

Grange Park Health Centre

Inspection report

Dinmore Avenue
Blackpool
Lancashire
FY3 7RW
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www.grangeparkhealthcentre.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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



Overall summary

We carried out an announced comprehensive inspection at Grange Park Health Centre on 21 May 2019 as part of our inspection programme.

This was the first inspection of Grange Park Health Centre since the new provider took over in November 2018.

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 **requires improvement** overall.

We rated the practice as **good** for providing caring and responsive services because:

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.

We rated the practice as **requires improvement** for providing safe, effective and well led services because:

- Training records were not up-to-date and a clinical member of staff had not received an appraisal. Staff reported that it was difficult for them to complete training as they did not have protected time.
- The management of test results had not always been managed in a timely manner.
- Care and treatment was not always delivered in line with best practice guidance.
- The practice did not have effective oversight of significant incidents and safety alerts. Systems to disseminate learning were not comprehensive.

- There was a lack of audit and quality monitoring of systems.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.

There were areas where the provider **should** make improvements:

- Review best practice guidelines to ensure care and treatment is delivered appropriately.
- Continue with plans to complete two-cycle audits and implement a quality improvement programme including audit of patient consent and the prescribing of NSAIDs.
- Continue to promote the development of the Patient Participation Group.
- Consider developing a formal vision, strategy and business plan for the practice.
- Document a formal risk assessment for the emergency medicines not held by the practice and maintain written records of stocks and expiry dates of medicines held in the practice.

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	Requires improvement 
People with long-term conditions	Requires improvement 
Families, children and young people	Requires improvement 
Working age people (including those recently retired and students)	Requires improvement 
People whose circumstances may make them vulnerable	Requires improvement 
People experiencing poor mental health (including people with dementia)	Requires improvement 

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor and a second CQC inspector.

Background to Grange Park Health Centre

Dr M Morcos' Practice is situated in Grange Park Health Centre in Dinmore Avenue in the Normoss area of central Blackpool at FY3 7RW, serving an urban population. The building is a purpose-built health centre with good parking facilities and the practice is located on the ground floor. The practice provides level access to the building and is adapted to assist people with mobility problems.

The practice is part of the NHS Blackpool Clinical Commissioning Group (CCG) and services are provided under a Personal Medical Services (PMS) Contract. There is one full time male GP (the registered provider) and one female long-term locum GP who works one session each week. The practice also employs one practice nurse, a health care assistant / general practitioner assistant and is supported by non-clinical staff consisting of a practice manager and four administrative and reception staff. A clinical pharmacist who is employed by the CCG also supports the practice.

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

Information published by Public Health England rates the level of deprivation within the practice population group as one on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

Both male and female life expectancy is lower than the national average, 79 years for females compared to 83 years nationally and 74 years for males compared to 79 years nationally.

The practice provides services to 2,339 patients. The practice population comprises of fewer patients over 65 years of age (14%) than the CCG average of 20% and the national average of 17%, and less patients over 75 years of age (4%) than the CCG average of 9% and the national average of 8%. The practice has 70% of its population with a long-standing health condition, which is higher than the local average of 61% and the England average of 51%.

When the practice is closed, patients are able to access out of hours services offered locally by the provider Fylde Coast Medical Services by telephoning 111.

The current provider took over the practice in November 2018 and was registered with the Care Quality Commission in February 2019. Therefore, unless stated, data and results used throughout the report and evidence tables relate to the previous registered provider.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met...</p> <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <p>The practice policies for the management of significant events and patient safety alerts were not followed and actions identified as a result of an infection prevention and control audit and a water hygiene maintenance report were not carried out.</p> <p>Some practice policies and procedures were incomplete and in need of review and there was no management overview of staff immunisation status.</p> <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to ensure that accurate, complete and contemporaneous records were being maintained securely in respect of each service user. In particular:</p> <p>There were 1,100 patient test results that had not been viewed by the provider and there was no provision made for this concern to be addressed.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>How the regulation was not being met...</p> <p>The service provider had failed to ensure that persons employed in the provision of a regulated activity</p>

This section is primarily information for the provider

Requirement notices

received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. In particular:

Training records were not up-to-date and did not provide assurance that the training and development needs of staff had been addressed. Staff were not always supported in training and there was no allocated protected time. One clinician had not received an appraisal and a new clinician had received no assessment of competence since starting in November 2018.