

Park Medical Centre

Inspection report

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Date of inspection visit: 17 November 2022
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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

Inadequate



Are services safe?

Inadequate



Are services effective?

Inadequate



Are services caring?

Inspected but not rated



Are services responsive to people's needs?

Requires Improvement



Are services well-led?

Inadequate



Overall summary

We carried out an announced comprehensive inspection at Park Medical Centre on 17 November 2022. Overall, the practice is rated as inadequate.

This is the first inspection of Park Medical Centre under the registered provider Bretton Park Healthcare who became the provider from January 2022. Bretton Park Healthcare is the provider of 2 locations, Bretton Medical Practice and Park Medical Centre. We inspected both practices within a 2-day period as both locations were managed by a central team function and staff both clinical and non-clinical worked across both locations.

Safe - Inadequate

Effective - Inadequate

Caring – Insufficient evidence to rate

Responsive – Requires Improvement

Well-led – Inadequate

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

Why we carried out this inspection

This was the first inspection of Park Medical Centre in line with our inspection priorities and to follow up concerns reported to us.

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 included:

- Conducting staff interviews using video conferencing.
- Completing clinical searches on the practice’s patient records system (this was with consent from the provider and in line with all data protection and information governance requirements).
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- A short site visit.
- Staff questionnaires.

Our findings

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.

Overall summary

The practice is rated inadequate for providing safe services because:

- There were significant gaps in the practice systems to assess, mitigate, monitor and manage risks to patient safety.
- Not all medicines were prescribed safely to patients.
- The practice failed to have a system and process in place to manage test results, coding of medical records, and patient correspondence to ensure appropriate clinical oversight and action within a timely manner.
- Learning was not always shared, and improvements made and monitored when things went wrong.
- Appropriate recruitment checks for new staff were not always completed.

The practice is rated inadequate for providing effective services because:

- Patients' needs were not always assessed, and care and treatment were not always delivered in line with current legislation, standards, and evidence-based guidance supported by clear pathways and tools.
- The practice was unable to demonstrate that staff had all the skills, knowledge, and experience to carry out their roles.
- Staff worked with other organisations to deliver effective care and treatment, but patients were not always correctly reviewed in a timely manner.
- Staff were not consistent and proactive in helping patients to live healthier lives. The practice had a significant backlog of patients with long-term conditions who had not been reviewed in the last year.
- The practice had a backlog of patients with a learning disability who had not been reviewed in the last year.
- The practice did not have evidence that staff had received clinical supervision to be assured they were competent to carry out their roles.

The practice is rated requires improvement for providing responsive services because:

- Patients reported difficult getting through to the practice by telephone and accessing an appointment.
- Information of how to make a complaint was not readily available on the practice website.
- Learning from complaints was not always shared with staff.

The practice is rated as inadequate for providing well-led services because:

- There was a lack of leadership and oversight from the provider to ensure services were delivered in a safe and effective way to patients.
- The practice did not have a clear vision and credible strategy to provide high-quality sustainable care.
- The practice culture did not always effectively support the delivery of high quality sustainable care.
- The overall governance arrangements and processes for managing risks, issues and performance were ineffective .
- The practice did not always act on appropriate and accurate information.
- Feedback from the public, staff, and external partners to sustain high quality and sustainable care was not sought or always acted upon.
- There was little evidence of systems and processes for learning, continuous improvement and innovation.

There was insufficient evidence to rate the caring domain. This is because National GP patient survey data was not available to the Commission at the time of this inspection as the practice was newly formed in February 2022. Therefore, in the absence of the practice demonstrating specific caring services or any up to date national or local survey data or sufficient patient feedback we have been unable to rate the provision of caring services.

We found breaches of regulations. The provider **must**:

- Ensure care and treatment is provided in a safe way to patients.

Overall summary

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

In addition, there were areas the provider could improve and **should:**

- Continue to encourage patients to attend for the national cervical screening programme to increase uptake.
- Continue to identify and offer support to carers within the practice.
- Implement and monitor the action plan to improve uptake for learning disability health checks.
- Implement and monitor the action plan to improve uptake for NHS health checks.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any key question or overall, we will act in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement, we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

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 team was led by a CQC lead inspector who spoke with staff using video conferencing facilities and undertook a site visit with another CQC inspector. The team included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

Background to Park Medical Centre

Park Medical Centre is in the town of Peterborough

164 Park Road

Peterborough

Cambridgeshire

PE1 2UF

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, family planning and surgical procedures.

Park Medical Centre previously was part of a large GP practice under a different provider that worked at scale. Bretton Park Healthcare, the new provider, registered with the Commission in January 2022 and has another GP practice, Bretton Medical Practice. Leaders and managers worked across the two GP practices, along with some members of staff.

The practice is situated within the Cambridge and Peterborough Integrated Care System (ICS) and delivers General Medical Services (GMS) to a combined patient population of 9,330. This is part of a contract held with NHS England. Park Medical Centre is a teaching practice and there was a GP registrar in post.

The practice is part of a wider network of GP practices, Bretton Park & Hampton Primary Care Network (PCN).

There is a team of GPs who work at the practice. There are 2 GP partners supported by a team of 19 reception/administration staff, 3 healthcare assistants, 2 practice nurses, 3 advanced nurse prescribers and a pharmacist. In addition, the practice uses regular locum GPs and salaried part time GP's. The business manager is based at Bretton Medical practice .

The practice is open between 8:30 am to 6:30 pm Monday to Friday. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Extended access is provided locally by the practice where weekend appointments are available. Out of hours services are accessed by NHS 111.

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	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• We found the practice did not have systems and processes to ensure staff had been recruited safely. We found the practice had not undertaken a DBS check prior to a staff member working practice.• The practice system and process did not ensure that all staff received all training the practice deemed mandatory.• The practice failed to have clear oversight of the vaccinations status for staff who may be at risk.• There was not an effective system for the coding of patients' medical records to ensure that patient records contained accurate information and received appropriate care and treatment.• The practice did not have an effective system to ensure that all staff had received documented and appropriate support, appraisal and assessment to improve the quality and safety of the services provided. <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury Maternity and midwifery services	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• The policies, systems and processes in place did not support safe prescribing of medicines.• The practice did not evidence a safe system for acting upon Medicines and Healthcare products Regulatory Agency (MHRA) safety alerts.• The practice did not evidence that regular, appropriate and comprehensive medicine reviews were undertaken.• The practice failed to demonstrate there was formal documented clinical supervision of non-medical prescribers• The practice did not have a safe system and process for the management of pathology results. <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>