

Parkview Medical Centre

Inspection report

56 Bloemfontein Road
Shepherds Bush
London
W12 7FG
Tel: 02087494141

Date of inspection visit: 28 July 2021 & 2 August 2021
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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?		Good	
Are services effective?		Requires Improvement	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Requires Improvement	

Overall summary

We carried out an announced comprehensive inspection at Parkview Medical Centre (Dr R Kukar and Partners) on 28 July & 2 August to follow up on breaches of regulations.

The practice was previously inspected on 18 November 2020. Following that inspection, the practice was rated as requires improvement overall (requires improvement in safe, effective and well-led and good in caring and responsive).

The service had been placed in Special Measures in a previous inspection carried out in November 2019 due to and overall rating of inadequate and remained in special measures following the inspection carried out in November 2020 as insufficient improvements had been made and there remained a rating of inadequate in the population group working age people.

The full reports for previous inspections can be found by selecting the 'all reports' link for Parkview Medical Centre (Dr R Kukar and Partners) on our website at www.cqc.org.uk

At this inspection 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 the provider had continued to make improvements but there still remained some areas of concern. We rated the key questions as follows:

Safe – Good.

Effective – Requires Improvement

Caring – Good

Responsive - Good

Well-led – Requires Improvement

We found that:

- The provider had actioned the issues identified their last infection prevention and control audit.
- The system for documenting medicines reviews had improved.
- The uptake of cervical, bowel and breast screening were significantly below average and there was no nursing staff on site for an extended period.
- The practice provided care in a way that kept patients safe and protected them from avoidable harm, although there was no overall designated safeguarding lead.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic. Patients could access care and treatment in a timely way.
- The provider could not evidence clear arrangements in relation to day to day clinical oversight.

Overall summary

We found some breaches of regulations. The provider must

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

(Please see the specific details on action required at the end of this report).

The areas where the provider **should** make improvements are:

- Establish a system of formal clinical supervision of the nursing staff.
- Select a designated safeguarding lead who has completed the appropriate level of training.
- Review the system for two week wait cancer referrals and ensure it is followed by all appropriate staff.
- Review the Incident policy so that staff are clear about what constitutes a significant event.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

Older people	Good	
People with long-term conditions	Good	
Families, children and young people	Requires Improvement	
Working age people (including those recently retired and students)	Requires Improvement	
People whose circumstances may make them vulnerable	Good	
People experiencing poor mental health (including people with dementia)	Good	

Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using tele-conferencing facilities and undertook a site visit. The team included a GP specialist advisor.

Background to Parkview Medical Centre

Parkview Medical Centre (Dr R Kukar and Partners) is situated at Parkview Centre for Health and Wellbeing, Cranston Court, 56 Bloemfontein Road, Shepherds Bush, London, W12 7FG. This is a purpose-built primary health care centre shared with three other GP practices and community services.

The practice has access to two consulting rooms and a shared reception on the ground floor, and administrative space on the first floor.

The practice provides NHS primary care services to approximately 1,900 people living in Hammersmith and Fulham through a General Medical Services (GMS) contract (a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract).

The practice is part of the NHS Hammersmith and Fulham Clinical Commissioning Group (CCG). The practice population is in the second most deprived decile in England. People living in more deprived areas tend to have greater need for health services.

The practice is registered with the Care Quality Commission (CQC) as a partnership to provide the regulated activities of diagnostic and screening procedures, treatment of disease, disorder or injury and maternity and midwifery services.

The practice staff comprises three part-time long-term locum GPs and a part-time healthcare assistant, a part-time nurse and part-time midwife. The team are supported by a clinical GP lead (who does not undertake any clinical sessions at the practice, a managing partner, a part-time practice manager, a part-time assistant practice manager and three reception and administrative staff. The practice is open between 8am and 6.30pm Monday to Friday.

This section is primarily information for the provider

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 Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance <ul style="list-style-type: none">• The provider had not acted on the concerns raised in our last inspection in relation to the lack of nursing staff onsite in order to meet patient's needs and improve their performance for cancer screening and childhood immunisations.• The GP survey results in relation to patients contacts with GPs had reduced since the last survey and the reasons for this had not been analysed.