

# The Parks Medical Practice

## Quality Report

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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 service

Good



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 The Parks Medical Practice on 20 January 2017. The overall rating for the practice was Good however breaches of legal requirements were found. After the comprehensive inspection, the practice wrote to us and submitted an action plan outlining the actions they would take to meet legal requirements in relation to:

Regulation 12 (RA) Regulations 2014, safe care and treatment.

The full comprehensive report from the inspection on 20 January 2017 can be found by selecting the 'all reports' link for Parks Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

This inspection was a focused follow up inspection carried out on 7 September 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulation that we identified on our previous inspection on 20 January 2017. 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 'Good'.

From the inspection on 20 January 2017, the practice was told they must:

- Improve measures related to fire safety so that actions identified in a recent fire risk assessment were implemented.
- Ensure risk assessments are undertaken where no DBS checks for non clinical staff carrying out the role of the chaperone.
- Meet the requirements of the Health and Safety at Work Act 1974 so that all eligible clinical staff had received the appropriate vaccinations, for example Hepatitis B.

We also told the practice that they should make improvements to the follows areas:

- Consider offering health checks to patients aged 75 years and over.
- Implement a systematic approach to the management of infection prevention and control, for example through annual audits.
- Ensure further identification of significant events including incidents and near misses logged by the dispensaries and consider these through the incident reporting process.
- Consider recording verbal complaints to ensure lessons learnt from these formed part of the annual trend analysis.

# Summary of findings

- Continue to encourage attendance at safeguarding meetings from external agencies.
- Ensure all staff were supported by providing appropriate supervision and appraisal.
- Implement a systematic approach to the management of exception reporting for QOF to ensure practice wide quality improvements.

Our key findings were as follows:

- Actions identified in a recent fire risk assessment had been implemented to ensure fire safety.
- Systems were in place for identifying, assessing and mitigating risk in relation to non-clinical staff undertaking chaperone duties. Non clinical staff that undertook chaperone duties had been risk assessed for the need of a Disclosure and Barring Service (DBS) check with appropriate safeguards and were trained for this role.
- We were sent confirmation that all eligible clinical staff had received the vaccinations as appropriate.
- The practice confirmed that there were alternate arrangements for eligible patients in the 75 years and over age group to receive an annual check with a GP. For example through medication reviews and long term conditions reviews.
- A six monthly infection control audit schedule was now in place at each branch with the first audit cycle completed during July 2017.
- Significant events including incidents and near misses logged by the dispensaries were now included at local team meetings, quarterly branch meetings and quarterly department meetings and were part of the annual significant event analysis and learning.
- A form was available to enable staff to record verbal complaints and comments which was discussed during practice meetings and part of the annual significant event analysis and learning.
- The practice had escalated the non-attendance of staff from external agencies in safeguarding meetings to the locality manager and agreements were in place to improve attendance.
- The practice confirmed that appraisals that were outstanding had been completed in February 2017.
- The practice confirmed that there was an effective process for exception reporting including a central reminder system operated by a dedicated QOF staff member. This included a referral system to a GP highlighting non-attendance to ensure appropriate decision making which included prompting patients to attend for the relevant monitoring and checks.

**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?

At our previous comprehensive inspection on 20 January 2017, we identified breaches of legal requirements. Improvements were needed to a number of areas to ensure the practice provided safe services.

During our focused inspection on 07 September 2017 we found the provider had taken action to improve and the practice is rated as good for providing safe services.

- Actions identified in a recent fire risk assessment had been implemented to ensure fire safety.
- Systems were in place for identifying, assessing and mitigating risk in relation to non-clinical staff undertaking chaperone duties. Non clinical staff that undertook chaperone duties had been risk assessed for the need of a Disclosure and Barring Service (DBS) check with appropriate safeguards and were trained for this role.
- We saw evidence that all eligible clinical staff had received the vaccinations as appropriate.

Good



# The Parks Medical Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

The focused inspection was completed by a CQC Lead Inspector.

## Background to The Parks Medical Practice

The Parks Medical Practice provides a range of primary medical services and is formed from three village surgeries dating back to 1937 from its current premises located at the following four sites at Grange Park Surgery, Wilks Walk, Northampton and Blisworth Surgery, Stoke Road, Northampton and Roade Medical Centre, London Road, Northampton and Hanslope Surgery, Western Drive, Hanslope, Milton Keynes.

