Parkview Surgery

Inspection report

Cleckheaton Health Centre
Greenside
Cleckheaton
BD19 5AP
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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 well-led?	Inadequate

Overall summary

We carried out an announced focused inspection at Parkview Surgery on 16 and 19 December 2022. Overall, the practice is rated as inadequate.

After the inspection, on 22 December 2022, we issued enforcement warning notices for Regulation 12 – Safe care and treatment and Regulation 17 – Good governance. The practice has been given a timeframe to comply with the warning notices. Further details can be found at the end of this report under enforcement actions.

Safe - Inadequate

Effective – Requires Improvement

Caring – Not Inspected

Responsive – Not Inspected

Well-led - Inadequate

Why we carried out this inspection

This announced focused inspection was carried out as a result of some information of concern we received in relation to systems and processes to ensure safe and effective care and treatment.

How we carried out the inspection

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:

- 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 shorter site visit.
- Reviewing staff questionnaires.
- Staff interviews.

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 inadequate overall.

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

Overall summary

- There were gaps in safeguarding systems and processes.
- Recruitment checks were not always carried out in accordance with regulations.
- A record of the vaccination status of all staff was not maintained in line with guidance.
- The practice had not undertaken any risk assessments of their own practice area, which included health and safety.
- The practice did not have a system in place to monitor the facilities management undertaken by NHS Property Services on an ongoing basis to satisfy themselves that all areas were compliant.
- Aspects of medicines management which included the management of patients prescribed some high-risk medicines, medicines reviews and medicines usage were not always effective.
- Blank prescription forms for use in printers were not recorded and tracked through the practice.
- There was no consistent system in place to ensure the appropriate authorisations to administer medicines by the healthcare assistant under a Patient Specific Direction.
- Systems and processes to report, share, investigate, record, respond and learn from incidents, critical incidents/near misses were not always consistent and effective.
- Systems for managing and acting on patient safety alerts were not always effective.

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

- The management of patients with some long-term conditions was not always in line with guidance.
- The practice was unable to demonstrate that all staff, including locum staff, had received the appropriate training, supervision and appraisal.
- The practice was unable to demonstrate an effective induction system for all staff, including locum staff.

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

- There was a lack of systems and processes established and operated effectively to ensure compliance with the requirements to demonstrate good governance which included the management of incidents and patient safety alerts.
- There was no structured and effective system to communicate and document safety and quality outcomes to keep all staff, including locum staff, informed.
- Systems and processes to manage clinical correspondence, patient related tasks and referrals were not effective and impacted on accurate, complete and contemporaneous patient records.

We found breaches of regulations. The areas where the provider **must** make improvements are:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure all premises and equipment used by the service provider is fit for use.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.
- 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.

I am placing this service in special measures. Services placed in special measures will be inspected again within 6 months. If insufficient improvements have been made such that there remains a rating of inadequate for 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 6 months if they do not improve.

Overall summary

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 6 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.

The evidence supporting our ratings are set out in the evidence tables.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. An onsite inspection was undertaken by a CQC lead inspector. 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 Parkview Surgery

Parkview Surgery is situated in a purpose-built medical centre at Cleckheaton Health Centre, Greenside, Cleckheaton, West Yorkshire BD19 5AP. The practice is situated on the ground floor and has access to 7 consultation rooms.

The practice provides services to 7,378 patients. It holds a Primary Medical Services (PMS) contract with NHS West Yorkshire Integrated Care Board (ICB).

The practice is registered as a partnership with the Care Quality Commission (CQC) to deliver the regulated activities diagnostic and screening procedures, maternity and midwifery services, treatment of disease, disorder or injury, family planning and surgical procedures.

The practice opening times are Monday to Friday 8am to 6pm. Extended access is provided by practices in the primary care network (PCN). The practice told us patients could access appointments on Monday to Friday from 6.30pm to 9.30pm and on Saturday from 9am to 5pm.

Clinical sessions at the practice are provided by a male GP partner and 4 locum GPs, supported by 3 advanced nurse practitioners, a practice nurse, a nurse associate and 2 healthcare assistants. The clinical team are supported by a practice manager, a reception manager, 2 medical secretaries and 5 receptionists. The practice has PCN staff which includes pharmacists, advanced clinical practitioners, a paramedic and a social prescriber.

Information published by the Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the fifth lowest decile (based on 1 to 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 95% White, 3% Asian, 1% Mixed, 0.5% Black and 0.5% Other.

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing • The provider was unable to demonstrate that all staff, including locum staff, had received the appropriate training, supervision and appraisal to support their role. This was in breach of Regulation 18(1), (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed • The provider was unable to demonstrate that appropriate recruitment checks had been undertaken to ensure all staff, including locum staff, were fit and of good character, with the necessary qualifications, skills and experience for their role. • The provider had failed to operate an effective induction system for all staff, including locum staff. This was in breach of Regulation 19(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment • The provider had not undertaken any risk assessments of their own practice area, which included health and safety, premises and security, and Control of Substances Hazardous to Health (COSHH), to ensure the health and safety of staff and people using the service.

This section is primarily information for the provider

Requirement notices

- The provider did not have a system in place to monitor the facilities management undertaken by NHS Property Services on an ongoing basis to satisfy themselves that all areas were compliant.

This was in breach of Regulation 15(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 were not being met.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Care and treatment must be provided in a safe way for service users** • The provider had failed to ensure the proper and safe management of medicines which included the management of patients on some high-risk medicines, patients with long-term conditions, patients requiring management subject to patient safety alerts, medicines reviews and medicines usage. • The provider had failed to ensure prescription stationery was managed in line with guidance. • The provider had failed to ensure patient specific directions (PSDs) were managed in line with guidance. This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **The provider had failed to ensure that systems and processes were established and operated effectively to ensure compliance with the requirements to demonstrate good governance.** • The provider had failed to maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and decisions taken in relation to the care and treatment provided. • The provider had failed to establish effective systems and processes to manage practice workflow, in particular the management of correspondence and tasks.

This section is primarily information for the provider

Enforcement actions

- The provider had failed to establish effective systems and processes to ensure the timely management of urgent two-week wait referrals.
- The provider had failed to establish effective systems and processes to report, share, investigate, record, respond and learn from incidents, critical incidents/ near misses.
- The provider had failed to establish a structured and effective system to communicate and document safety and quality outcomes to keep all staff, including locum staff, informed.

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