

# Parkside Family Practice

## Quality Report

224 Wokingham Rd  
Reading  
Berkshire  
RG6 1JS

Tel: 01189 260026

Website: [www.parksidefamilypractice.nhs.uk](http://www.parksidefamilypractice.nhs.uk)

Date of inspection visit: 20 January 2017

Date of publication: 21/03/2017

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 service

Requires improvement



Are services safe?

Requires improvement



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



# Summary of findings

## Contents

### Summary of this inspection

Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6

### Detailed findings from this inspection

Our inspection team	8
Background to Parkside Family Practice	8
Why we carried out this inspection	8
How we carried out this inspection	8
Detailed findings	10
Action we have told the provider to take	14

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Parkside Family Practice on 27 April 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the April 2016 inspection can be found by selecting the 'all reports' link for Parkside Family Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 20 January 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 27 April 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as requires improvement.

Our key findings were as follows:

- The practice had documentation of completed actions identified in the legionella risk assessment and infection control audits.

- They were monitoring medicine stock and sharps bins to ensure they were in date and fit for purpose.
- They had reviewed patient feedback and implemented changes to improve telephone access and nurse care and treatment.
- They had updated staff files to reflect current immunisation status.
- We found gaps in fridge temperature logs and cold chain breaches that had not been escalated.
- Emergency medicines were overdue for a review and had not been risk assessed for suitability of available resources. In addition, monitoring processes were not identifying expired or missing equipment.

However, there were also areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Ensure governance arrangements are in place to monitor fridge temperatures and make sure staff are aware of how and when to escalate a cold chain breach.

# Summary of findings

- Undertake a review or risk assessment to ensure timely access and use in all associated emergency medicines and equipment. Ensure checking systems include observing expiry dates and replacement of missing equipment.

At our previous inspection on 27 April 2017, we rated the practice as requires improvement for not monitoring

fridge temperatures. At this inspection we found that the fridge temperatures were still inconsistently recorded and breaches of the cold chain had not been escalated. Consequently, the practice is still rated as requires improvement for providing safe services.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

When we inspected in April 2016 we found breaches of regulation relating to legionella risk assessment actions not undertaken, medicines were found to be out of date, fridge temperature recording was inconsistent and there was no documentation of staff immunisation status. In addition, we found concerns over documentation of infection control audit actions and accessibility and awareness of the location of emergency medicines.

When we inspected in January 2017, we found improvements had been made to legionella risk, medicines stock audit and infection control. However, improvements were still required in respect of the fridge temperature recording and emergency medicine provision. Specifically, the practice had;

- Documented completed actions from the infection control audit and reviewed the use of sharps bins.
- Carried out regular checks on medicines stock to ensure they remained within their expiry date and were fit for purpose.
- Carried out all works necessary to ensure risk of legionella were minimised at both practice sites and were continuing to liaise with the landlord in relation to further maintenance and risk assessment work at the main practice site.
- We found fridge temperature recordings remained inconsistent and there were sixteen days where a cold chain breach had been recorded but not escalated according to practice policy, to ensure the efficacy of vaccines and medicines.
- Emergency medicines were not stored securely at the Green Road Surgery and some emergency equipment was found to be out of date or missing. Emergency medicines at both sites required review to ensure timely access and use in all associated emergency medicines and equipment.

Requires improvement



### Are services responsive to people's needs?

When we inspected in April 2016 we found concerns relating to patient feedback about telephone access.

When we inspected in January 2017, we found improvements had been made to telephone access and patient feedback to the practice reflected this. The practice had increased the number of telephone lines and reception staff to ensure telephone access was optimised. They were also monitoring the call waiting times and telephone triage appointments and had seen a reduction in these.

Good



# Summary of findings

## Are services well-led?

When we inspected in April 2016 we found concerns relating to the governance arrangements for monitoring risk and the quality of services in relation to nurse care and treatment.

When we inspected in January 2017, we found improvements had been made, but governance arrangements regarding monitoring of fridge temperatures, emergency medicines and emergency equipment required improving.

- The practice had reorganised staff into lead roles for areas where improvements were required.
- They had ensured all actions in the legionella risk assessment had been completed and infection control audits had an audited trail of completed actions.
- They had reviewed patient feedback in relation to nursing care and treatment and had re-structured nurse appointments and increased the size of the nursing team to improve services.
- However, governance arrangements had not identified gaps in fridge temperature recording or escalated cold chain breaches appropriately. They had also not reviewed or risk assessed emergency medicines or monitored emergency equipment.

