

Parklands Surgery

Quality Report

The Parklands Surgery,
Chichester
West Sussex
PO19 3DT
Tel: 01243 782819
Website: www.parklandssurgery.nhs.uk

Date of inspection visit: 2 February 2017
Date of publication: 14/03/2017

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



Summary of findings

Contents

Summary of this inspection

Overall summary	2
The five questions we ask and what we found	4

Detailed findings from this inspection

Our inspection team	5
Background to Parklands Surgery	5
Why we carried out this inspection	5
How we carried out this inspection	5
Detailed findings	7

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Parklands Surgery on 17 May 2016. During this inspection we found breaches of legal requirement and the provider was rated as requires improvement under the safe domain. The full comprehensive report on the May 2016 inspection can be found by selecting the 'all reports' link for Parklands Surgery on our website at www.cqc.org.uk. The practice sent to us an action plan detailing what they would do to meet the legal requirements in relation to the following:-

- Ensuring that all significant events are fully recorded centrally at the practice to ensure a comprehensive audit trail is maintained.
- Ensuring that clearly defined and embedded systems, processes and practices are in place to keep patients safe and safeguarded from abuse. Ensure that staff who are chaperones receive appropriate training.
- Ensuring all staff receive safeguarding training appropriate to their role.

- Ensuring that an assessment of cleanliness is regularly completed, and that cleaning undertaken is recorded and monitored, including that curtains and carpets are regularly cleaned. Ensure that actions from infection control audits are completed and recorded.
- Ensuring the security and tracking of blank prescription forms at all times.
- Ensuring that patients prescribed with high risk medicines are regularly monitored.
- Ensuring that all Patient Specific Directions are recorded and completed correctly, in line with legislation.

Additionally we found that:

The practice needed to continue to:

- Improve the pathways for the obtaining and dissemination of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Improve recording processes to ensure that the details of all care plans are retained by the practice to ensure care and treatment is monitored.
- Ensure patients who are carers and who are cared for are pro-actively identified and supported.

Summary of findings

This inspection was an announced focused inspection carried out on 2 February 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 17 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 rated as good.

Our key findings were as follows:

- We found that the practice had a comprehensive database in place to track, monitor and audit all significant events and alerts.
- Since our last inspection staff identified as chaperones had undertaken training in this area. Safeguarding training had been delivered to all staff at appropriate levels.

- Evidence was seen to confirm that curtains and carpets were regularly cleaned.
- We saw evidence that medicine management practices were comprehensive and kept patients safe.
- Care plans were in place and any follow up reviews were clearly recorded within the patient's records.
- Systems were in place to monitor and identify carers and their support needs. The practice had identified 156 carers and increase of 13 since our last inspection which is approximately 1.7% of the patient list.
- The practice had developed systems to make NICE guidelines and best practice information more accessible. The practice had links on their computers to access these guidelines and the clinical commissioning group (CCG) clinical guidance pages.

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?

Good



- At our previous inspection on 17 May 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of risk management required some improvements.
- At this inspection on 2 February 2017 we found that the practice had a comprehensive database in place to track, monitor and audit all significant events and alerts.
- Since our last inspection staff identified as chaperones had undertaken training in this area. Safeguarding training had been delivered to all staff at appropriate levels.
- Evidence was seen to confirm that curtains and carpets were regularly cleaned.
- We saw evidence that medicine management practices were comprehensive and kept patients safe.

Parklands Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

The team consisted of a CQC inspector.

Background to Parklands Surgery

Parklands Surgery is located in a residential area of Chichester and provides primary medical services to approximately 9,800 patients. The practice also provides care and treatment for the residents of nearby care homes, which serves individuals with dementia or nursing needs.

There are four GP partners and three salaried GP (four male, three female). Collectively they equate to almost seven full time GPs. The practice is registered as a GP training practice, supporting medical students and providing training opportunities for doctors seeking to become fully qualified GPs.

There are nine female members of the nursing team; one nurse manager, one nurse prescriber, four practice nurses and three health care assistants. GPs and nurses are supported by the practice manager, a deputy practice manager, and a team of reception/administration staff.

