

# Park Medical Practice

## Quality Report

The Park Medical Practice  
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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 service

Good



Are services safe?

Good



# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	3

### Detailed findings from this inspection

Our inspection team	4
Background to Park Medical Practice	4
Why we carried out this inspection	4
How we carried out this inspection	4
Detailed findings	6

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Park Medical Practice on 14 April 2016. Overall the practice was rated as good. The practice was rated good for providing caring, effective, responsive and well-led services. However, we found breaches of Regulation 12 (safe care and treatment) and Regulation 18 (staffing) of The Health and Social Care Act (Regulated Activities) Regulations 2014. The practice was rated as requires improvement for providing safe services.

We required the practice to make the following improvements:

- Implement a system to ensure all Patient Group Directions were current, authorised and signed before vaccinations were provided to patients.
- Ensure all staff receive up to date training in infection prevention and control.

We carried out a focused desk based inspection on 3 January 2017 to assess if the practice had implemented the changes needed to provide safe services. During this focussed inspection we found the provider had taken

appropriate action to meet the requirements and following a review of evidence the practice is now rated as good for providing safe services, with the practice now being rated as good for all domains and population groups.

This report covers our findings in relation to the requirements and should be read in conjunction with the report published in October 2016. This can be done by selecting the 'all reports' link for Park Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Our key findings across all the areas which we inspected on 3 January 2017 were as follows:

- The practice provided copies of Patient Group Directions within 48 hours of the inspection undertaken in April 2016. The practice had implemented a system to review Patient Group Directions to ensure they are always in date and signed by relevant staff members.
- The lead nurse and all staff have now completed infection control training.

**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?**

When we carried out a comprehensive inspection in April 2016 we found that the practice had not implemented systems to ensure risks to patients were mitigated through the correct use of Patient Group Directions. We also found the practice had failed to ensure all staff had received up to date training in infection control and prevention.

During this focused inspection undertaken in January 2017 we found the provider had improved systems to keep patients safe. The changes made included:

- Patient group directions were current, in date and signed by the relevant staff members.
- All staff had received up to date training in infection control and prevention.

Following this focused Inspection we have rated the practice as good for providing safe services.

Good



# Park Medical Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

The follow up focused desk based inspection was undertaken by a CQC Assistant Inspector.

## Background to Park Medical Practice

Park Medical Practice is located close to the centre of Shepton Mallet and there is a branch surgery in Evercreech which is approximately five miles away.

The practice serves a local and rural population of approximately 10,500 patients from the small market town and the surrounding rural area.

The practice operates from two locations:

Park Medical Practice

Cannards Grave Road

Shepton Mallet

Somerset

BA4 5RT

and

Evercreech Surgery

Prestleigh Road

Evercreech

Somerset

BA4 6JY

There is parking at both sites including allocated parking spaces for patients with a disability. The practice has a number of rooms which it makes available to other services; these include Somerset Drugs and Alcohol Service; and weekly sessions provided by Health Connections Mendip and the Citizens Advice Bureau.

The practice has eight GPs, four of whom are partners. Between them they provide 44 GP sessions each week and are equivalent to 5.5 whole time employees. Five GPs are male and three are female. There are five practice nurses, whose working hours are equivalent to 3.25 whole time employees (WTE), including two non-medical prescribers who offer six sessions per week. Three health care assistants are also employed by the practice with combined hours of 2.0 WTE. The GPs and nurses are supported by twenty management and administrative staff including a practice manager and a deputy practice manager.

The practice's patient population is expanding and the number of patients between the ages of 45 and 69 years is slightly above the national average. Approximately 20% of the patients are over the age of 65 years compared to a national average of 17%. The number of patients between the ages of 20 and 39 years, is slightly below the national average.

The general Index of Multiple Deprivation (IMD) population profile for the geographic area of the practice is in the fourth least deprivation decile. (An area itself is not deprived: it is the circumstances and lifestyles of the people living there that affect its deprivation score. It is important to remember that not everyone living in a deprived area is deprived and that not all deprived people live in deprived areas).

Both locations are open between 8.30am and 6.30pm Monday to Friday except for closure of the Evercreech surgery on Wednesday afternoons. Both sites are closed at

# Detailed findings

lunch times from 1pm to 1.50pm, however, phone access for urgent calls was available from 8am and during lunchtimes. Appointments are available from 8.30am and the practice operates a mixed appointments system with some available to pre-book and others available to book on the day.

Extended hours appointments are offered at the Shepton Mallet site on Monday to Thursday evenings from 6.30pm until 7pm and the practice also offers telephone consultations. GP appointments are available from 8.30am until 11.00am and 3.30pm until 6.00pm.

The practice does not provide out of hour's services to its patients, this is provided by Vocare. Contact information for this service is available in the practice and on the practice website. The practice offers online booking facilities for non-urgent appointments and an online repeat prescription service.

The practice has a Personal Medical Services (PMS) contract to deliver health care services; the contract includes enhanced services such as childhood vaccination and immunisation scheme, facilitating timely diagnosis and support for patients with dementia and minor surgery services. An influenza and pneumococcal immunisations enhanced service is also provided.

The practice is a training practice with one registrar GP placed with them at the time of our inspection. The practice also hosts placements for medical students. Two of the GPs are GP trainers.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

We undertook this focused desk based inspection on 3 January 2017 and asked the practice to send us evidence to show how they were meeting the regulations, to ensure patients who used the service were safe.

To complete this desk based focused inspection we:

- Reviewed the provider's action plan.
- Reviewed records relevant to staff training.
- Reviewed minutes from meetings.

Because this was a focused follow up inspection we looked at one of the five key questions we always ask:

- Is it safe?

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

When we inspected in April 2016 we found the practice did not have suitable systems in place to always provide safe services for the following reasons:

- Medicines administered by the nurses at the practice were given under a patient group direction (PGD) which is a directive agreed by GPs that allows nurses to supply and/or administer prescription only medicines. We found that four PGDs were out of date, with three PGDs (for child and adult influenza vaccination and for shingles vaccination) having expired in August 2015; and the PGD for rotavirus having expired in June 2015.
- Not all staff had received up to date infection control training. We did not see evidence of specific training for leading infection prevention and control; or that infection prevention and control training was provided as part of induction for all reception staff.

When we completed this follow up focused inspection 3 January 2017 we found that appropriate action had been taken by the practice to make services safe:

- The practice had provided copies of current PGDs, signed by all the nurses and the authorising GP within

48 hours of the comprehensive inspection undertaken in April 2016. This ensured that medicines were administered in line with current requirements for safe and appropriate care.

- The practice provided evidence to show they had implemented a system to manage PGDs to ensure they were always in date. An allocated staff member had been made responsible to review the list of PGDs adopted by the practice every month. We saw evidence from meeting minutes that PGD arrangements were discussed during nurses meetings.
- Evidence was seen by us that the practice included infection prevention and control training in the induction for all staff members. The practice demonstrated all staff had now received infection control training. We saw evidence that the lead for infection prevention and control training had completed relevant training to support them in their role.
- Evidence was seen by us to demonstrate that hand washing audits had been completed.

We found the practice had made the required improvements since our last inspection in April 2016. Following this desk based follow up inspection we rated the practice as good for providing safe services.