

Parkside Medical Centre

Inspection report

Whalley Drive
Bletchley
Milton Keynes
MK3 6EN
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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?

Requires Improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Overall summary

We carried out an announced inspection at Parkside Medical Centre on 3 September 2021. Overall, the practice is rated as Good.

The ratings for each key question are:

Safe - Requires Improvement

Effective - Good

Caring – Good (rating carried forward from previous inspection)

Responsive – Good (rating carried forward from previous inspection)

Well-led - Good

Following our previous inspection on 25 June 2019, the practice was rated requires improvement overall and for the safe and well-led key questions.

The full reports for previous inspections can be found by selecting the ‘all reports’ link for Parkside Medical Centre on our website at www.cqc.org.uk

Why we carried out this inspection

This inspection was a focused inspection of the safe, effective and well-led key questions to follow up on any breaches of regulations and areas the practice should improve that were identified at 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.

Our findings

We based our judgement of the quality of care at this service on a combination of:

Overall summary

- 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 with requires improvement for the safe key question and population group people with long-term condition.

We found that:

- The practice had been through a difficult period with significant clinical and managerial staffing issues in addition to the challenges faced by the COVID-19 pandemic over the last two years. The staffing issues had since been resolved and the practice was better placed to drive improvement.
- The leadership and governance of the practice had been strengthened to promote the delivery of high-quality, person centred care.
- Since our previous inspection the practice had made improvements to the systems and processes for managing risks and performance.
- We found improvements to the recruitment processes, staff received regular appraisals and clinical supervision for extended roles.
- Risks relating to the premises were managed to support the safety of staff and patients.
- Staff received appropriate training for their roles and responsibilities and were encouraged to develop.
- 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.
- However, our clinical review identified backlogs in medicine reviews and reviews in relation to long-term conditions which the practice was aware of and addressing.

The areas where the provider **must** make improvements as they are in breach of regulations are:

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

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

- Establish systems for the routine monitoring of clinical staff registration with their professional bodies.
- Maintain complete records of staff immunisation status for vaccinations recommended in Public Health England guidance.
- Improve uptake of cervical screening.
- Improve patient engagement in practice to support service improvements.

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	Requires Improvement 
Families, children and young people	Good 
Working age people (including those recently retired and students)	Good 
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 video conferencing facilities and undertook a site visit. A second CQC inspector also attended the 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 Parkside Medical Centre

Parkside Medical Centre is located at Whalley Drive, Bletchley, Milton Keynes, MK3 6EN in a purpose built health centre.

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services and treatment of disease, disorder or injury and surgical procedures.

The practice is part of the NHS Bedfordshire, Luton and Milton Keynes Clinical Commissioning Group (CCG) and delivers General Medical Services (GMS) to a patient population of approximately 11,000. This is part of a contract held with NHS England.

The practice is also part of the South West Primary Care Network (PCN). PCNs are groups of GP practices working together to address local priorities in patient care.

Information published by Public Health England rates the level of deprivation within the practice population group as seven 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 85% White, 6% Asian, 5% Black and 4% Other.

Clinical staffing consists of three GP partners (all female), three salaried and one locum GP (three female and one male), three practice nurses, two healthcare assistants and two clinical pharmacists (one of which is an independent prescriber). Non-clinical staff include the practice manager and a team of reception/administration staff.

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 needs to see a patient face-to-face then the patient is offered an appointment at the practice.

Parkside Medical Practice is open from 8am to 6.30pm Monday to Friday. Extended appointment times are available between 7.30am and 8am with the phlebotomist and between 6.30pm and 7pm Monday to Friday. There are also additional appointments available in the evening and at weekends at the five GP Hub practices through a local federation arrangement. When the practice is closed, out of hours services can be accessed via the NHS 111 service.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	Regulation 12 HSCA (RA) Regulations 2014 Safe care and Treatment
Maternity and midwifery services	
Surgical procedures	How the regulation was not being met:
Treatment of disease, disorder or injury	<p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none">• Patients who were at risk of diabetes had not been appropriately followed up.• Patient medicine reviews were not consistently followed up in a timely way to keep patients safe. <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>