

Parkbury House Surgery



Inspection report

St Peters Street
St Albans
AL1 3HD
Tel: 01727851589
www.parkburyhouse.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 well-led?		Good	

Overall summary

We carried out an announced inspection at Parkbury House Surgery on 23 November 2021. Overall, the practice is rated as Good.

Set out the ratings for each key question

Safe - Good

Effective - Good

Well-led - Good

Following our previous inspection on 26 February 2020, the practice was rated Requires Improvement overall. The practice was rated as inadequate for providing safe services, requires improvement for providing effective and well-led services and good for providing caring and responsive services.

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

Why we carried out this inspection

This inspection was a focused inspection to follow up on:

- The key questions inspected: are services safe, effective and well-led.
- Any breaches of regulations and areas we identified where the provider should make improvements identified in 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
- Speaking with a member of the Patient Participation Group (PPG) on the telephone
- 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

We rated the practice as **good** for providing safe services because:

- Improvements had been made to the management of test results and systems for monitoring of patients who were prescribed high-risk medicines.
- An improved protocol for the management of safety alerts had been effective in minimising risks.
- There was a focus on recalling patients who had not received a blood pressure reading due to the national pandemic and previous national lockdown measures.
- Staff were in the process of transferring staffs employment records onto a digital platform. Whilst progress had been made; staff were aware of further work to improve the ease of access to staff records

We rated the practice as **good** for providing effective services because:

- Enhancements had been made to quality and improvement systems ensuring effective oversight and actions taken to improve safety and performance.

We rated the practice as **good** for providing well-led services because:

- Governance structures had been strengthened and there were clear responsibilities, roles and systems of accountability to support good governance and management.

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

- Continue to work on the management and digital storage of staff files, to support ease of access when needed.
- Continue to encourage patients to submit blood pressure readings or attend for appointments for blood pressure reviews as needed.
- **Continue with efforts to recruit clinical and non-clinical staff.**
- **Continue taking action to improve the uptake of cervical cancer screening**

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 Parkbury House Surgery

Parkbury House Surgery provides a range of primary medical services from its premises at

Parkbury House Surgery,

St Peters Street,

St Albans,

Hertfordshire,

AL1 3HD.

The practice has a branch surgery at:

Sandridge Surgery,

18 Hopkins Crescent,

Sandridge,

St Albans,

Hertfordshire,

AL4 9DB.

We did not visit the branch surgery as part of this inspection.

The practice is part of the St Albans and Harpenden GP federation (STAHFED). The practice is also in a Primary Care Network (PCN). (A Primary Care Network is a group of practices working together to provide more coordinated and integrated healthcare to patients).

The provider is registered with CQC to deliver five Regulated Activities. These are: diagnostic and screening procedures; maternity and midwifery services; family planning services; surgical procedures; and treatment of disease, disorder or injury. These are delivered to patients at both practice sites. Services are provided on a General Medical Services (GMS) contract (a nationally agreed contract) to approximately 21,911 patients. The practice has a registered manager in place. (A registered manager is an individual registered with CQC to manage the regulated activities provided). The practice is within the Hertfordshire local authority and is one of 58 practices serving the NHS Herts Valleys Clinical Commissioning Group (CCG).

The practice team consists of three female and five male GP partners. There are six female and two male salaried GPs and one female retainer GP. There are four clinical pharmacists (two prescribers) including one employed by the Primary care network (PCN). There is one advanced nurse practitioner who is the nurse lead (also a prescriber), two minor illness nurses (one prescriber) five practice nurses, two frailty lead nurses (one prescriber) and three healthcare assistants. Operational and administrative support is provided by an assistant practice manager, a reception supervisor, a capacity planning manager, a care records manager, and a team of administration, secretarial and reception staff. Alban Primary Care Network employed staff working from the practice include a professional social prescriber, two care coordinators, a clinical pharmacist, and two First Contact Physiotherapists. A team of volunteer social prescribers are coordinated by the Patient Participation Group. At the time of this inspection the practice had employed an interim practice manager to support the practice whilst they recruited for a new business manager.

The practice serves a slightly above average population of those aged 18 years and under and a below average population of those aged 65 years and over. The practice population is predominantly white British and has a Black and

minority ethnic (BME) population of approximately 13.4% (2011 census), most of whom are from south Asian communities. Information published by Public Health England rates the level of deprivation within the practice population as 10. This is measured on a scale of one to 10, where level one represents the highest levels of deprivation and level 10 the lowest.

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 a choice of either the main GP location or the branch surgery.

An out of hours service for when the practice is closed is provided by Herts Urgent Care and can be accessed via the NHS 111 service.