The practice is open from 8am to 6:30pm Monday to Friday. Extended hours appointments are offered Tuesday and Thursday mornings from 7:30am to 8:30am and Saturday mornings 9:30am to 11:30am. Phlebotomy appointments are also offered on Wednesday mornings from 7am to 8am. Appointments can be booked over the telephone, online or in person at the surgery. Patients are provided information on how to access an out of hours service by calling the surgery or viewing the practice website.

The practice runs a number of services for its patients including; family planning, health checks, smoking cessation, and travel vaccines.

Data available to the Care Quality Commission (CQC) shows the practice serves a higher than average number of patients who are aged over 65 when compared to the national average. The number of patients under 4 years of age is slightly below the national average. The number of

registered patients suffering income deprivation is below the national average.

The practice has a General Medical Services (GMS) contract with NHS England. (GMS is one of the three contracting routes that have been available to enable commissioning of primary medical services). The practice is part of the NHS Coastal West Sussex Clinical Commissioning Group.

Why we carried out this inspection

We undertook a comprehensive inspection Parklands Surgery on 17 May 2016 under Section 60 of the 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 in May 2016 can be found by selecting the 'all reports' link for Parklands Surgery on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Parklands Surgery on 2 February 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.

Detailed findings

How we carried out this inspection

During our visit we:

- Reviewed their significant events monitoring systems.
- Inspected their cleaning schedules and records
- Reviewed their medicine management systems.

- Reviewed parts of the staff training records in relation to safeguarding and chaperoning.
- Reviewed and discussed their carers' data, systems for sharing information and care planning systems.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

At our previous inspection on 17 May 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of risk management, medicine management and infection control were not adequate.

These arrangements had significantly improved when we undertook a follow up inspection on 2 February 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

At the comprehensive inspection on 17 May 2016 we had found that the practice carried out a thorough analysis of the significant events and we saw evidence of meeting minutes where they had been discussed. However we found the central recording of events could be improved to ensure a comprehensive audit trail is maintained.

At this focused inspection in February 2017 we found the provider had addressed our concerns and we saw a comprehensive database, maintained to record all significant events. This database recorded outcomes, highlighted actions and allowed for detailed audits. The practice told us that this had been in place at the last inspection.

Overview of safety systems and process

At our inspection in May 2016 we found that not all staff had received training on safeguarding children and vulnerable adults relevant to their role, however, the practice was aware of these gaps. Staff who provided chaperoning services were not always sure of their role. At this inspection we saw evidence to demonstrate all staff had received training in safeguarding children and adults to an appropriate level. For example, GPs and nurses were trained to child protection or child safeguarding level three. We also saw evidence to demonstrate that staff who carry out chaperoning duties had received updated training. We also noted that safeguarding leads had been identified for the practice and identified in accessible guidelines and documents for staff.

At our last inspection we found concerns with the practice's medicine management systems. The areas of concern were:

- Patient specific directions (PSDs) used to authorise healthcare assistants to administer specific injectable medicines and vaccinations to individual patients were not always in place.
- The practice did not have systems in place to monitor high risk medicines.
- We found that blank prescription forms and pads were not securely stored and the practice did not evidence that there were systems in place to monitor their use.

At this focused inspection in February 2017 we found the provider had addressed our concerns. We saw evidence that PSDs were in place for clinics such as Flu clinics and for opportunistic or planned appointments for individual patients. The practice had information on patients who were prescribed high risk medicines. Protocols were in place and monitored to ensure prescribing and follow up reviews were in line with guidelines. The practice did not have hand written prescription pads on the premises and they had a system for monitoring computer prescription forms issued to individual GPs and nurse prescribers. The computer forms were returned to a secure cupboard when not in use by the individual practitioner.

At our last inspection in May 2016 we found that the practice was not regularly recording the cleaning of carpets and privacy curtains. At this inspection we saw evidence to confirm that the curtains were laundered on a six monthly basis and the carpets had been cleaned. The practice had engaged a new cleaning contractor to improve standards. The deep cleaning of carpets had been added to the deep cleaning schedule and the practice had purchased a carpet cleaner for use in between these scheduled cleaning regimes.