Parcliffe Medical Centre

Inspection report

Durham Avenue
Lytham St. Annes
FY8 2EP
Tel: 01253955688

Date of inspection visit: 06 April 2022
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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 Parcliffe Medical Centre on 6th April 2022. Overall the practice is rated as Good.

The key question ratings are as follows:

Safe - Requires improvement

Effective - Good

Caring - Good

Responsive - Good

Well-led - Good

This is the first time this practice has been inspected under its current CQC registration.

Why we carried out this inspection

This inspection was a comprehensive inspection to check the provider was complying with the regulations under the Health and Social Care Act 2008. We inspected all five key questions to determine if the service is safe, effective, caring, responsive and well led.

We undertook this inspection at the same time as CQC inspected a range of urgent and emergency care services in Lancashire and South Cumbria. To understand the experience of GP Providers and people who use GP services, we asked a range of questions in relation to urgent and emergency care. The responses we received have been used to inform and support system wide feedback.

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 remotely using video conferencing
- Speaking with the PPG chair remotely via the telephone
- 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
- Further communications for clarification

Overall summary

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 Good overall

We found that:

- People who used the service were protected from avoidable harm and abuse however legal requirements in relation to recruitment of staff were sometimes not met.
- Patients received effective care and treatment that met their needs although the coding of diabetic patients and monitoring of high-risk medicines was in need of review for some patients.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- 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.
- The practice had identified areas for improvement and developed action plans to ensure the delivery of high-quality, person-centred care.

We found one breach of regulations. The provider **must**:

- Ensure that recruitment procedures are established and operated effectively to help ensure that only fit and proper persons are employed.

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

- Review the coding of diabetic patients and ensure the management of patients on high-risk drugs is being completed in accordance with recommended best practice guidelines.
- Support staff to complete outstanding training as identified on practice training records.
- Formalise systems to monitor the prescribing competence of staff employed in advanced clinical practice.
- Ensure infection control processes are maintained, with completed immunisation records for all staff.

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 the lead GP using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

Background to Parcliffe Medical Centre

Parcliffe Medical Centre is located in Lytham St Annes at:

St Annes Health Centre

Durham Avenue

Lytham St Annes

FY8 2EP

The practice is situated in a modern purpose-built health centre. The building is accessible for people who use wheelchairs and services for patients are located on the ground floor. There are two reception points, a health promotion area, patient information boards, a large seating area, toilet facilities (which provide access for disabled people), a hearing loop system, digital display screens (providing public health information) and electronic check in screens located in the reception area. There is also an on-site pharmacy located next to the patient seating area.

There are two wings within the building which are dedicated to Parcliffe Medical Practice. Each ground floor wing has 10 consulting rooms and two treatment rooms. One wing is used mainly by the nursing team and the other wing by GPs and medical students. The upstairs offices are used by the clinical pharmacist, the business manager, operational manager and other administration and support staff.

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

The practice is situated within the Blackpool Clinical Commissioning Group (CCG) and delivers General Medical Services (GMS) to a patient population of about 11,854. This is part of a contract held with NHS England.

The practice is part of a wider network of six GP practices called a primary care network (PCN) in the Lytham St Annes area. The nearest practice to Parcliffe Medical Centre is Poplar House Surgery which is co-located in the same health centre.

Information published by Public Health England shows that deprivation within the practice population group is in the fifth lowest decile (5 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 1.2% Asian, 97.4% White, 1% Mixed, and 0.3% Other.

The age distribution of the practice population did not mirror the local and national averages. There are more older patients (29.6% compared with 17.4% nationally and 27.1% locally) registered at the practice than younger ones (16.3% compared with 20.2% nationally and 17.2% locally.

There is a team of eight GPs who provide cover at the practice. This number includes five GP partners, two salaried GPs and a regular locum GP. The practice also employs two advanced nurse practitioners (one of whom acts as the clinical lead), five practice nurses, a phlebotomist, a health care assistant, a clinical pharmacist and a physician's associate. The practice team also benefit from other roles that are funded by the primary care network. For example, a first contact physio, a psychological wellbeing practitioner, two social prescribers and two clinical pharmacists (one of which acts as a lead).

The GPs are supported at the practice by a practice management team and reception/administration staff. This includes a business manager, a practice operational manager, a prescription clerk, three medical secretaries, five medical receptionists, nine patient advisors, two work flow administrators and three other staff who undertake dual roles.

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 appointment time.

The practice is open from 8am to 6.30pm Monday to Friday. Extended access appointments are provided outside of normal GP practice hours by the Fylde Coast Integrated Urgent Care Service, where late evening and weekend appointments are available. The service offers pre-bookable and same-day routine primary care appointments with a range of clinicians including GPs, nurses and health care assistants.

The out of hours service is provided by Fylde Coast Medical Service.

The practice offers training and support to year one, two and /or three physicians associates from the University of Central Lancashire, year four medical students from Liverpool University and foundation year two placements. The practice also provides training and support for GP trainees (Registrars) and plans to accept nursing student placements from Summer 2022.

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
Maternity and midwifery services Treatment of disease, disorder or injury Diagnostic and screening procedures Surgical procedures	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. This was in breach of Regulation 19 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.