

# Jubilee Park Medical Partnership

## Inspection report

61 Burton Road  
Carlton  
Nottingham  
NG4 3DQ  
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[www.parkhousemedicalcentre.com](http://www.parkhousemedicalcentre.com)

Date of inspection visit: 06 October 2022  
Date of publication: 04/01/2023

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?	Requires Improvement	
Are services responsive to people's needs?	Inadequate	
Are services well-led?	Inadequate	

# Overall summary

We carried out an announced comprehensive inspection at Jubilee Park Medical Partnership on 06 October 2022. Overall, the practice is rated as Inadequate.

Safe - Inadequate

Effective - Inadequate

Caring - Requires improvement

Responsive - Inadequate

Well-led - Inadequate

The practices were separate formally named Park House and Jubilee practice and merged to form Jubilee Park Medical Partnership on 1 April 2020.

The full reports for previous inspections can be found by selecting the 'all reports' link for Jubilee Park Medical Partnership on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Why we carried out this inspection

We carried out this inspection due to a change in registration and concerns from patients.

## 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.

## 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 found that:

- The practice did not provide care in a way that kept patients safe and protected them from avoidable harm.
- Patients did not receive effective care and treatment that met their needs.

# Overall summary

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- Patients could not access care and treatment in a timely way.
- The way the practice was led and managed did not promote the delivery of high-quality, person-centred care.
- Leaders could not demonstrate they had the capacity and skills to deliver high quality sustainable care.
- The overall governance arrangements were inadequate.
- Staff did not always work effectively together and with other organisations to deliver effective care and treatment.
- The practice did not have a comprehensive programme of quality improvement activity.
- Patients' needs were not assessed, and care and treatment was not delivered in line with current legislation.
- There were gaps in systems to assess, monitor and manage risks to patient safety.

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

- Ensure care and treatment is provided in a safe way to patients.
- Ensure all premises and equipment used by the service provider is fit for use.
- Ensure that any complaint received is investigated and any proportionate action is taken in response to any failure identified by the complaint or investigation.
- Ensure there is an effective system for identifying, receiving, recording, handling and responding to complaints by patients and other persons in relation to the carrying on of the regulated activity.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The provider **should**:

- Take steps to improve safe levels of staffing.
- In response to patient feedback, improve access for patients.
- Take action to improve staff wellbeing.

I am, therefore, 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 population group, key question or overall, we will take action 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, second CQC inspector and a member of the CQC medicines management team who undertook a site visit. The team also included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location. Following the onsite inspection another CQC inspector also spoke with staff using video conferencing facilities.

## Background to Jubilee Park Medical Partnership

Jubilee Park Medical Partnership is located in Nottingham at:

61 Burton Road

Carlton

Nottingham

Nottinghamshire

NG4 3DQ

The practice has a branch surgery at:

Jubilee Park Medical Partnership - Lowdham Branch

Francklin Road

Lowdham

Nottingham

NG14 7BG

There is a dispensary located at the Lowdham branch site. We visited both sites as part of our inspection.

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. These are delivered from both sites.

The practice offers services from both a main practice and a branch surgery. Patients can access services at either surgery.

The practice is situated within the Nottingham Integrated Care System (ICS) and delivers General Medical Services (GMS) to a patient population of about 12,423. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices called Synergy Health Primary Care Network encompassing four local GP practices.

Information published by Public Health England shows that deprivation within the practice population group is in the highest decile (10 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 93.8% White, 2.1% Asian, 2.1% Mixed, 1.8% Black and 0.2% Other.

There is a team of 2 GP partners and 4 salaried GPs and locum GPs who provide cover at both the practice and branch site. The practice has a team of 5 nurses who provide nurse led clinics for long-term conditions at both the main and the branch locations. The GPs are supported at the practice by a team of care coordinators and administration staff. The practice has a quality manager, business manager and operations manager who work between the locations to provide managerial oversight.

The practice main site is open between 8 am to 6:30pm Monday to Friday. The branch site is open 8am to 6:30pm Monday, Tuesday, Wednesday and Friday and 8am to 12:30pm on Thursdays. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Extended access is provided by the practice, where late evening appointments are available. Out of hours services are provided by Nottingham East Midlands Community Benefit Services Ltd.

## 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
Family planning services Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury Maternity and midwifery services	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>There were no systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none"><li>• The practice did not have systems and processes for managing risks, issues and performance for:<ul style="list-style-type: none"><li>-Medicine safety alerts.</li><li>-Supervision, auditing and peer review for clinicians and prescribers.</li><li>-Dealing with referrals to the practice and making timely referrals of patients to services.</li><li>-Monitoring patients on high risk medicines and patients with long term conditions.</li><li>-Managing emergency medicines effectively with a risk assessment of missed medicines and the potential impact on patients.</li><li>-Effective and timely medicine review for patients.</li></ul></li></ul> <p>There were no systems or processes that enabled 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:</p> <ul style="list-style-type: none"><li>• Ineffective policies which were not implemented in practice.</li><li>• Lack of oversight and identifying risk in relation to Fire Safety and Health and Safety related risk assessments.</li></ul> <p>This was in breach of Regulation 17 (1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

# Enforcement actions

## Regulated activity

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

## Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

### How the regulation was not being met:

- There was a lack of leadership and oversight around governance systems, quality and assurance and monitoring and mitigating risk. This resulted in issues not being identified or adequately managed, with the potential to impact upon the delivery of safe and effective care. For example a lack of oversight of infection control, no hot water, legionella and electrical risks.
- The practice had not ensured all actions identified on risk assessments had been completed as recommended. For example, actions from their fire and infection prevention and control risk assessment had not been completed as required.
- Infection control measures were inadequate.
- We found at the branch site Franklin Road, Lowdham, Nottingham, NG4 3DQ that waste was not managed in line with current legislation and advice.

This was in breach of Regulation 15 (1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

## Regulated activity

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

## Regulation

Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

### How the regulation was not being met:

- Staff who were responsible for responding to complaints had not received training.
- The practice had not responded to all complaints.
- Staff were unaware of how to respond to complaints.

This was in breach of Regulation 16 (1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

## Regulated activity

## Regulation

# Enforcement actions

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 not ensured that care and treatment is provided in a safe way. In particular;

- The provider did not ensure there were effective arrangements in place for identifying, managing and mitigating risks. For example, people had not received appropriate physical health monitoring with appropriate follow-up in accordance with current national guidance.
- Leaders had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular, ensuring that the premises were safe for use.
- Leaders had not identified the need to have an effective process in place to ensure clinicians were reviewing patients' monitoring information prior to prescribing. For example, not all patients on high risk medicines whose records we looked at had received appropriate monitoring.
- We found that the medication fridge temperature had gone out of range, for which the provider had taken no action.
- Where responsibilities for the care and treatment of service users were shared with, or transferred to other persons, the registered person did not ensure that timely care planning took place to ensure the health, safety and welfare of those service users. In particular: we found that the system of dealing with correspondence to the practice was not effective.

There was no system of supervision, audits and peer review in place for clinicians and prescribers.

This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.