

# Parkside Medical Centre

## 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	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We had carried out an announced comprehensive inspection at Parkside Medical Centre on 19 May 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the May 2016 inspection can be found by selecting the 'all reports' link for Parkside Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 27 January 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 19 May 2016. 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:

- There were systems in place to ensure that patients were protected from the risks associated with the prescribing of medicines considered to pose an elevated risk.
- There were clear systems in place to ensure that that safety alerts from the Medicines and Healthcare Products Regulatory Agency were dealt in a manner that promoted patient safety.
- Guidance from the National Institute for Health and Care Excellence was available to all staff and GPs.
- The practice had completed full cycle clinical audits and continued to do so.
- The practice had taken positive steps to help staff identify carers and had increased the number of identified carers from 0.3% to 2.6% of the patient list.

**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?

- There was an effective system for dealing with patient safety alerts received from the Medicines and Healthcare Products Regulatory Agency.
- There were effective systems in place to protect patients who may have been at risk from the prescribing of certain medicines that pose an elevated risk in some circumstances.

Good



### Are services effective?

- There was an effective and recurring process of clinical audit aimed at improving performance and outcomes for patients.
- Guidance from the National Institute for Health and Care Excellence was available to all staff and GPs.
- The practice had worked hard and had increased the number of identified carers from 0.3% to 2.6% of the patient list.

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 and effective identified at our inspection on 19 May 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 and effective identified at our inspection on 19 May 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 and effective identified at our inspection on 19 May 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 and effective identified at our inspection on 19 May 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 and effective identified at our inspection on 19 May 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 and effective identified at our inspection on 19 May 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



# Parkside Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

This inspection was conducted by a CQC inspector.

## Background to Parkside Medical Centre

Parkside Medical Centre provides primary medical services to approximately 14,250 patients in Boston, Lincolnshire. At the time of our inspection the practice consisted of four GP Partners and one salaried GP one advanced nurse practitioner, a nurse practitioner, three practice nurses, three health care assistants and a phlebotomist. They are supported by a team of management, administration, reception and cleaning staff.

The practice is located within the area covered by NHS Lincolnshire East Clinical Commissioning Group (CCG). A CCG is an organisation that brings together local GP's and experienced health professionals to take on commissioning responsibilities for local health services.

The practice has a General Medical Services contract. (The GMS contract is a contract between general practices and NHS England for delivering primary care services to local

Communities). It is not a dispensing practice.

Boston and its surrounds has a population of 66,500 (2014) and has seen a 14.5% increase over the proceeding ten years, making it the fastest expanding population in Lincolnshire.

The practice has a higher than average percentage of patients aged between 25 and 35 years of age. Many of these patients are migrant workers from Eastern Europe who are employed in food production and processing in the area.

Boston and South Holland have some of the highest levels of migrant workers in England, they being predominantly from eastern Europe, in particular, Lithuania, Poland and Latvia. Some 26% of the practice population do not have English as a first language.

Parkside Medical Centre has opted out of providing out-of-hours services to their own patients. The out-of-hours service is provided by Lincolnshire Community Health Services NHS Trust and is accessed by NHS111.

The practice had a website which we found had an easy layout for patients to use. It enabled them to access a range of information about the healthcare services provided by the practice.

The practice was located in a very large building that had recently been extended and provided treatment rooms on two levels, two surgical theatres and additional space for other healthcare providers. A community pharmacy was physically attached to the practice. The building had been carefully adapted to meet the needs of patients and carers with restricted mobility, vision and hearing impairment.

The practice is located in Boston town centre and benefits from ample car parking and level pedestrian access.

## Why we carried out this inspection

We undertook a comprehensive inspection of Parkside Medical Centre on 19 May 2016 under Section 60 of the

# Detailed findings

Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. The full comprehensive report following the inspection can be found by selecting the 'all reports' link for Parkside Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up focused inspection of Parkside Medical Centre on 27 January 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 Centre on 27 January 2017. This involved reviewing evidence that:

- An on-going clinical audit plan had been implemented and full cycle audits undertaken.
- Procedures and processes had been reviewed and updated.

We also;

- Visited the practice.
- Spoke with the practice manager.

# Are services safe?

## Our findings

At our previous inspection on 19 May 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect dealing with patient safety alerts and identifying patients at risk from drugs considered to be of elevated risk were not effective.

These arrangements had significantly improved when we undertook a follow up inspection on 27 January 2017. The practice is now rated as good for providing safe services.

### Safe track record and learning

At our inspection on 19 May 2016 we found that the process for dealing with safety alerts from the Medicines and Healthcare Products Regulatory Agency was unclear and that there was no protocol for ensuring that such alerts were evaluated and the necessary action taken to ensure the safety of patients. At the inspection of 27 January 2017

we saw the practice had in place very clear systems for ensuring that alerts were brought to the attention of the practice manager or a member of staff deputising on their behalf and that all the necessary actions were taken.

On 19 May 2016 we also found that there was no systematic process in place to run searches to identify patients being prescribed certain drugs that could be considered to present an elevated risk in some circumstances. At our inspection on 27 January 2017 we found that the practice had implemented a wide range of searches on patient records for such drugs. The searches were automatically re-run at intervals to identify any patients being prescribed such medicines, such as new patients to the practice, and thus enable clinicians to take appropriate action.

We saw an example of how effective the process had been in reducing the number of patients in receipt of a particular combination of drugs from 186 down to two the last time the search was run.

# Are services effective?

(for example, treatment is effective)

## Our findings

At our previous inspection on 19 May 2016, we rated the practice as requires improvement for providing effective services as there was little evidence of clinical audit being undertaken to help drive quality improvement and outcomes for patients. In addition the practice had a lower than expected prevalence of identified carers.

These arrangements had significantly improved when we undertook a follow up inspection on 27 January 2017. The practice is now rated as good for providing effective services.

### **Management, monitoring and improving outcomes for people**

At our inspection on 27 January 2017 we were provided with evidence that clinical audit was now systematic with a

structured approach to carrying out audit and re-audit. We saw examples of completed two cycle audits and re-audit in respect of gout, clopidogrel / esomeprazole, methotrexate and simvastatin/ amlodipine prescribing.

We saw the audits had had positive effects and resulted in recalls and reviews of patient medication and an increase in blood tests where appropriate.

Guidance from the National Institute for Health and Care Excellence was available to all staff and GPs and was a standing agenda item at weekly clinical meetings.

At our inspection of 19 May 2016 we found the practice had not taken sufficient action to enable them to identify carers. The number of identified carers amounted to 0.3% of the practice list. At the inspection of 27 January 2017 we saw the practice had taken positive steps to help staff identify carers and had engaged with local and national carers organisations. This had resulted in a nine fold increase in the number of identified carers to 2.6% of the patient list.