## Requires improvement



# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

### Older people

The provider had resolved some of the concerns for safety, responsive and well-led identified at our inspection on 27 April 2016 which applied to everyone using this practice, including this population group. However, there were still improvements to be made for safe and well led. The population group ratings have remained as requires improvement to reflect this.

Requires improvement



### People with long term conditions

The provider had resolved some of the concerns for safety, responsive and well-led identified at our inspection on 27 April 2016 which applied to everyone using this practice, including this population group. However, there were still improvements to be made for safe and well led. The population group ratings have remained as requires improvement to reflect this.

Requires improvement



### Families, children and young people

The provider had resolved some of the concerns for safety, responsive and well-led identified at our inspection on 27 April 2016 which applied to everyone using this practice, including this population group. However, there were still improvements to be made for safe and well led. The population group ratings have remained as requires improvement to reflect this.

Requires improvement



### Working age people (including those recently retired and students)

The provider had resolved some of the concerns for safety, responsive and well-led identified at our inspection on 27 April 2016 which applied to everyone using this practice, including this population group. However, there were still improvements to be made for safe and well led. The population group ratings have remained as requires improvement to reflect this.

Requires improvement



### People whose circumstances may make them vulnerable

The provider had resolved some of the concerns for safety, responsive and well-led identified at our inspection on 27 April 2016 which applied to everyone using this practice, including this population group. However, there were still improvements to be made for safe and well led. The population group ratings have remained as requires improvement to reflect this.

Requires improvement



# Summary of findings

## People experiencing poor mental health (including people with dementia)

The provider had resolved some of the concerns for safety, responsive and well-led identified at our inspection on 27 April 2016 which applied to everyone using this practice, including this population group. However, there were still improvements to be made for safe and well led. The population group ratings have remained as requires improvement to reflect this.

**Requires improvement**



# Parkside Family Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

This focused follow up inspection was conducted by a CQC inspector.

## Background to Parkside Family Practice

Parkside Family Practice (also known as Woodley Park Surgery) and Green Road Surgery (the branch practice) offer primary medical services to over 14,000 patients in the Woodley and Earley areas of Reading. The practice area has an estimated low level of socio-economic deprivation, meaning few patients are affected by deprivation locally. However, there are a higher number of unemployed patients compared to local and national averages. Ethnicity based on demographics collected in the 2011 census shows the population of the local area is predominantly white British with 15% of the population composed of people with an Asian background, 3% of the population composed of people with a black background and 4% of the population composed of people from other non-white ethnic backgrounds.

The practice has a General Medical Services (GMS) contract. A GMS contract is a contract between NHS England and general practices for delivering general medical services. The practice offers GP and nursing consultations from two sites approximately five miles apart. Patients are given the option to be seen at either practice and staff work across both sites. The practice provides services to a nursing home for elderly patients and has an arrangement to provide medical services to a private high school.

The practice has six GP partners (four female, two male), three salaried GPs (two female, one male) and a long term locum GP (male). The GP partners provide 36 sessions per week between them and the salaried and locum GPs provide 26 sessions per week. This is a working time equivalent (WTE) of 7.87 full time GPs. A new salaried GP (female) was due to start in February 2016, bringing the WTE to 8.37 full time GPs. There is also a full time GP registrar (male). The nursing team consists of one nurse manager (female), two nurse practitioners (both female) and three healthcare assistants (HCAs, all female). The nursing team provide a WTE of 3 full time nurses and 2.5 full time HCAs. Day to day management of the practice is delivered by the organisational and administration team; a practice manager, six administration staff, a summariser, an IT assistant, a finance assistant and twelve receptionists.

The practice is approved as a training practice to provide support and mentorship to qualified doctors who seek to become GPs.

The main practice is located on the first floor of a commercial building. It shares the entrance, lift facilities and waiting area with another practice. There is ample parking available in a local pay and display car park which has designated disabled parking spaces. The entrance has push button opening doors which lead to the stairs and lift access. On the first floor automatic doors open onto a large waiting area with the two reception desks clearly identified and separate from one another. There is a lowered counter for disabled patients and adequate space for wheelchairs and pushchairs.

There are seven GP consultation rooms and one nurse treatment room which are accessible from the waiting area. There are two patient toilet facilities including a disabled toilet with emergency pull cord. Baby change facilities are also available.



# Detailed findings

Green Road Surgery (the branch practice) is a two storey purpose built accommodation. There is a small car park outside with easy access to the building. There are four consultation rooms and one treatment room.

