

Parklands Medical Practice

Quality Report

30 Buttershaw Lane
Bradford
BD6 2DD
Tel: 01274 678464
Website: www.parkland.co.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

Are services safe?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Parklands Medical Practice on 9 August 2016. Overall the practice was rated as good; however a breach of the legal requirements was found which resulted in the practice being as rated as requires improvement for providing safe services.

Following on from the inspection the practice provided us with an action plan detailing evidence of the actions they had taken to meet the standards relating to providing safe services.

We undertook a desk based review on 17 January 2017 and visited the practice on 18 January 2017. This was to review in detail the information the practice had sent to us and to confirm that the practice were now meeting the relevant standards of care.

A full comprehensive report which followed the inspection on 9 August 2016 can be found by selecting 'all reports' link for Parklands Medical Practice on our website at www.cqc.org.uk.

The practice is now rated as good for providing safe services.

Our key findings across the areas we inspected were as follows:

- All Patient Group Directions (PGDs) were signed appropriately by the authorised person as dictated in legislation. PGDs are written instructions to administer medicines to patients, usually in planned circumstances.
- Infection Prevention and Control (IPC) risks were minimised with an appropriate renewal scheme for the disposable curtains.
- Equipment was monitored, maintained and cleaned systematically reducing risks to patients and staff.
- All GPs and the Advanced Nurse Practitioner were trained to child safeguarding to level three.
- All staff had received an appraisal, and planned dates for reappraisal were recorded.

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?

This inspection was conducted to review issues that were found at the comprehensive inspection carried out on 9 August 2016. The issues at the previous inspection included:

The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to health and safety of service users. They had failed to identify the risks associated with nursing staff administering vaccinations without an appropriately signed or authorised Patient Group Direction (PGD).

At this inspection in January 2017 we found;

- Risks to patients were assessed and well managed.
- Infection Prevention and Control (IPC) was managed in a systematic way
- All IPC policies and protocols had been reviewed and updated.
- A comprehensive IPC audit had been undertaken by an independent organisation and an action plan developed.
- Cleaning schedules were in place for the facilities and individual pieces of equipment.
- All curtains had been changed since the last inspection and a programme of changing privacy curtains had been established.
- Portable appliance testing was complete and subject to two yearly independent assessment.
- All Patient Group Directions (PGDs) had been signed by the authorised person.
- Patient Specific Directions (PSD's) were clear and systematically managed by the patient management system on line.
- All medication was correctly stored and fit for use.
- Emergency drugs were managed by the practice nurse and situated in 'grab bags' for communal GP usage.
- All GP's and Advanced Nurse Practitioners were trained in safeguarding to level three.
- All staff had received an appraisal in the last 12 months and planned dates were scheduled for the next 12 months.

Good



Summary of findings

What people who use the service say

During the inspection we spoke with four patients. Comments received from them were positive. All agreed they were happy with the care they received from any of the clinicians. We were given many examples of good care and support they had received.

Parklands Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team comprised of a CQC Lead Inspector.

Background to Parklands Medical Practice

Parklands Medical Practice provides services for 10,552 patients and is situated at 30 Buttershaw Lane, Bradford BD6 2DD. The practice also had a branch surgery at Park Road Medical Centre, Park Road, Bradford BD5 0SG. Only the main surgery was inspected on this occasion.

Parklands medical centre is situated within the Bradford District Clinical Commissioning Group (CCG) and provides primary medical services (PMS) services under contract.

They offer a range of enhanced services such as childhood immunisations, extended hours opening and facilitating timely diagnosis and support for people with dementia.

The National General Practice Profile shows that the age of the practice is very similar to the national average. The profile shows that 23% of the practice is from a south Asian background with a further 11% of the population originating from black or mixed or non-white ethnic groups.

