

Parkview Surgery

Inspection report

Cleckheaton Health Centre
Greenside
Cleckheaton
BD19 5AP
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www.parkviewsurgerycleckheaton.nhs.uk

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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	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Overall summary

We previously carried out an announced focused inspection of Parkview Surgery on 16 and 19 December 2022. Following that inspection, the provider was rated inadequate overall (inadequate in safe and well-led, and requires improvement in effective) and placed into special measures. We issued warning notices for breaches of Regulation 12 (Safe care and treatment) and Regulation 17 (Good governance) on 22 December 2022.

We then carried out an announced focused inspection on 20 and 24 April 2023 to check that the provider had complied with the Regulation 12 (Safe care and treatment) warning notice. At that inspection we found the provider had made general improvements with the proper and safe management of medicines, which included prescription stationery and patient specific directions (PSDs). However, we found some areas reviewed during our clinical searches required further improvement. For example, medicines reviews, some medicines requiring monitoring, patients prescribed medicines subject to a safety alert, and patients with some long-term conditions. We did not review the previous ratings awarded to the provider at this inspection.

The full reports for previous inspections can be found by selecting the 'all reports' link for Parkview Surgery on our website at www.cqc.org.uk

Why we carried out this inspection

This inspection was an announced, comprehensive, rated inspection carried out on 23 and 24 August 2023 to follow-up on all breaches of regulation from the a previous inspection in December 2022.

Overall, the practice is now rated as Good.

Safe - Good

Effective - Good

Caring - Good

Responsive - Good

Well-led - Good

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.
- Reviewing staff questionnaires.
- A short site visit to the provider.

Overall summary

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 had been responsive to the findings of our previous inspections, and we found improvements to systems and processes in all areas of concern found at our previous inspections. In particular, safe recruitment, induction, appraisal and training, incident reporting, clinical workflow, premises and facilities and systems to keep staff informed.
- We found from our remote clinical searches that the provider had made improvements with the proper and safe management of medicines, which included prescription stationery, patient specific directions, patient safety alerts, medicines reviews, medicines requiring monitoring, and patients with long-term conditions.
- There were systems in place to safeguard children and vulnerable adults from abuse and staff we spoke with knew how to identify and report safeguarding concerns.
- Patients received effective care and treatment that met their needs.
- There was a programme of quality improvement, including clinical audit.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- Patients could access care and treatment in a timely way.
- The practice had established a governance and leadership structure to develop high-quality, person-centre care.

Whilst we found no breaches of regulations, the provider **should**:

- Continue with the embedding of systems and processes to ensure the proper and safe management of medicines.
- Continue to monitor and make improvements to increase the uptake of cervical screening.
- Improve the identification of carers on the practice register.
- Continue to monitor patient outcomes for access, in particular accessing the practice by telephone.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by the service.

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 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 Parkview Surgery

Parkview Surgery is situated in a purpose-built medical centre at Cleckheaton Health Centre, Greenside, Cleckheaton, West Yorkshire BD19 5AP. The practice is situated on the ground floor and has access to 7 consultation rooms.

The practice provides services to 7,094 patients. It holds a Primary Medical Services (PMS) contract with NHS West Yorkshire Integrated Care Board (ICB).

The practice is part of a wider network of GP practices called a Primary Care Network (PCN which includes 6 GP practices and is called the Spen Health and Wellbeing Network (SHAWN).

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

The practice opening times are Monday to Friday 8am to 6pm. Extended access is provided by practices in the federation. Patients can access extended access appointments at various locations on Monday to Friday 6.30pm to 9.30pm, Saturdays 9am to 5pm and Sundays 10am to 2pm.

Out of hours care was available via Local Care Direct (LCD) and NHS 111.

Clinical sessions at the practice are provided by 2 male GP partners (14 clinical sessions per week) and 2 locum GPs, supported by 4 advanced nurse practitioners, 3 practice nurses and 3 healthcare assistants. The clinical team are supported by a practice manager, an operations lead, a reception manager and 8 reception/administrative staff.

The practice hosts PCN staff which includes pharmacists, paramedics and a social prescriber.

Information published by the Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the 5th lowest decile (based on 1 to 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 95% White, 3% Asian, 1% Mixed, 0.5% Black and 0.5% Other.