

Parkwood Family Practice

Inspection report

119-121 Long Catlis Road
Parkwood, Rainham
Gillingham
ME8 9RR
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www.parkwoodfamilypractice.nhs.uk

Date of inspection visit: 10 November 2022
Date of publication: 13/12/2022

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?

Inadequate



Are services effective?

Requires Improvement



Are services responsive to people's needs?

Good



Are services well-led?

Requires Improvement



Overall summary

We carried out an announced inspection at Parkwood Family Practice on 10 November 2022. Overall, the practice is rated as **Requires Improvement**.

Safe – Inadequate

Effective – Requires Improvement

Responsive - Good

Well-led - Requires Improvement

Why we carried out this inspection

This was an announced comprehensive inspection to provide the practice with an up to date rating. At our previous inspection on 18 May 2016, the practice was rated Good overall.

The full reports for previous inspections can be found by selecting the 'all reports' link for Parkwood Family Practice on our website at www.cqc.org.uk

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 to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider,
- A short site visit.

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.

We have rated this practice as Requires Improvement overall

We rated the practice as **Inadequate** for providing safe services because:

Overall summary

- Recruitment checks were not always carried out in accordance with regulations and practice policy.
- Staff vaccination was not always maintained in line with current Public Health England guidance.
- Risks to patients, staff and visitors were not always assessed, monitored or managed effectively.
- Systems and processes for managing and responding to significant events were not effective.

We rated the practice as **Requires Improvement** for providing effective and well-led services because:

- Patients' needs were assessed, but care and treatment was not always delivered in line with current legislation, standards and evidence-based guidance.
- Patients with long-term conditions were not always receiving relevant reviews that included all elements necessary in line with current best practice guidance.
- Staff induction training was not being formally recorded and the provider was unable to demonstrate that all clinical staff had received training in recognising and managing sepsis.
- Leaders were not aware of all required improvements to ensure the quality, safety and performance of the service.
- Improvements were required to the processes and systems that supported good governance and management.
- The practice's processes for managing risks, issues and performance were not always effective.

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

- Establish effective systems to ensure safe care and treatment in accordance with the fundamental standards of care.
- Ensure that staff are recruited, and records maintained in line with regulatory requirements.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The provider **should**:

- Have appropriate supplies of Automated External Defibrillator pads.

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. 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 Parkwood Family Practice

Parkwood Family Practice is located at 119-121 Long Catlis Road, Parkwood, Rainham, Gillingham, Kent, ME8 9RR.

The provider is registered with CQC to deliver the Regulated Activities; Diagnostic and screening procedures, Family planning, Maternity and midwifery services, Treatment of disease, disorder or injury and Surgical procedures.

The practice is situated within the Kent and Medway Integrated Care Board (ICB) and delivers General Medical Services (GMS) to a patient population of about 3,353. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices, Medway Rainham Primary Care Network (PCN).

Information published by UK Health Security Agency shows that deprivation within the practice population group is in the ninth lowest decile (nine out 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 94.5% White, 0.8% Black, 3% Asian, 1.2% Mixed and 0.4% Other.

The age distribution of the practice population closely mirrors the local and national averages. There are more female patients registered at the practice compared to males.

The practice is led by a male GP. The GP is supported by a nurse (female), a healthcare assistant (female), a practice manager, practice manager supporter and a team of reception/administration staff.

Parkwood Family Practice is open between 8.30am and 6.30pm Monday to Friday.

The practice offers a range of appointment types including book on the day, telephone consultations, video consultations and advance appointments.

Extended access is provided locally by Medway Rainham PCN, where late evening and weekend appointments are available. Out of hours services are arranged by NHS111 and provided by Medway on call care (MEDDOC).

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: The provider had failed to provide care and treatment in a safe way for service users. In particular: • Three patients prescribed ACEI/ARB had not been appropriately monitored within the required timescale or reviewed before being prescribed these medicines. • Potential missed diagnosis of Diabetes. We found that five patients had not been added to the practices' diabetic register. • Patients with hypothyroidism had not had thyroid function test monitoring for 18 months. Five patients had been flagged on the system as requiring an up to date, routine thyroid function blood test. These patients had received a medication review but had not been informed that required blood tests to ensure their prescribed medicine was the correct dosage. • One patient with diabetic retinopathy had received a review following their most recent high HbA1c blood test result. However, there was no recording of why the patient was not prescribed medication based on their blood test result. This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Family planning services	A Warning Notice was issued for breaches of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Treatment of disease, disorder or injury	How the regulation was not being met: The provider was not always assessing, monitoring and mitigating the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular: • Fire, health and safety, legionella and infection prevention and control risk assessments/audits had not been completed.
Surgical procedures	The provider was not operating effective systems or processes to ensure good governance. In particular: • Systems and processes for managing and responding to significant events were not effective. • Staff induction training was not being formally recorded. • Recruitment checks were not always carried out in accordance with regulations and practice policy. • Staff vaccination was not always maintained in line with current UK Health and Security Agency guidance.
Maternity and midwifery services	These had not been identified by the providers governance systems and processes.