There are six GP partners and one salaried GP, four of who are female and three male. Four of the GPs are part time. The practice is also supported by four part time nursing staff, two part time health care assistants (HCA's). The practice is also supporting a full time trainee nurse

practitioner. The practice also has the support of CCG pharmacist. The clinical team is supported by a business manager, a patient services manager and a team of administrative staff.

The main surgery is situated within an older building with car parking available. The surgery is accessed via a ramp and has limited disabled facilities. We observed the displaying of the CQC ratings from the inspection undertaken on 9 August 2016.

The practice is open between 8am and 6.30pm Monday to Fridays with a range of appointments available between these times. The practice closes on Wednesday afternoon.

Out of hours services are provided by Local Care Direct and can be accessed either by using the practice telephone number or through NHS111.

When we returned for this inspection we checked and saw that the previously awarded ratings were displayed as required in the premises and on the practice's website.

Why we carried out this inspection

We carried out a focussed inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions and inspection programme. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations, such as NHS England and Bradford districts CCG, to share what they knew about the practice. We reviewed the latest 2015/16 data from the Quality and Outcomes Framework (QOF) and the latest national GP patient survey results (July 2016). We also reviewed policies, procedures and other relevant information the practice provided before and during the day of inspection.

We carried out an announced inspection on 18 January 2017. During our visit we:

- Spoke with a range of staff, which included a GP, practice managers and a nurse manager
- Spoke with four patients
- Observed how patients were engaged with in the reception area.
- Looked at templates and information the practice used to deliver patient care and treatment plans.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

This inspection was conducted to review issues that were found in the comprehensive inspection carried out on 9 August 2016. The issues at the previous inspection included:

The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to health and safety of service users. They had failed to identify the risks associated with nursing staff administering vaccinations without an appropriately signed or authorised Patient Group Direction (PGD).

Safe track record and learning

There was a comprehensive system in place for reporting, recording and investigating significant events.

- All significant events relating to medicines were monitored by the local CCG medicines management team. Any concerns or issues were then fed back to the practice to act upon.
- All safety alerts were cascaded to staff, discussed at practice meetings and actioned as appropriate.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.

- Arrangements which reflected relevant legislation and local requirements were in place to safeguard children and vulnerable adults from abuse. Policies clearly outlined whom to contact for further guidance if staff had concerns about a patient's welfare. All GP's and Advanced Nurse Practitioners were trained in child safeguarding to level three. We were told the GP safeguarding lead worked closely with health visitors, and although attendance at safeguarding case conferences was difficult, the practice always ensured that reports were submitted when requested. The practice could evidence the number of children who were on a child protection plan.
- Staff had received training relevant to their role and could demonstrate their understanding of safeguarding.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. We saw up to date cleaning schedules

in place. There was nominated infection prevention and control (IPC) lead and an IPC protocol in place. All staff were up to date with IPC training. We saw evidence that an IPC audit had taken by an independent organisation within the last 12 months and action was taken to address any improvements identified as a result.

- Patient Group Directions (PGDs), in line with legislation, had been adopted by the practice to allow nurses to administer medicines. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). These were all signed by the authorised person. Patient Specific Directions (PSDs) for use by Health Care Assistants were all managed clearly on the computerised clinical system.

Monitoring risks to patients

The practice had procedures in place for assessing, monitoring and managing risks to patient and staff safety. We saw evidence of:

- All electrical and clinical equipment was clean and regularly tested and calibrated to ensure the equipment was safe to use and in good working order.
- Arrangements were in place for planning and monitoring of the number and mix of staff needed to meet patients' needs. There was a rota system to ensure there was enough staff on duty.
- Skill mix in the practice had been reviewed and new clinical roles had been expanded such as pharmacy support.
- The appointment system was monitored and a range of appointments were available with a wide range of clinical staff.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents. We saw:

- There was emergency equipment available, which included a defibrillator and oxygen, with pads and masks suitable for children and adults.
- Emergency medicines were stored in a secure area which was easily accessible for staff.
- The practice had an effective accident/incident recording and reporting system in place.