The practice premises are leased from NHS Property Services, and are provided under a General Medical Services (GMS) contract which is a nationally agreed contract with NHS England.

The practice serves a population of approximately 20,200 patients. The practice offers dispensary services to patients from both the Blisworth and Hanslope Surgeries. The area served is less deprived compared to England as a whole. The practice population is mostly white British with approximately 6% of mixed ethnicity. The practice serves a slightly above average population of those aged from 5 to 14 years and 40 to 54 years. There is a lower than average population of those aged from 15 to 34 years. Approximately 1,400 registered patients were aged 75 years and over.

The practice is a training practice and currently delivers training to business and administration apprentices, student nurses, medical students, foundation doctors and GP Registrars (GP trainees).

The clinical team consists of seven GP partners; four male and three female, five salaried GPs; four female and one male, one independent nurse prescriber, eight practice nurses and three health care assistants (all female). There is also a team of 21 dispensary staff working across the two dispensary sites. The team is supported by five managers; a lead practice manager, a deputy practice manager and additional surgery managers located at each of the four sites along with a team of 15 other non clinical administration and reception staff.

Grange Park Surgery is open daily from 8am to 6.30pm, whilst the other sites namely Blisworth, Hanslope and Roade Surgeries are open daily from 8.00am to 12.30pm and between 2.30pm and 6.30pm (the surgery is closed between 12:30pm and 2:30pm for lunch).

The practice offers extended hours at Grange Park Surgery on alternate Tuesdays from 6.30pm to 8.30pm, and every Tuesday and Thursday at one of the other branch surgeries.

Morning surgeries are also available on alternative Saturdays from 8.30am to 10.30am.

When the practice is closed services are provided by the Out of Hours Centre based at Northampton General Hospital and can be accessed via the 111 service.

# Detailed findings

## Why we carried out this inspection

We undertook a focused follow up inspection of The Parks Medical Practice on 7 September 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.

## How we carried out this inspection

We carried out a focused inspection of The Parks Medical Practice on 7 September 2017.

During our inspection, we reviewed information sent to us by the provider. This told us how they had addressed the breaches of legal requirements we identified during our previous inspection in January 2017.

During this inspection we:

- Reviewed evidence and documentation sent to us by the practice to confirm action had been taken to meet all areas which required improvements.

# Are services safe?

## Our findings

At our previous inspection on 20 January 2017, we rated the practice as requires improvement for providing safe services as:

- Actions related to fire safety identified in a recent fire risk assessment had not been implemented.
- Recruitment procedures to ensure persons employed met the conditions specified in Schedule 3 for the purposes of carrying out the regulated activities specifically in relation to appropriate pre-employment checks such as the Disclosure and Barring checks (DBS) had not been made on some non clinical staff that required this check.
- The requirements of the Health and Safety at Work Act 1974 so all eligible clinical staff had received the appropriate vaccinations, for example Hepatitis B had not been followed.

These arrangements had significantly improved when we undertook a focused follow up inspection on 7 September 2017. The practice is now rated as good for providing safe services.

### Safe track record and learning

- During our inspection on 20 January 2017 we found the practice carried out a thorough analysis of the significant events and lessons were shared and action was taken to improve safety in the practice. The practice carried out an analysis of the significant events and we saw evidence to confirm that annual meetings took place to discuss these. Whilst near misses had been appropriately logged in the dispensaries these had not been considered as part of the annual review of incidents to ensure learning and information sharing.

During our focused follow up inspection on 7 September 2017 the practice confirmed significant events including incidents and near misses logged by the dispensaries were now included at local team meetings, quarterly branch meetings and quarterly department meetings and were part of the annual significant event analysis and learning.

### Overview of safety systems and processes

- The practice confirmed that they had escalated the non-attendance of staff from external agencies at safeguarding meetings to the locality manager and agreements were in place to improve attendance.
- The practice sent us evidence and confirmed that non clinical staff who acted as chaperones had now been risk assessed for the need of a Disclosure and Barring Service (DBS) check with appropriate safeguards and were trained for this role. (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice sent us evidence of records of clinical staff vaccinations which showed the practice was following the requirements of the Health and Safety at Work Act 1974 so all eligible clinical staff had received the appropriate vaccinations, for example Hepatitis B.
- A six monthly infection control audit schedule was now in place at each branch with the first audit cycle completed during July 2017.

### Monitoring risks to patients

The practice sent us evidence that showed that actions related to fire safety identified in a recent fire risk assessment had been implemented.