

Parkside Medical Centre

Inspection report

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Milton Keynes
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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?	Requires Improvement	
Are services responsive to people's needs?	Good	
Are services well-led?	Requires Improvement	

Overall summary

We carried out an announced comprehensive inspection at Parkside Medical Centre on 29 September 2022. Overall, the practice is rated as requires improvement.

The ratings for each key question are:

- Safe - requires improvement
- Effective - requires improvement
- Caring – requires improvement
- Responsive – good
- Well-led - requires improvement

Following our previous inspection on 3 September 2021, the practice was rated good overall and for the provision of effective and well-led services. The practice was rated requires improvement for the safe key question. The ratings of good for the caring and responsive key questions had been carried over from the previous inspection.

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

Why we carried out this inspection

We inspected Parkside Medical Centre as part of our regulatory functions under the Health and Social Care Act 2008.

We served a requirement notice following our previous inspection as we found there were breaches in regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We carried out this inspection to follow up on the concerns identified in the safe key question, breaches of regulations and the areas identified where the provider should make improvements.

How we carried out the inspection

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 facilities
- completing clinical searches and reviewing patient records on the practice’s patient records system to identify issues and clarify actions taken by the provider
- requesting evidence from the provider
- a site visit to Parkside Medical Centre
- requesting and reviewing feedback from staff and patients who work at or use the service.

Our findings

We based our judgement of the quality of care at Parkside Medical Centre on a combination of:

Overall summary

- what we found when we inspected
- information from our ongoing monitoring of data about services
- information from the provider, patients, the public and other organisations.

We found that:

Systems and processes to manage risks and keep patients safe and protected from avoidable harm were not always effective. For example:

- Not all staff were up-to-date with the practice's training requirements, such as in sepsis awareness and safeguarding.
- Not all staff had a clear understanding of the procedure if there is a fire.
- The practice had not always responded to safety alerts to protect all patients from harm.
- Some emergency equipment had gone past the expiry date.

There were repeat breaches of the regulations from the last inspection. For example:

- There continued to be gaps in the required monitoring for patients prescribed high-risk medicines and reviews of patients with long-term conditions, such as diabetes.
- Further improvements were needed in the monitoring of staff immunisations.

Patients did not always receive effective care and treatment that met their needs and in a way that kept them safe and protected from avoidable harm. For example:

- Not all staff had had an appraisal in line with the practice's policy.
- Records relating to do not attempt cardiopulmonary resuscitation (DNACPR) decisions did not always contain adequate information.
- Cervical screening uptake was below the national target.
- Shared care documentation required strengthening.

However, the practice had met the minimum targets and exceeded some national targets for giving childhood immunisations.

Feedback from patients was negative about the way staff treated people and involved them in decisions about their care. Results from the National GP Patient Survey were below the local and national averages and there was no clear plan to address these. For example, the number of patients who were satisfied with the appointment they were offered.

Although the practice supported patients to live healthier lives, systems for identifying and supporting carers required strengthening.

Patients could access care and treatment in a timely way.

Complaints were listened and responded to and used to improve the quality of care.

Governance and performance monitoring systems required strengthening. For example:

- The practice had limited engagement with patients and the public to find out their views.

Overall summary

- The practice did not always act on feedback available to make improvements.
- The practice's plans about how they would manage backlogs of activity lacked detail.

There was compassionate leadership and a supportive culture in the practice.

We found 1 breach of regulations. The provider **must**:

- Establish effective systems and processes and operate them effectively to ensure good governance and compliance with the requirements of the fundamental standards of care as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

More detail is contained in the requirement notice section at the end of this report.

We also found the following areas for improvement where the provider **should**:

- Continue to take action to improve attendance for cervical screening.
- Develop systems to identify and support carers, including 'young carers' (those under the age of 18).
- Improve staff awareness of the practice's vision and their role in the delivery, development and monitoring of it.
- Consider including information in the business continuity plan about when it would be necessary and how to inform other agencies of a disruption.
- Continue to take steps to try to encourage other services to attend multi-disciplinary team meetings.
- Continue to make arrangements to keep all staff up-to-date with the practice's training requirements, including sepsis awareness and safeguarding.
- Develop effective systems to identify when emergency medicines and equipment need replacing.
- Take steps to improve patients' satisfaction with their experiences of using the practice.