Both practice sites are open between 8am and 6.30pm Monday to Friday. Appointments are from 8.30am to 12.50pm every morning and 3.50pm to 5.40pm daily. Extended hours clinics are available on Monday evenings until 8pm at the main surgery and Thursday mornings from 7am at the branch surgery. Alternate Saturday morning clinics are also available between 8am and 12pm by appointment only. The practice have opted out of offering out of hours services. Out of hours cover is provided by Westcall via the NHS 111 telephone service.

All services are provided from both Parkside family practice sites:

Woodley Park Surgery, 6 Headley Road, Woodley, Reading, Berkshire, RG5 4JA

and

Green Road Surgery, 224 Wokingham Road, Reading, Berkshire, RG6 1JS

We visited both practice sites during this inspection.

## Why we carried out this inspection

We undertook a comprehensive inspection of Parkside Family Practice on 27 April 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory

functions. The practice was rated as requires improvement. The full comprehensive report following the inspection on April 2016 can be found by selecting the 'all reports' link for Parkside Family Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up focused inspection of Parkside Family Practice on 20 January 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements. We focused on the aspects of the service where we found the provider had breached regulations during our previous inspection. We followed up to make sure the necessary changes had been made. We found the practice had met some of the conditions of regulations that had previously been breached, but was still in breach of regulation.

## How we carried out this inspection

During our visit we:

- Spoke with one of the GP partners and the practice manager.
- Reviewed documents and other evidence supplied by the practice.
- Visited both practice locations.
- Looked at information available to the public about patient feedback.

Please note that when referring to information throughout this report, for example any reference to the GP national survey data, this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

At our previous inspection on 27 April 2016 we rated the practice as requires improvement for providing safe services as the arrangements in respect of legionella risk, medicines storage, emergency medicines, immunisation status for clinicians, sharps bins and infection control documentation were not meeting the appropriate standards.

We issued a requirement notice in respect of these issues and found some arrangements had improved when we undertook a follow up inspection of the service on 20 January 2017.

### Overview of safety systems and process

During our inspection in January 2017 the practice had made improvements to infection control, medicine storage and staff immunisation status. However, improvements in the management of medicines were still required.

- We looked at the fridge temperature recording logs and found gaps in recording on five occasions between December 2016 and January 2017. The practice did not have any other temperature recording mechanisms and were unable to determine if the vaccines contained within the fridges had been stored at the correct temperature during this time. In addition, there were 16 occasions between December 2016 and January 2017 where the temperature was recorded outside the safe parameters of between two degrees and eight degrees Celsius. None of these breaches had been escalated for action.
- Annual infection control audits had been undertaken and we saw evidence that completed actions had been discussed and documented.
- The practice had audited the use of sharps bins and all the sharps bins we saw were in date and fit for purpose.
- All the medicines we looked at in the treatment rooms of both sites were in date. We saw evidence they were being audited monthly to check expiration dates.
- The practice had sought immunisation status from all staff. Anyone unable to confirm their immunity was offered a blood test to check for antibodies. If a member of staff required a booster or course of vaccines to provide immunity, the practice provided this.

The practice carried out a significant event analysis of one fridge cold chain breach after our inspection and spoke with the vaccine manufacturers to ensure vaccine safety. It was determined that none of the vaccines had been offered to any patients during the time of the cold chain breach. The practice advised us during the inspection that they had appointed one of the advanced nurse practitioners to be the cold chain lead and to ensure fridge temperature recording is continued by other members of staff during periods of leave.

### Monitoring risks to patients

The practice showed us evidence they had completed a number of actions relating to the original legionella risk assessment dated March 2015 (Legionella is a term for a particular bacterium which can contaminate water systems in buildings):

- Tradespeople had undertaken repair and maintenance work to water systems at the Woodley site to ensure safety and were scheduled to undertake further routine maintenance. Water temperatures were being monitored regularly and discrepancies escalated and actioned quickly. We saw evidence the equipment used for testing was calibrated and scheduled for annual calibration.
- A further legionella risk assessment had been carried out by a third party, acting on behalf of the landlord for the main practice site, in September 2016. However, the report had not been shared with the practice at the time of the follow up request, despite many attempts by the provider to retrieve it.
- An external third party had carried out a legionella risk assessment of the Green Road Surgery site in September 2016. We saw evidence of regular water temperature checks and a certificate of water testing that showed no legionella bacterium had been detected.

### Arrangements to deal with emergencies and major incidents

When we inspected in January 2017 we found;

- Emergency medicines at the main practice site were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- We found the practice had not reviewed the medicines required for a variety of emergency medical conditions.

