

Dr Pal & Partners

Inspection report

Royton Health Wellbeing Centre
Park Street, Royton
Oldham
Lancashire
OL2 6QW
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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

Inadequate



Are services safe?

Inadequate



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Requires improvement



Are services well-led?

Inadequate



Overall summary

We inspected Dr Pal & Partners, Royton Health Wellbeing Centre, Park Street, Royton, Oldham, OL2 6QW, on 14 June 2018 as part of our inspection programme. The practice was given an overall rating of requires improvement with the following domain ratings:

Safe – Inadequate

Effective – Requires improvement

Caring – Good

Responsive – Good

Well-led – Requires improvement.

Warning notices were issued in respect of breaches of Regulation 12 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 (safe care and treatment), Regulation 18 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 (staffing) and Regulation 19 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 (fit and proper persons employed). A requirement notice was issued in respect of Regulation 17 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 (good governance).

On 2 November 2018 we carried out a focused inspection to check that the practice had met the requirements of the warning notices. We found that although the improvements had been made in relation to Regulations 12 and 18, some improvements were still required in relation to Regulation 19.

On 2 April 2019 we carried out a further full comprehensive inspection of Dr Pal & Partners. We inspected the main surgery at Royton Health Wellbeing Centre and also inspected the branch surgery at 164 Trent Road, Shaw, Oldham, OL2 7QR

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 now rated this practice as inadequate overall.

The domain ratings are:

Safe – Inadequate

Effective – Requires improvement

Caring – Good

Responsive – Requires improvement

Well-led – Inadequate

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

- The practice did not have clear systems and processes to keep patients safe.
- Receptionists had not been given guidance on identifying deteriorating or acutely unwell patients.
- The practice did not have appropriate systems in place for the safe management of home visit requests.
- Staff did not have the appropriate authorisations to administer medicines under a Patient Specific Direction.

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

- Patients' needs were not always assessed, and care and treatment was not always delivered in line with current legislation.
- The practice did not have arrangements for following up failed attendance of children's appointments following an appointment at the federation's extended hours hub.
- The practice was unable to show that it always obtained consent to care and treatment.

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

- Staff treated patients with kindness, respect and compassion. Feedback from patients was positive about the way staff treated people.
- Staff helped patients to be involved in decisions about care and treatment.
- The practice respected patients' privacy and dignity.

We rated the practice as **requires improvement** for providing responsive services because:

- Patients with urgent needs did not have their care prioritised.
- The practice did not have a system to assess the urgency of the need for medical attention when patients requested a home visit.

Overall summary

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

- Leaders could not show that they had the capacity and skills to deliver high quality, sustainable care.
- While the practice had a clear vision, that vision was not supported by a credible strategy.
- The practice culture did not effectively support high quality sustainable care.
- The overall governance arrangements were had improved slightly since the last inspection.
- The practice did not have clear and effective processes for managing risks, issues and performance.
- The practice did not always act on appropriate and accurate information.
- Although we saw there had been improvements since our previous inspection, we saw little evidence of systems and processes for learning, continuous improvement and innovation going forward.

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

- Ensure that care and treatment is provided in a safe way.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

(Please see the specific details on action required at the end of this report).

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

- The practice should further develop the patient participation group.
- Sharps bins should be sealed and disposed of in line with the practices infection control policy.
- The practice should correctly identify carers so the appropriate help can be offered.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

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, a practice manager specialist advisor and a second CQC inspector.

Background to Dr Pal & Partners

Dr Pal & Partners (also known as The Parks Medical Practice) has GP practice surgeries on two sites. There is a main surgery in Royton and a branch surgery in Shaw.

The practice addresses are:

- Royton Health and Wellbeing Centre, Park Street, Royton, Oldham, OL2 6QW, and
- High Crompton Surgery, 164 Trent Road, Shaw, Oldham, OL2 7QR.

The practice is registered to carry out the regulated activities:

- Diagnostic and screening procedures.
- Family planning.
- Maternity and midwifery services.
- Treatment of disease, disorder or injury.

Royton Health and Wellbeing Centre is a large modern building where another GP practice and other health services are also located. High Crompton Surgery (the branch surgery) is located in a row of terraced shops.

There are three GP partners working between the two surgeries, two male and one female. One of the partners is not yet registered with the CQC. There are also two practice nurses, a healthcare assistant, a practice manager and administrative and reception staff.

There are 6044 patients registered with the practice, and patients can book appointments at the surgery of their choice. The practice has a Primary Medical Services (PMS) contract and is a member of Oldham NHS clinical commissioning group. The practice has a website that contains comprehensive information about what they do to support their patient population and the in house and online services offered.

Information published by Public Health England rates the level of deprivation within the practice as six, on a scale of one to 10. Level one represents the highest levels of deprivation and 10 the lowest.

When the practice is closed out of hours services are provided by Go To Doc Limited, via NHS111.

This section is primarily information for the provider

Enforcement actions

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. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The practice did not have clear systems and processes to keep patients safe. In particular:</p> <ul style="list-style-type: none">•Siblings and parents of children on the safeguarding register were not coded. There was no register for looked after children and children in care.•The provider did not have an effective system in place for dealing with home visit requests. <p>The provider had failed to ensure that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely:</p> <ul style="list-style-type: none">•The provider had not ensured that all non-clinical staff were trained in identifying deteriorating or acutely unwell patient's suffering from potential illnesses. <p>The provider had failed to ensure the proper safe management of medicines:</p> <ul style="list-style-type: none">•Patient specific directions were not used appropriately.•The practice did not ensure the emergency medicines kit was fully equipped, such as water for injections. <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The practice did not assess, monitor or improve the quality and safety of the services provided. In particular:</p>

This section is primarily information for the provider

Enforcement actions

- There was no systematic audit plan and learning from audits was not shared or implemented.
- The practice did not have a system to check that patient safety alerts were being correctly actioned.

The provider had failed to maintain securely an accurate, complete and contemporaneous record in respect of each service user. In particular:

- The practice did not ensure that records were only accessed by authorised people.
- The system for monitoring and obtaining consent was not effective.

This was in breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.