

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: 19 May 2023
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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 well-led?

Good



Overall summary

We carried out an announced comprehensive follow up inspection at Parkwood Family Practice on 19 May 2023. Overall, the practice is rated as Requires Improvement.

The ratings for each key question are as follows:

Safe – Requires Improvement

Effective – Requires Improvement

Well-led – Good

We carried out an announced inspection at Parkwood Family Practice on 10 November 2022. Overall, the practice was rated as Requires Improvement. We rated the practice as Inadequate for providing safe services, Requires Improvement for providing effective and well- led services and Good for providing responsive services. We issued both a Warning Notice and a Requirement Notice as part of our enforcement action.

Why we carried out this inspection

This inspection was a comprehensive inspection to re-rate the practice and ensure ongoing compliance with the regulations.

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,
- 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

Overall summary

- information from the provider, patients, the public and other organisations.

We have rated this practice as Requires Improvement overall

We rated the practice as **Requires Improvement** for providing safe and effective services because:

- An effective and standardised approach was applied to the safe care and treatment of patients prescribed high-risk medicines and those with long-term conditions. However, these required time to be fully embedded effectively and ensure that all patients received appropriate monitoring within the recommended timescales.
- Recruitment checks and storage of staff files were now carried out in accordance with regulations and practice policy.
- Staff vaccination was now being maintained in line with current UK Health and Security Agency guidance.
- Risks to patients, staff and visitors were being routinely assessed, monitored and managed effectively.
- Systems and processes for managing and responding to significant events had been improved and embedded effectively.
- Staff induction training was being formally recorded and the provider was able to demonstrate that all clinical staff had received training in recognising and managing sepsis.
- Leaders were aware of all required improvements to ensure the quality, safety and performance of the service. However, further improvements were required.
- Improvements had been made to the processes and systems that supported good governance and management.
- The practice's processes for managing risks, issues and performance had been improved and were now effective.

We rated the practice as **Good** for providing well-led service because:

- There was compassionate leadership at all levels and leaders were aware of required improvements to ensure the quality, safety and performance of the service.
- Improvements had been made to ensure the processes and systems that supported good governance and management were embedded effectively.
- The practice's processes for managing risks, issues and performance were now effective.

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

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

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 Health Care

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 3,540. 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 (9 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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider had failed to provide care and treatment in a safe way for service users. In particular:</p> <ul style="list-style-type: none">• Ensuring the standardised approach applied to the safe care and treatment of patients prescribed high-risk medicines and those with long-term conditions requires to be fully embedded; to ensure that all patients receive appropriate monitoring within the recommended timescales.• 5 patients prescribed ACEI/ARB were overdue an annual blood test.• 5 patients prescribed 2 or more courses of rescue steroids had not received any follow up to ensure the treatment had been effective and there were no side effects experienced by the patient.• 4 patients with hypothyroidism had not had thyroid function test monitoring for 12 months.