## Are services safe?

For example, there was no Chlorphenamine (an antihistamine) to deal with anaphylaxis (a severe, life threatening allergic reaction) or Atropine (a medicine to treat some types of slow heart beat). In addition, the emergency drugs did not contain Benzylpenicillin (an antibiotic used for severe life threatening infections such as meningitis) or Diazepam (for epileptic seizures). We also noted there was no injectable analgesia (pain relief such as Diclofenac) for patients in severe pain. All these medicines were available in a cupboard in the treatment room which was in a different location to the emergency bag. This may result in a delay of emergency treatment for patient if staff were asked to access medicines in different locations.

- The emergency medicines at the branch surgery were located in a store cupboard that was locked overnight and moved into one of the clinical rooms during the day. We noted the clinical room was unlocked during the day. This meant the emergency medicines and equipment was not always stored securely. We also found some of the emergency equipment was out of date or missing.
- The log books for recording the emergency medicines was available at both sites, but listed all the medicines in the treatment room cupboards. There was no separate list for recording the checks on the emergency medicines and equipment grab bags at either site.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

At our previous inspection on 27 April 2017, we rated the practice as requires improvement for providing responsive services as the actions taken in response to poor patient feedback did not demonstrate adequate improvements had been made to telephone access and appointments.

These arrangements had significantly improved when we undertook a follow up inspection on 20 January 2017. The practice is now rated as good for providing responsive services.

### Access to the service

The practice had reflected on patient feedback from the GP national survey and had made improvements to telephone access for patients;

- The practice had increased the number of available incoming telephone lines from four to six. The practice had made arrangements and secured funding to move the call centre from the branch practice to the main practice and there were plans to install three further telephone lines as part of the move.

- They had recruited additional reception staff and had ensured there were six members of the reception team available to receive incoming calls every day. An active recruitment campaign meant the practice was continuing to recruit more reception staff.
- The practice was monitoring the call answering time and had found these had reduced. This meant the time a member of reception staff took to answer the phone had improved, allowing a quicker response time to patients.
- Telephone triage by GPs had reduced with the addition of two advanced nurse practitioners (ANP). This enabled reception staff to offer ANP appointment to patients instead of a triage call back from the GP. An audit of the triage calls showed the total number triaged had reduced from 40 calls to 12 calls between October 2016 and January 2017. This had reduction in the number of outgoing calls had improved access via the incoming lines.

Since the last inspection, the practice had not specifically measured improvement to the telephone services, through patient feedback. This meant we were unable to assess the impact of improvements for patients.

# Are services well-led?

Requires improvement 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

## Our findings

At our previous inspection on 27 April 2017, we rated the practice as requires improvement for providing well-led services as improvements needed to be made to the governance structure.

### Governance arrangements

The practice had reviewed their governance arrangements and had organised members of staff to take lead roles in areas where improvements were required.

- Actions from the legionella risk assessments for both sites had been completed and an ongoing dialogue with the neighbouring practice and NHS property services was in place to ensure risks were minimised.
- One of the GPs had taken the lead role for infection control and medicines management during a period of disruption in nursing cover for the practice. This arrangement had ensured the infection control audits showed documented completed actions. In addition, sharps bins in clinical rooms and medicines stored in cupboards were regularly checked to monitor expiry dates. However, the leadership and management team had not picked up the inconsistent fridge temperature monitoring or cold chain breaches. They had also not risk assessed or reviewed the emergency medicines

grab bags to ensure suitability for a variety of emergency medical conditions. In addition, governance arrangements had not ensured the emergency equipment was regularly monitored for missing or expired equipment.

### Seeking and acting on feedback from patients, the public and staff

The practice had sought feedback from patients regarding nurse care and treatment following below average feedback in the national GP patient survey. One of the GPs had undertaken a survey in January 2017. Patient response across the two practice sites returned 200 questionnaires and was overwhelmingly positive about nurse care and treatment.

The practice had reviewed the nursing team requirements and improved the nursing service offered since the inspection in April 2016. They had increased the nurse appointments from 10 minutes to 15 minutes and recruited two advanced nurse practitioners and another healthcare assistant. This had increased the nursing team from four (two practice nurses, two healthcare assistants) in April 2016 to six (three practice nurses, three HCAs) in January 2017. The practice had also employed a regular locum nurse to cover absence. The practice provided evidence of accolades and thank you cards for the nursing team, which reflected positive patient experiences.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users;</p> <ul style="list-style-type: none"><li>• They had failed to ensure all checks and documentation relating to fridge temperature records was up to date and had not escalated cold chain breaches appropriately.</li><li>• Emergency medicines and equipment were overdue a review and had not been monitored to ensure they were fit for purpose.</li></ul> <p>This was in breach of regulation 12(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>