park View Medical Practice on 24 August 2021 to follow up on the findings from the last inspection on 18 May 2019. During the inspection on 18 May 2019, the practice was rated Requires Improvement overall and for the key questions safe and well-led. It was rated good for key questions effective, caring responsive.

Due to assurances we received from our review of information, we carried forward the ratings for the following key questions: caring and responsive from our last inspection in May 2019.

Following our review of the information available to us, including information provided by the practice, we focused our inspection on the following key questions: safe, effective and well-led.

Overall, the practice is rated as good. Following our review on 24 August 2021, it is rated as good in safe, effective, caring, responsive and well-led, as well as in all of the population groups.

The full reports for previous inspections can be found by selecting the 'all reports' link for Park View Medical Centre on our website at www.cqc.org.uk

Why we carried out this inspection

This inspection was a focused inspection to follow up on:

- Breaches in Regulations relating to Safe Care and Treatment and Good Governance
- Two best practice recommendations
- Consider their approach to clinical audit to develop consistency and clear evidence of their impact on the outcomes achieved for patient care
- Ensure staff training is monitored closely and records are updated. Staff should be encouraged to undertake a wide range of training modules to support wider team development

How we carried out the inspection

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Conducting staff interviews using video conferencing
- Completing clinical searches on the practice's patient records system and discussing findings with the provider
- Reviewing patient records
- Requesting evidence from the provider
- Speaking with care home staff using the telephone
- Speaking with members of the Patient Participation Group using the telephone
- A site visit

Our findings

Overall summary

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 Good overall and good for all population groups.

We found that:

- The practice had actioned and put measures in place for all the improvements areas identified in the previous inspection, including the breaches in regulation.
- Staff spoke highly about the management team and commented that leaders were visible and approachable. Staff felt supported and valued in their work.
- The practice provided care in a way that kept patients safe and protected them from avoidable harm.
- Recruitment processes for locum staff had been strengthened and the required information was available in the staff files.
- Improvements had been made to the monitoring of vaccine refrigerators, a risk assessment completed for the suggested emergency medicines not held in the practice, patient group directions were in date and signed and a system in place to monitor uncollected prescriptions.
- Effective processes for the safe handling of requests for repeat medicines for long-term conditions and to monitor the health of patients prescribed some high-risk medicines were in place.
- Patients received effective care and treatment that met their needs.
- Staff had the skills, knowledge and experience to carry out their roles. There was a system in place to monitor compliance with staff training. Staff were encouraged and supported to develop their skills and move to new roles with the practice.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic. Patients could access care and treatment in a timely way.
- Observation of staff interactions with patients supported that patients were treated with kindness and respect.
- The way the practice was led and managed promoted the delivery of high-quality, person-centre care. Consideration was given to succession planning and action was being taken to support the resilience and sustainability of the practice.
- Governance arrangements had been strengthened and were working effectively. The management team had oversight of any identified risks and action had been taken to mitigate these.

Whilst we found no breaches of regulations, the provider **should**:

- Continue to monitor the action taken by the landlord and address the recommendations in the fire, health and safety and the legionella risk assessments.
- Consider implementing a system to check that urgent referral appointments to secondary care made on behalf of the practice were in place and that patients had attended the appointment.
- Develop and implement a formalised system to monitor the competency of staff working in advanced roles.
- Continue to encourage patients on the severe mental health register to attend the practice for their annual review.
- Educate staff about the Freedom to Speak up Guardian.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Overall summary

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities and undertook a site visit. The team included a GP specialist advisor who spoke with staff, completed clinical searches and records reviews and undertook a site visit, and a second CQC inspector who also undertook a site visit.

Background to Park View Medical Centre

Park View Medical Centre is located in Long Eaton at:

Cranfleet Way

Long Eaton

Derbyshire

NG10 3RJ

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

The practice is situated within the NHS Derby and Derbyshire Clinical Commissioning Group (CCG) and delivers General Medical Services (GMS) to a patient population of about 5,191 patients. This is part of a contract held with NHS England. The practice is part of Erewash Primary Care Network, a wider network of 13 GP practices that work collaboratively to deliver primary care services.

The practice was a member of the Erewash Health Partnership (EHP), covering approximately 70,000 patients. This is a federation of 10 local GP practices who work collaboratively to ensure standardisation and efficiency, to strengthen resilience, and to derive benefits from economies of scale. Each practice is still autonomous in how they work.

Information published by Public Health England shows that deprivation within the practice population group is in the ninth highest decile (9 of 10). The lower the decile, the more deprived the practice population is relative to others.

The age profile demonstrates a lower proportion of older patients compared to the local and national averages, and higher numbers of younger patients and working age patients compared to local and national averages:

- The percentage of older people registered with the practice is 13.3% which is below the CCG average of 20.3%, and the national average of 17.6%.
- The percentage of working age people registered with the practice is 64.3% which is above the CCG average of 60.3%, and the national average of 62.3%.

- The percentage of young people registered with the practice is 22.5% which is above the CCG average of 19.5%, and the national average of 20.1%.

The National General Practice Profile describes the practice ethnicity as being predominantly white at 94.9% of the registered patients, with estimates of 1.5% mixed race, 2.7% Asian, 0.8% Black and 0.1% other groups.

There is a team of three GPs, two female and one male. An advanced nurse practitioner works alongside the GPs and also provides support for the nursing team. The practice has a team of two practice nurses and a health care assistant who provide nurse led clinics for long-term conditions. The GPs are supported at the practice by the practice manager, reception manager and a team of reception/administration and secretarial staff.

Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with the national guidance, most GP appointments were telephone consultations. If the GP needs to see a patient face-to-face then the patient is offered a choice of either the main GP location or the branch surgery.

Extended access is provided locally by Erewash Health Partnership, where late evening and weekend appointments are available. Out of hours services are provided by Derbyshire Health United.

Further information about the practice is available via their website at: www.parkviewmedicalcentre.co.uk