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

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection was led by a CQC inspector and the team included a CQC inspection manager and a GP specialist advisor.

The inspector spoke with staff using video conferencing facilities and the inspector and inspection manager undertook a site visit. The GP specialist advisor spoke with staff using video conferencing facilities and completed clinical searches and reviews of patient records without visiting the location.

Background to Parkside Medical Centre

Parkside Medical Centre is located in a purpose built health centre at Whalley Drive, Bletchley, Milton Keynes, Buckinghamshire MK3 6EN.

The provider is registered with CQC to deliver the following regulated activities; diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and the treatment of disease, disorder or injury. These are delivered from the above site.

The practice is situated within the NHS Bedfordshire, Luton and Milton Keynes Integrated Care Board (ICB) and delivers general medical services to a patient population of about 10,700. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices known as the South West Primary Care Network (PCN). The PCN includes four providers of GP services working together to address local priorities in patient care.

Information published by Public Health England shows that deprivation within the practice population group is in the seventh highest decile (7 of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 85% White, 6% Asian, 5% Black, 4% Mixed and 1% Other.

The age distribution of the practice population broadly follows the local and national averages. There are slightly fewer working age people and slightly more older people.

The practice has a team of 5 GPs, 2 nurses, 1 advanced nurse practitioner, 1 physician associate, 2 healthcare assistants and 1 clinical pharmacist. The clinical pharmacist is an independent prescriber.

Non-clinical staff include a team of patient navigators (reception staff) and administration staff. The practice manager and deputy practice manager provide managerial oversight.

Patients of Parkside Medical Centre are also supported by a care coordinator, physiotherapists, clinical pharmacists, a social prescriber, health and well-being coaches and a mental health practitioner, who are employed by and support the whole PCN.

The practice is open between 7.30am and 7pm on Mondays to Fridays, excluding bank holidays. Appointments between 7.30am and 8am and between 6.30pm and 7pm are reserved for patients who have a pre-booked appointment.

The practice is one of the five 'GP Hubs' in Milton Keynes offering extended access appointments for anyone in Milton Keynes. Parkside Medical Centre offers extended access services on Sundays, Monday evenings and Tuesday evenings. Patients of Parkside Medical Centre can also access appointments at the other four 'hub practices' included in this local arrangement.

When the practice is closed, patients can access support, treatment and advice from the NHS 111 service.

Patients can book appointments with a GP or nurse online or by telephoning or visiting the practice.

The practice offers a range of appointment types including face-to-face and telephone consultations. Home visits are available for patients who are unable to go to the practice.

Patients can get advice for non-urgent medical or administrative matters using an online form available between 7.30am and 12noon Monday to Friday, excluding bank holidays.

Patients can request prescriptions using an online system.

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

Treatment of disease, disorder or injury
Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:

- Not all staff had received training in fire safety or were aware of who the fire wardens and marshals were for the practice.
- Not all patients had had medicine reviews or monitoring of long-term conditions in line with guidelines.
- The practice had not always responded to safety alerts to protect all patients from harm.
- There was no oversight of the immunity status for all staff in line with guidelines.
- Not all staff had had an appraisal in line with the practice's policy.

The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to ensure that accurate, complete and contemporaneous records were being maintained securely in respect of each service user. In particular:

- Decisions about a person's mental capacity or wishes around cardiopulmonary resuscitation were not consistently recorded.
- Arrangements for shared care were not fully recorded in the records of patients for whom this was appropriate.

There were no systems or processes that enabled the registered person to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services. In particular:

This section is primarily information for the provider

Requirement notices

- The practice had limited engagement with patients and results of the NHS Friends and Family test had not been evaluated or used to improve services.

This was in breach of Regulation 17(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.