

Park View Surgery

Inspection report

Newton Lane
Doncaster
DN5 8DA
Tel: 01302787909

Date of inspection visit: 12 October 2021
Date of publication: 18/11/2021

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?	Requires Improvement 
Are services effective?	Good 
Are services caring?	Outstanding 
Are services responsive to people's needs?	Outstanding 
Are services well-led?	Good 

Overall summary

We inspected the practice on 20 August 2019 following our annual review of the information available to us and rated the practice requires improvement overall. We rated the practice as requires improvement for the delivery of well-led services because the leadership, governance and culture did not always support the delivery of high-quality person-centred care. Good for responsive services and we did not rate the practice for effective, due to limited evidence available to the Commission relating to this provider to make a judgement. The provider of this practice changed in May 2021 and inherited the previous inspection rating. We followed up the enforcement action with an announced comprehensive inspection on 12 October 2021.

We carried out an announced inspection on the 12 October 2021 at Park View Surgery. Overall, the practice is rated as Good overall and the key questions are rated as follows:

Safe - Requires Improvement

Effective – Good

Caring – Outstanding

Responsive - Outstanding

Well-led – Good

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

Why we carried out this inspection

This was a comprehensive inspection to follow up on:

- Breaches of regulations and recommendations identified in the previous inspection.
- Ratings carried forward from the previous inspection.

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
- Reviewing patient records to identify issues and clarify actions taken by the provider
- Requesting evidence from the provider
- A short site visit

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 have rated this practice as Good overall.

We found that:

- The practice did not always provide care in a way that kept patients safe and protected them from avoidable harm where they were prescribed high risk drugs. Not all staff had completed infection prevention and control training, there was no embedded process for significant events and the management of historical medicine safety alerts required review.
- Patients received effective care and treatment that met their needs, however some patients with a long term condition required monitoring and review. Practice performance and attainment data was notably higher than local and national averages.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care. The practice had achieved positive patient experience results (GP Patient Survey) throughout the pandemic and demonstrated continued improvement since the last inspection in August 2019 in all indicators.
- Numerous compliments and thank you cards from patients commended all staff for being helpful, friendly, sensitive and reassuring and for receiving an excellent service.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic. The practice had designed an annual plan to achieve patient outcomes and performance targets for disease management, such as childhood vaccinations and cervical screening. The plan detailed how many appointments and staff were needed per week and year to meet the performance targets. This included staff annual leave and sickness. This enabled the practice to effectively plan the appropriate appointments for patients. The practice aimed to offer 75 appointments per week per 1000 patients. In addition, the practice also had capacity for emergency and same day face to face appointments.
- The way the practice was led and managed had improved since the last inspection and plans were in place to implement and improve systems.

We found one breach of regulations. The provider **must**:

- Review and implement systems to ensure care and treatment is provided in a safe way for patients.

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

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 Park View Surgery

Park View Surgery is located in Doncaster at:

Newton Lane

Doncaster

DN5 8DA

The practice is situated within the Doncaster Clinical Commissioning Group (CCG) and delivers Primary Medical Services (PMS) to a patient population of about 2,389. This is part of a contract held with NHS England.

The practice is part of the North Primary Care Network which consists of 12 member practices with a total patient population of over 75,652. Information published by Public Health England shows that deprivation within the practice population group is in the seventh lowest decile (seven 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 1% Asian, 97% White, 0.3% Black, 0.8% Mixed, and 0.3% Other.

There is a lead GP. The practice has a team of one advanced nurse practitioner, a healthcare assistant, a dermatology specialist nurse, two nurses and two pharmacists. The GP is supported at the practice by a team of reception/administration staff. They also have a practice manager to provide managerial oversight.

Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with the national guidance, most GP appointments were telephone consultations. If the GP or nurse needs to see a patient face-to-face then the patient was offered a same day or next day appointment. Extended access is provided locally by Doncaster Same Day Health, where late evening and weekend appointments are available. Out of hours services are provided by NHS Doncaster.

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 Family planning services Treatment of disease, disorder or injury Maternity and midwifery services	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment. The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to ensure proper and safe management of medicines, in particular:</p> <ul style="list-style-type: none">• Historic medicine safety alerts had not been routinely actioned.• Systems to ensure safe care and treatment in relation to monitoring of high risk medicines, long term usage and review of patients with long term condition's and prescribed medicines had not been consistently reviewed. <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, review and mitigate the risks relating to the care provided to people, in particular:</p> <ul style="list-style-type: none">• Ensuring that persons providing care or treatment to patients have the qualifications, competence, skills and experience to do so safely• Embedded processes for complaints and significant events. <p>The practice did not routinely review through quality improvement the effectiveness and appropriateness of the care provided in order to provide safe care. This was in breach of Regulation 12 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>